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Do social comparisons matter in relation to health and wellbeing?

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Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy at the University of Glasgow

Medical Research Council,
Social and Public Health Sciences Unit

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Abstract

This thesis explores the relationship between social comparisons and health and wellbeing as a possible explanation for health inequalities. This is because, although inequalities in health have been observed in Britain since occupational and mortality statistics were first published in 1851 (Macintyre, 1997), the underlying reasons remain a subject of much debate. This thesis adds to the debate by focusing on one of the most influential arguments in recent decades; that, in developed countries, perceptions of place as a class context in the socioeconomic hierarchy is a psychosocial risk factor related to ill health (Wilkinson, 1992; Wilkinson, 1996). However, despite being implied as the central mechanism in his psychosocial pathway, surprisingly, Wilkinson has given little attention to the process of social comparisons. His reliance on large scale epidemiological data to make inferences at an individual level is unsatisfactory since it offers no understanding of the dimensions of people's social comparisons and how this may be linked to health and wellbeing.

The main aim of this study was, therefore, to investigate the scope and nature of social comparisons amongst people living in proximal socio-economically contrasting neighbourhoods, their perceptions of class and inequality and how this might impact on health and wellbeing. In-depth interviewing was the main methodology, supplemented with media analysis and participant observation in order to gain an understanding of the study areas. A total of 33 interviews were conducted with parents from Drumchapel and Bearsden. These areas were chosen because they were strikingly different class contexts, Drumchapel representing a working class area and Bearsden a middle class area. As Wilkinson focuses on between-class comparisons, the selection of these proximal neighbourhoods provided a good opportunity to investigate the extent to which people make comparisons between classes.

Insofar as lay theories map on to explanations of health inequalities, this study found little support for Wilkinson's assertion that perception of place in the social hierarchy is the determining factor in relation to health and wellbeing. Firstly, unlike his suggestion that social comparisons are more common with decreasing social class, the process was found to be a widespread social phenomenon which people across the hierarchy utilise for both self-evaluation

and self-enhancement. Secondly, in contrast to Wilkinson's focus on a single economic hierarchy, this study found compelling evidence that people often utilise complex multiple status hierarchies that can include material and non-material factors like speech, social mannerisms, moral respectability, education, and family upbringing when making social comparisons. In this respect, though Wilkinson's call for income redistribution policies is admirable, it would not necessarily eliminate feelings of relative deprivation because status differences can exist even in the most economically equal societies. Thirdly, whilst factors like globalisation, the rise in consumerism, and expansion of the mass media have made people more aware of inequalities in society, comparisons with 'similar others' like neighbours, friends, family members, and work colleagues were found to be still the most salient reference groups. Further support for this was that status distinctions within classes (e.g. between 'old' and 'new' money in Bearsden and 'rough' and 'respectable' in Drumchapel) were more important than those between classes.

Lastly, and most importantly, there was little indication that a psychosocial explanation is at the forefront of people's minds in accounting for health inequalities. To begin with, none of the participants spontaneously suggested a psychosocial mechanism; instead, those in Drumchapel were more likely to suggest material/structural factors whilst Bearsden participants tended to advocate behavioural/cultural explanations. Furthermore, although there was evidence to suggest that 'some' people may be vulnerable to similar negative effects of social comparisons they perceived as impacting on others (including anxiety, stress, pressure and depressive state), such effects appeared to be minimal since they were reported to occur only at particular periods in people's lives.

The fact that this thesis was centred on Wilkinson's psychosocial hypothesis is testimony to the enormous contribution he has made to the health inequalities debate. However, in examining the association between social comparisons and health and wellbeing, the conclusion drawn from this study is that the role of social comparisons in the psychosocial mechanism may have been exaggerated.

Table of contents

Abstract 2
List of tables 7
List of figures 8
List of accompanying material 9
Acknowledgments 10
Dedication 12
Author's declaration 13
1 Introduction 14
1.1 Thesis chapter plan 16
2 Sociological and anthropological perspectives on social comparisons 19
2.1 Introduction 19
2.2 Social stratification in British societies 22
2.2.1 The changing nature of class 22
2.2.2 'Perceptions' of class 25
2.3 Class and status-based comparisons in community studies 26
2.3.1 Non-material indicators of social rank 27
2.3.2 Social comparisons between classes 29
2.3.3 Social comparisons within classes 32
2.4 Reference group theory 33
2.5 Conclusion 36
3 Towards a psychosocial explanation 38
3.1 Introduction 38
3.2 An overview of health inequalities 39
3.2.1 The evidence 39
3.2.2 The Black Report and its place in history 43
3.2.3 Developments since the Black Report 47
3.3 Psychosocial approach: a hierarchical perspective 54
3.3.1 The 'income inequality' hypothesis 55
3.3.2 The psychosocial interpretation 58
3.3.3 A critical analysis of Wilkinson's psychosocial theory 61
3.4 Conclusion 65
4 Social comparisons and its implications for health and wellbeing 67
4.1 Introduction 67
4.2 A social psychological perspective on social comparisons 68
4.3 Conceptualising stigma 70
4.4 Social comparisons across different spatial scales 72
4.5 The evidence on social comparisons and health and wellbeing 75
4.6 Conclusion and research questions 77
4.6.1 Research questions 80
5 Methodology 81
5.1 Introduction 81
5.2 Philosophical underpinnings 82
5.2.1 Positivism 83
5.2.2 Interpretivism 83
5.2.3 Postpositivism 84
5.2.4 Critiques of the different philosophical positions 85
5.3 Rationale for a qualitative approach 86
5.3.1 The nature of people's accounts 87

5.3.2 Reflexivity and the impact of cross-cultural differences on the data generated ... 89
5.4 The study areas ... 91
5.5 Research methods ... 95
5.5.1 Ethics ... 95
5.5.2 The pilot study ... 96
5.5.3 Setting the context ... 98
5.5.4 Interviews ... 103
5.6 An analytical approach to qualitative data ... 113
5.6.1 The importance of field notes ... 114
5.6.2 The transcription process ... 114
5.6.3 The Framework approach to data analysis ... 115
5.7 Conclusion ... 117
6 The different forms and styles of social comparisons ... 119
6.1 Introduction ... 119
6.2 The socially undesirable nature of social comparisons ... 120
6.3 Making social comparisons ... 121
6.3.1 Dimensions of reference groups in contemporary society ... 126
6.3.2 Material and non-material forms of social comparisons ... 129
6.3.3 Area differences in making social comparisons ... 132
6.3.4 Gender differences within areas ... 133
6.4 Conclusion ... 137
7 Social comparisons between and within areas and strategies of stigma management ... 139
7.1 Introduction ... 139
7.2 Contemporary understandings of class and society ... 140
7.2.1 General perceptions of inequality in society ... 140
7.2.2 Transitions to a consumer-driven society ... 142
7.2.3 Lay perspectives on social stratification in contemporary society ... 148
7.3 Everyday experiences of class and inequality in proximal localities ... 153
7.3.1 Comparisons between areas ... 153
7.3.2 Comparisons within areas ... 155
7.3.3 ‘Place’ stigmatisation ... 165
7.4 Conclusion ... 176
8 Lay explanations of health inequalities and consequences for health and wellbeing ... 179
8.1 Introduction ... 179
8.2 Lay understandings of inequalities in health in Drumchapel and Bearsden ... 180
8.2.1 A Drumchapel perspective on health inequalities ... 181
8.2.2 A Bearsden perspective on health inequalities ... 184
8.3 A psychosocial explanation ... 186
8.3.1 Public perceptions ... 186
8.3.2 Personal relevance of social comparisons ... 191
8.4 Conclusion ... 200
9 Discussion and conclusion ... 202
9.1 Introduction ... 202
9.2 Summary of main findings ... 205
9.3 Situating the findings ... 211
9.4 Limitations and strengths of the study ... 214
9.4.1 Limitations ... 214
9.4.2 Strengths ... 216
9.4.3 Methodological reflections ... 217

9.5 Recommendations for future studies 219
9.6 Concluding remarks.. 220
Appendices 221
List of References 234

List of tables

Table 5.1 Selected vital statistics for Drumchapel and Bearsden (2001 census) . 95
Table 5.2 Types of recruitment procedures 105
Table 5.3 Sample characteristics of Drumchapel and Bearsden participants... 108
Table 6.1 Range of reference groups identified by participants 127
Table 6.2 Basis of social comparisons 129
Table 7.1: SES and Area Ladder Rankings for Participants in Drumchapel and Bearsden 175

List of figures

Figure 3.1 Male and female life expectancy at birth for social class I to V in England and Wales between 1972 and 2005 40
Figure 3.2 Age specific contribution to inequalities of specific causes of death across Scottish Index of Multiple Deprivation income quintiles. Males (top) and females (bottom), Scotland, 2000-02. 42
Figure 3.3 Relationship between income inequality and life expectancy (Wilkinson's findings) 56
Figure 3.4 Relationship between income inequality and life expectancy (Lynch et al's findings) 57
Figure 5.1 Map of Drumchapel 91
Figure 5.2 Drumchapel and the other peripheral schemes in Glasgow 92
Figure 5.3 Map of Bearsden 93
Figure 5.4 Newspaper depiction of Drumchapel 100
Figure 5.5 Newspaper portrayal of Bearsden 101
Figure 5.6: Kirsty's perceptions of area inequalities 110
Figure 7.1 Image taken from the Bearsden side of the boarder overlooking Drumchapel 154
Figure 7.2 An example of higher socioeconomic neighbourhood of Drumchapel157
Figure 7.3 Relatively deprived area of Drumchapel 158
Figure 7.4 Interior of Drumchapel shopping centre 159
Figure 7.5 A picture of the types of houses that were found in upmarket neighbourhoods of Bearsden 162
Figure 7.6 A picture showing tenement housing in a relatively deprived neighbourhood of Bearsden 162
Figure 7.7 Marks and Spencer shop at Bearsden Cross 164

List of accompanying material

Appendix 1: Participant information sheet 221
Appendix 2: Consent form 222
Appendix 3: Fieldwork notes from outing on 12th July 2007 223
Appendix 4: Recruitment leaflet 226
Appendix 5: Interview topic guide 227
Appendix 6: Conceptual framework 231
Appendix 7: Example of thematic charting 233

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Dedication

I would like to dedicate this thesis to my Dad, Dr Mwango Kasengele, for his inspiration, encouragement, support and all the sacrifices he has made to give me the opportunities for a better life – NATOTELA SANA.

Author's declaration

I declare that, except where explicit reference is made to the contribution of others, that this is the result of my own work and has not been submitted for any other degree at the University of Glasgow.

1 Introduction

> …if people have no reason to expect or hope for more than they can achieve, they will be less discontented with what they have, or even grateful simply to be able to hold on to it. But if, on the other hand, they have been led to see a possible goal the relative prosperity of some more fortunate community with which they can directly compare themselves, then they will remain discontented with their lot until they have succeeded in catching up (Runciman, 1966: 9)

This excerpt from Walter Runciman's highly influential study – *Relative Deprivation and Social Justice* (Runciman, 1966) is useful in highlighting a number of key issues that are pertinent to this study. Firstly, by drawing attention to the importance of people's expectations (and to an extent what is expected by others) as to what they hope to achieve in life, the quote highlights the importance of reference groups. That is, whilst making internal comparisons (i.e. what an individual has achieved in the past and what they hope to achieve in the future) is important, comparisons with others (including neighbours, friends, family members, and work colleagues) tend to be the preferred choice for self-evaluation (Festinger, 1954). Secondly, while achievements in themselves may be assessed solely in absolute terms (e.g. income), their social significance derives from the social comparisons people make; that is, how well they are doing in relation to others in society (Solnick & Hemenway, 1998). Though people might remain content if they are in the same situation as everyone around them or consider themselves to be above average (Alicke et al., 1995), the opposite can occur if they 'see' others in an advantageous position.

Lastly, and most importantly, it highlights the significance of proximity of neighbourhoods in the process of social comparisons as noted by the assertion that the effects of perceived relative deprivation are likely to be worse when people are faced with a more 'fortunate community' to directly compare themselves with. In this respect, it could be argued that the recent riots that took place in parts of London, Manchester, Birmingham and Liverpool were an example of what Runciman refers to as the discontentment that can arise from comparing with a more advantageous community since social comparisons are likely to be exaggerated in proximal neighbourhoods where the rich and poor live side-by-side. While Runciman does not make a reference to it, one such effect may be health.

Despite Runciman's work having been published for a number of decades, the potential importance of relative standing in the social hierarchy did not fully enter the health inequalities debate until the 1990s. In this regard, Richard Wilkinson's work (Wilkinson, 1992; Wilkinson, 1996) is widely recognised as instrumental in firmly placing the topic on the research and political agenda (Baum, 1999; Macinko et al., 2003). His main argument is that, in developed countries, socioeconomic differences affect health through people's 'perceptions' of their standing in the social hierarchy rather than absolute living standards. As such, feeling inferior in relation to others in the hierarchy is conceptualised as a psychosocial risk factor that can lead to ill health. However, whilst there is an abundance of sociological (Klein, 1965; Pahl et al., 2007; Stacey, 1960; Wright-Mills, 1956; Young & Willmott, 1957) and social psychology literature on processes of social comparisons (Buunk et al., 1990; Festinger, 1954; Suls et al., 2002; Wills, 1981), there is remarkably little evidence bearing directly on the presumed association between social comparisons and health. There are even fewer studies within the health inequalities field that have examined the issue. Of these, most have taken a quantitative approach (Ellaway et al., 2004; Pham-Kanter, 2009; Yngwe et al., 2005; Yngwe et al., 2003), with qualitative studies being scarce (Davidson, 2003; Dolan, 2007).

Hence there remains a gap in the evidence base in respect to a number of key issues including: who people compare themselves with; the significance people attach to social comparisons between and within areas; whether there are any gender differences in how people compare within areas; the basis of people's comparisons; the extent to which people locate themselves in the 'traditional' class structure of working class, middle class or upper class; people's perceptions of inequality; whether people consider social comparisons to be an important issue in their daily lives; and how all these components of social comparisons relate to people's health and wellbeing.

In order to move Wilkinson's psychosocial debate forward, this thesis will address these issues by investigating the scope and nature of social comparisons amongst people living in proximal socio-economically contrasting neighbourhoods, their perceptions of class and inequality and how this might impact on health and wellbeing. A qualitative approach is utilised in order to capture people's accounts in the context of their daily lives. Specifically, the

study draws upon in-depth interview data from respondents living in Drumchapel and Bearsden which are proximal neighbourhoods and different class contexts situated in the North-West of Glasgow. It is important to emphasise, however, that this study is not intended as a direct test to Wilkinson's psychosocial hypothesis because qualitative studies cannot determine causality. Rather, it is to fill in some gaps by providing insight into the dimensions of social comparisons people make and how this might relate to their health and wellbeing.

1.1 Thesis chapter plan

In order to effectively contextualise this thesis, the literature review is divided into three chapters. Chapter two provides an important framework for critically examining Wilkinson's psychosocial hypothesis since it draws on the wealth of sociological and anthropological literature on social comparisons both historically and in contemporary society. The chapter begins by locating key debates concerning the changing nature of class, with this author questioning the late modernity assertion that class has fragmented. As it was hypothesised that place is likely to play a key role in the reproduction of class and class differences, the chapter draws on evidence from earlier British community studies which highlight the importance of looking at class as a neighbourhood-context. In doing so, the author is able to explore the relative importance of between and within area (class) difference as well as material and non-material dimensions of people's social comparisons.

Chapter three involves a closer examination of Wilkinson's psychosocial hypothesis, which is discussed with the context of the health inequalities field from which it is derived. It is noted that, unlike the sociological and anthropological literature where class has tended to be conceptualised as represented through socio-economically contrasting areas, the health inequalities field has treated class as an individual attribute, meaning it has been typically measured by individual characteristics like occupation, income, education, housing, and deprivation. As a result, class has been seen as separate from area leading to people being removed from their neighbourhood context. A critical analysis of Wilkinson's psychosocial theory illuminates several gaps, particularly the almost complete lack of attention to the process of social comparisons despite being fundamental to his psychosocial hypothesis.

Chapter four bring together the central issues from chapters two and three as well as drawing on further literature in order to better understand how social comparisons might impact on health and wellbeing. In addition to Goffman's (1963) conceptualisation of stigma, the process of social comparisons is considered within the context of social psychology theory, comparisons across space, as well as evidence regarding the association between social comparisons and health and wellbeing. The chapter ends by highlighting the gaps that led to formulation of the research questions.

Chapter five outlines the methodology used to investigate the research questions. As Wilkinson's psychosocial hypothesis centres around how people perceive themselves in relation to others, a qualitative approach was deemed most suitable because it is the best method for understanding social phenomena within a social context and the meanings people attach to their own lives. Specifically, in-depth interviewing was the main methodology, supplemented with media analysis and participant observation in order to gain an understanding of the study localities.

First of the findings chapters, chapter six explores the different forms and styles of social comparisons that people make, and is contextualised within the socially undesirable nature that these social comparisons involve. In addition to confirming that making social comparisons is a widespread social phenomenon, data are presented which illustrates that restricted comparisons with 'similar others' remain the more salient important reference groups. The chapter also demonstrates the significance of non-material dimensions of comparisons like accent, mannerisms and family upbringing which emerged as important indicators of social position. Gender differences within areas are also discussed, the data suggesting that women tend to be more aware of the subtle ways in which distinctions are maintained within neighbourhoods.

By focusing on participants' perceptions of class and inequality in contemporary society, chapter seven provides an important framework for evaluating the significance of social comparisons between and within areas. Although recent debates include the idea that class has fragmented in late modern society, an important conclusion from this chapter is that class remains a major access of stratification in how participants conceptualise inequality in society. This is

especially evident in relation to data on stigma. Importantly, there is overwhelming evidence that status distinctions within areas have more relevance for people than differences between areas.

Chapter eight explores lay understandings of health inequalities in Drumchapel and Bearsden and the extent to which participants perceived making social comparisons as impacting on health and wellbeing. The first part contextualises participants' accounts against the main explanations of health inequalities deriving from the Black report (specifically, the cultural/behavioural and materialist/structural explanations). In doing so, it shows that people do not spontaneously offer a psychosocial mechanism as an explanation of health inequalities. The second part involves a closer examination of whether participants believed social comparisons can impact on health and wellbeing. It is noted that there were different views depending on the data. For example, it was only after being prompted that participants conceptualised a possible link between social comparisons and health and wellbeing.

Lastly, the discussion and conclusion chapter brings together the key findings in the context of the research questions, and more importantly, examines their relevance for the wider psychosocial debate. A key conclusion is that the role of social comparisons as a psychosocial explanation may have been exaggerated.

2 Sociological and anthropological perspectives on social comparisons

2.1 Introduction

It is well recognised that there is no society without prestige ranking (Marmot, 2004). This arrangement of individuals into strata such as classes or status groups in a hierarchy which bestows advantaged and disadvantaged life chances is referred to as social stratification (Fulcher & Scott, 2007). It follows then that if all societies rank in some way, then making social comparisons must be a universal process in how people assess their standing in relation to others (Pahl et al., 2007; Rose, 2006). At the heart of this thesis is an exploration of the hypothesis that 'perceptions' of place in the social hierarchy (via the process of social comparisons) may impact on the health and wellbeing of groups and individuals within society (Wilkinson, 1996). However, how this might happen in any one society is less well understood since societies do not necessarily have a common way of assessing relative standing.

Social class has been the main way in which stratification has been conceptualised by social scientists in developed societies. In the quantitative perspective, social class has been conceptualised as an individual attribute meaning it has been typically measured by indicators such as occupation, deprivation, income, education, and housing. An alternative view is to locate these aggregates of people into areas and neighbourhoods as class contexts:

> …Class refers to the economic order, to aggregates of individuals in similar economic positions or with similar life chances…'class' should properly refer to aggregates whose distribution is geographically very wide. These aggregates may be represented in a locality, when the local representatives can be called a class for convenience. (Plowman et al., 1962: 61)

Either view can be related to a Marxist perspective which implies a single hierarchy underpinned by material differences (in which culture/status is understood as superstructure). As originally formulated by Marx, ownership of the means of production (especially economic resources such as land, factories and machinery) was understood to be the basis of all forms of divisions in society, the class owning the means of production having power to exploit the

non-owners, consequently creating divisions between the ‘bourgeoisie’ and the ‘proletariat’ (Fulcher & Scott, 2007: 773-80). A Marxist perspective on the economic underpinning of class therefore lends itself to a focus on between-class comparisons, albeit much more complex than originally formulated in the bourgeoisie/proletariat distinction.

However, whilst Marx’s theorisation of class was highly influential in understanding stratification in developed societies, his theory has been subject to criticism for its over emphasis on the economic component of class (Fulcher & Scott, 2007). In this regard, though deriving from a Marxist perspective, Boudieu’s conceptualisation of class is useful as it also emphasised the role of culture as a form of class distinction. The foundation of Bourdieu’s theory is based on the equation [(habitus) (capital)] + field = practice whereby *habitus* is a set of socially learnt ways of acting which are acquired through everyday experiences and becomes taken for granted as embedded history (Bourdieu, 1990). Instead of focusing on production, Bourdieu (1984) focused on the different forms of consumption as expressions of class behaviour and located four main forms of capital that he believed characterise class position: namely, economic, cultural, social and symbolic capital. Of these, economic capital (i.e. accumulation of material wealth such as property and income) and cultural capital (i.e. accumulation of cultural information such as education, arts and leisure activities and the knowledge of how to apply them) were seen as the most salient in the process of social distinction. Whereas economic capital can be an obvious marker of differences between classes (e.g. area of residence, type of occupation), cultural capital is more subtle, meaning it symbolic of differences within classes. Nevertheless, there should be caution in accepting Bourdieu’s (1984; 1990) theorisation of French society as universal because in Britain, there may be a cultural expectation to appear ‘ordinary’ than seek social distinction (Savage, 2000; Savage et al., 2001).

Bourdieu’s emphasis on cultural capital was also clearly influenced by a Weberian perspective that implies multiple hierarchies which, although class was acknowledged as important, is one of many different hierarchies of social rank. Weber’s focus on status hierarchies therefore shifts the emphasis away from material to cultural expressions of class, and in addition allows for a focus on within class comparisons. In this regard, divisions are not restricted to class

but also to prestige and social honour rankings in society which is evaluated by how one is perceived by others:

> In contrast to classes, *status groups* are normally communities…we wish to designate as 'status situation' every typical component of the life fate of men that is determined by a specific, positive or negative, social estimation of *honor*. This honor may be connected with any quality shared by a plurality, and, of course, it can be knit to a class situation: class distinctions are linked in the most varied ways with status distinctions. (Weber, 1948: 186-7)

Moreover, while status differences tend to be based on detailed personal information in small societies, the accuracy of the evaluation diminishes as society gets larger and more complex. This led Weber to suggest that evaluations in larger societies depend more on an individual's lifestyle and social conduct, which invariably become important markers for their social position.

The aim here is not to enter into a debate regarding classical theories of Marx and Weber as these have been endlessly discussed and are complex and highly contentious (Fulcher & Scott, 2007; Lemert, 2004; Turner, 1988). Rather, it is to mark up the predominant theories of both materialist and non-materialist forms of social comparisons that people utilise when evaluating their social position. This provides a background within which data from this study may be interpreted.

To address this issue, this chapter utilises a comparative sociological approach to explore social comparisons historically as well as the different forms and styles of comparisons that people use to make distinctions both between and within classes. Specifically, the chapter begins by exploring the changing nature of class, one of the main arguments being that social comparisons may be more exaggerated in today's society than ever before because of globalisation, rise in consumerism and the expansion of mass media. Following on from this, a discussion of class and status-based comparisons in earlier British communities are outlined in order to demonstrate their potential relevance in contemporary society. The claim made here is that status distinctions within classes may be more salient than differences between classes. Lastly, whilst gender differences are discussed in relation to class practices, it is noted that there is little

evidence on gender variations in social comparisons, particularly the forms of comparisons that are important for males and females.

2.2 Social stratification in British societies

2.2.1 The changing nature of class

There has been considerable debate about the relevance of class in contemporary society (Beck, 1992; Bottero, 2004; Bourdieu, 1984; Crompton, 2006; Giddens, 1991; Maguire & Stanway, 2008; Pahl, 1989; Pahl, 1993; Pakulski & Waters, 1996; Savage, 2000; Skeggs, 1997).

On the one hand, it is argued that class still exists, with the family perceived as playing an important role in its reproduction:

> …although there has been considerable and extensive social change, and individuals may indeed appear to have more 'choices' to make than in the recent historical past, the concept of class is by no means redundant, and the family plays a key role in the reproduction of social classes and class inequalities (Crompton, 2006: 659)

On the other hand, one (perhaps extreme) perspective is that of the post-modern position which argues that people's behaviour patterns and life chances are no longer determined by class (Lyotard, 1984), some going as far as to suggest the 'death of class' in contemporary society (Pakulski & Waters, 1996).

A less extreme view is the 'late' or 'high' modernity argument advanced by Giddens (1991) and Beck (1992) that class structure has fragmented to the extent that 'reflexive' individuals are faced with new forms of 'risk' and opportunities to shape their own biographies (Beck, 1992; Giddens, 1991). As Beck recently reiterated:

> Individualization transforms class struggle, which…precedes class. There emerges a capitalism without classes, more precisely: without classes for themselves. Individualization uncouples class culture from class position; as a result, there are numerous 'individualized class conflicts without classes', that is, a process in which the loss of significance of classes coincides with the categorical transformation and radicalization of social inequalities. (Beck, 2007: 686)

Furlong & Cartmel (1997; 2007) refer to this disjuncture between objective and subjective dimensions of modern life as the 'epistemological fallacy'. In a subtle version of the Marxist theory of 'false consciousness', the authors' main argument is that people's life chances remain highly structured whilst their understanding of life is becoming increasingly individualised (Furlong & Cartmel, 2007: 5). As such, people are more likely to perceive negative outcomes as personal failings rather than as a result of structural factors beyond their control. Interestingly, this view echoes Sennett & Cobb's (1977) much earlier study of working class men in America who saw their lower position as personal inadequacies rather than the result of structural disadvantages.

Since classes are often differentiated by residence in socio-economically contrasting areas, a question arises as to the continued significance of place as a basis for social comparisons. Thus when late modernity theorists like Giddens argue that class has fragmented, the suggestion is that structural factors such as place have become almost redundant in influencing people's lives:

> Place thus becomes much less significant than it used to be as an external referent for the lifespan of the individual. Spatially located activity becomes more and more bound up with the reflexive project of the self. Where a person lives, after young adulthood at least, is a matter of choice organised primarily in terms of the person's life-planning. (Giddens, 1991: 147)

However, Giddens' assertion that where an individual decides to live in adulthood is a 'matter of choice' ignores the fact that such choices are themselves constrained by structural factors such as income, occupation, and education which have been commonly used as indicators of class position.

2.2.1.1 Consumerism

Discussions regarding the fragmentation of class (Beck, 1992; Beck, 2007; Giddens, 1991) have coincided with a focus on the rise of consumerism (Schor, 1998). Although often portrayed as a new phenomenon, consumerism can be traced as far back as the 18th century when material possessions became prized more for their fashion and symbolic value than their use (McKendrick et al., 1982). This is illustrated in Cobbett's diary of his travels in rural England in early 19th Century:

> Everything about this farm-house was formerly the scene of *plain manners* and *plentiful living*. Oak clothes-chests, oak bedsteads, oak chest of drawers, and oak tables to eat on, long strong, and well supplied with joint stools…One end of the front of this one plain and substantial house had been moulded into a '*parlour*', and there was the mahogany table, and the fine chairs, and the fine glass, and all as bare-faced upstart as any stock-jobber in the Kingdom can boast of (Cobbett, 2001: 182-3).

Evidently, for Cobbett, the change from oak to mahogany symbolised a turning point where commodities became less about their use value and more an expression of what they said about an individual (i.e. exchange value).

However, whilst consumerism may have a long history, there can be no doubt that the rise of consumer society increased dramatically with the onset of industrialisation. As production for subsistence was taken over by waged labour, people also became consumers as well as producers. According to Miles, this inevitably changed the way of life in terms of social structures, values and attitudes where a new type of society developed gradually with a 'thirst for novelty', which the economic market was more than willing to accommodate (Miles, 1998: 6). In contemporary Western society, globalisation and the increasing influence of the mass media have been central in making society more consumer-driven than ever before (Carlisle et al., 2008; Lury, 2003; Maguire & Stanway, 2008; Ransome, 2005; Slater, 1997), to the point that consumerism has become 'a way of life' (Miles, 1998). Whilst consumerism has had some beneficial effects on society (e.g. it has been one of the driving forces in technology improvement), it has also had negative consequences for individuals. Arthur Miller's portrayal of American society in his play – *Death of a Salesman* – illustrates this by showing the level of self-deception that some people go to in order to maintain a positive image (Miller, 1961).

Parents are especially prone to the effects of consumerism because of the pressures put on them by the advertising industry to ensure their children are keeping up with their peers (Middleton et al., 1997; Middleton et al., 1994). According to Schor (1998), this is because, however much parents may deny keeping up with others, they cannot escape the worry that their children might be social outcasts if they do not conform to an acceptable consumer social identity. Interestingly, evidence suggests that working class parents are likely to

be most affected by the pressures of consumerism because its salience appears to increase with decreasing SES. This is partly because adolescents from more deprived families tend to be more vulnerable to the effects of consumer pressures and as such exert more demands on their parents (Middleton et al., 1994). Parents from disadvantaged backgrounds are also more likely to succumb to 'pester power' (Mayo, 2005) and in consequence they (especially divorced and lone parents) tend to sacrifice their own needs for the sake of their children (Middleton et al., 1997).

2.2.2 'Perceptions' of class

Debates concerning the relevance of social class have also raised an important issue regarding people's perceptions of class in late modern society and the extent to which it shapes identity. This issue is particularly important to this study as the theory under examination centres around people's perceptions of their social standing in the social hierarchy (Wilkinson, 1996).

The dominant view from recent research is that although people have no difficulties discussing class matters, they are unwilling (and at times defensive) about locating themselves in particular class identities such as working class, middle class or upper class (Savage et al., 2001; Skeggs, 1997). Influenced by Bourdieu's formulation of class, this newer generation of class theorists (who are loosely known as 'culturalist class theorists' (Bottero, 2004)) have sought to illustrate a relationship between class and individualisation (Paton, 2010) by placing more emphasis on processes of culture, lifestyle and taste (Bottero, 2004).

For example, in her study of working class women in the North West of England, Skeggs (1997) found that participants often dis-identified themselves from this class; instead, choosing to present themselves as not belonging to a particular class. According to Skeggs, whilst the working class label can signify a sense of pride for men, when applied to women it has tended to be used as a symbol for all that is poor, dirty, dangerous and worthless. As one of her participants stated:

> To me if you are working class it basically means that you are poor. That you have nothing. You know nothing [Sam, 1992] (Skeggs, 1997: 75)

However, rather than interpreting her findings as implying that class does not matter, Skeggs argues that the real power of class can be demonstrated by people's defensive behaviour. Further support for this dis-identification of class was found by Savage et al (2001) in a qualitative study that explored male and female class attitudes in working class and middle class areas in the North West of England. A key finding was that only a minority of the sample located themselves in class categories, the majority of participants being more concerned to highlight their 'ordinariness' than identify themselves as belonging to collective class groups. While Savage et al (2001) acknowledge that collective class identities have become weak in today's society, they do not see individualisation as displacing class. Instead, class is seen as an important resource that people use to construct their identities, especially in relation to other classes.

However, this dis-identification interpretation has been criticised for the manner in which all possible outcomes (i.e. acknowledgement or denial of class identity) are seen as evidence for the relevance of class, consequently leading to class categories being imposed 'in the teeth of respondents' denials' (Bottero, 2004: 992).

2.3 Class and status-based comparisons in community studies

Whilst the 'individualisation' thesis has been instrumental in helping analysts to rethink how class is understood in contemporary society, a major criticism is the manner in which it removes the individual from their social context. For example, by arguing that structural factors like place have become less important in modern society, both Beck and Giddens overlook the potential significance of locality (i.e. area of residence) as an important indicator of an individual's social standing in society. In order to examine the importance of place, the focus now turns to studies of Mediterranean society and earlier British community studies as these are particularly useful in highlighting the importance of locating individuals within their neighbourhood context. This in turn

demonstrates both material and non-material attributes that signify class and status positions.

2.3.1 Non-material indicators of social rank

It is clear as the Weberian perspective implies that non-material factors can play an important role in determining social rank. The salience of such status differences is that they can exist even in the most economically equal societies (Turner, 1988). This viewpoint is supported historically by data on primitive societies which shows that, despite their egalitarian nature in material terms (Sahlins, 2004), non-material factors like generosity and moral standing were important markers for assessing prestige ranking (Malinowski, 1967; Sahlins, 2004; Weiner, 1988). As Malinowski observed in his famous study of the Trobrianders of Papua New Guinea, social rank was based as much on individuals' ability to distribute their wealth as it was on their capacity to accumulate (Malinowski, 1922). However, the importance of non-material factors in determining social standing is not restricted to primitive societies.

Studies of Mediterranean society provide a further illustration of societies where wealth alone is not enough to be accorded with high social rank. Instead, a combination of different factors such as age, gender, sexuality (especially the control by men of women's sexuality), kinship, religious learning, education attainment and moral respectability can contribute to increase an individual's prestige and social honour in the eyes of others (Campbell, 1966; Cutileiro, 1971; Davis, 1969; Peristiany, 1966; Pitt-Rivers, 1966; Stirling, 1966). The salience of honour in Mediterranean society is apparent in the definition advanced by Pitt-River's that honour is:

> …the value of a person in his eyes, but also in the eyes of his society. It is the estimation of his own worth, his *claim* to pride, but it is also the acknowledgment of that claim, his excellence recognized by society, his *right* to pride (Pitt-Rivers, 1966: 21)

in this society, honour (and shame) condition the hierarchical order and as such cut across all other social classifications. Consequently, society is divided into those endowed with honour and those shamed without it (Peristiany, 1966),

meaning there can be no possibility of social prestige without honour (Campbell, 1966).

The significance of non-material factors in determining social position is further evidenced by Stirling's study of a small Turkish village whereby newcomers often failed to gain the high rank that was given to the village landowners despite having large disposable incomes and conspicuous material assets. To the local villagers, these migrants were seen as lowly and were not respected because they did not spend their personally earned income on the development of their local area and the needs of their neighbours as did the landowners (Stirling, 1966: 226). Interestingly, villagers had an acute awareness of their social standing as observed by the manner in which they arranged themselves in public and private meeting places:

> The existence of a very roughly agreed scale or rank in the village is clear from the seating arrangements in the guest rooms. The position nearest the fireplace or stove is that of the greatest honour…It is polite to be self-effacing and men manoeuvre to force their approximate equals to take place above them, so that the final order is roughly a result not of claims but of imposed public opinion. If a fairly highly regarded man enters a crowded guest room, someone near the fireplace will leap up and offer his seat, himself being immediately offered someone else's, and so on until everyone is seated again. (Stirling, 1966: 235)

The above quote reinforces Pitt-Rivers (1966) assertion that honour is the value of a person not only in their eyes but also (and perhaps more importantly) in the eyes of the society in which their worth is measured. In this respect, rank based on honour must be contextualised within the spatial area that the comparison is made. As Peristiany points out:

> Honour and shame are the constant preoccupation of individuals in small scale, exclusive societies where face to face personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office (1966: 11)

Not only does this draw attention to the importance of reference groups, it also underlines the significance of proximity as a basis of social comparisons in small scale proximal localities. Thus, although the *señeritos* (i.e. the upper class) of a local community can be distinguished figures in the eyes of the local people,

they shrink to lowly middle class status once they came into contact with the *señeritos* of the city (Pitt-Rivers, 1966). This rural and urban distinction reinforces Weber's view that, whilst status differences in small societies depend on personal reputation, in larger societies it is the type of lifestyle and the manner in which people conduct themselves that determines social ranking.

However, whilst the literature on the significance of non-material factors such as honour and shame in determining social standing in Mediterranean society is insightful, this thesis is framed within an understanding of British society where class has traditionally been the distinctive means of social differentiation and an integral feature of people's identity (Fulcher & Scott, 2007: 785-98). Much of the evidence on this issue comes from earlier British community studies which particularly illuminate the types of comparisons that were often made both between and within classes.

2.3.2 Social comparisons between classes

Stacey's (1960) study of Banbury, a small town in Oxfordshire which in the 1950s had a population of about 19000, provides a good starting point for the analysis of class-based comparisons since her sample included all the social classes in the area, thus enabling distinctions between working, middle and upper class practices. Interestingly, the residents' own definitions of who they included as 'neighbours' demonstrates how the range of reference groups varied by class:

> Broadly speaking, in working-class streets near neighbours are the most important source of friendship and help. In the middle class, friendships outside the street are at least as important as those with neighbours. In the upper class neighbours are those of the same class who live within a much wider area; the area is defined to include all those who may conveniently be visited for a meal or for some activity in the intervals between meals. Those living nearby of different social class are not included among the 'neighbours'. (Stacey, 1960: 104)

Hence the middle and upper classes were more likely to have a wider range of reference groups for making comparisons because, for example, they tended to have professional occupations which required them to travel outside their place of residence, their friends were not restricted to their local area, and their leisure time tended to be much more diverse than that of the working class. Further evidence for a working class pattern of limited social networks came

from other studies which demonstrated overlap between both the work settings and residential areas and the restricted nature of social life, males usually socialising at the local pubs (Pahl, 1965b) whilst women socialised over the 'washing-line' or visited friends and relatives within the local neighbourhood (Hoggart, 1957).

In addition to showing how reference groups became wider with higher class position, the evidence from these studies also suggested that social comparisons were more common among the middle and upper classes (Stacey, 1960; Wright-Mills, 1956). One explanation was that while the struggles of getting by were a dominant concern for the working class, in contrast, amongst the middle and upper classes social acceptance was a prominent concern, people being more concerned about class-based factors such as one's occupation, family background, speech, type of house, area of residence, education level, and type of school that one's children attended. This is consistent with a Weberian emphasis on status comparisons as a means of marking class distinctions. As such, the middle and upper classes were more likely to be preoccupied with assessing where they stood in relation to others because failure to meet these idealised standards sometimes led to social exclusion (Stacey, 1960).

Similar forms of evaluating social standing were also found in studies in the United States, with evidence that class comparisons could promote social cohesion amongst the upper classes:

> Those of the upper strata…if only because they are fewer in number, are able to…know more about one another, to maintain among themselves a common tradition, and thus to be conscious of their own kind. They have the money and the time required to uphold their common standards. (Wright-Mills, 1956: 31)

Arguably, comparisons between classes may be more pronounced among socially mobile groups because of the culture shock that can sometimes occur. This was illustrated by one participant in Young & Willmott's study who contrasted her new neighbourhood in middle class Ilford and the working class area of Bethnal Green she had moved from:

> It's not as friendly as Bethnal Green was. We're a bit Suburban here. They watch each other, especially with clothes, to keep up with each

> other. I don't bother myself. I'm satisfied with what I have. I don't try to keep up, but I don't mean by that I wouldn't like a car. Of course I would. It's a pleasure to have a car but I'm not worrying (Young & Willmott, 1957: 184)

This shows that upward social mobility does not necessarily have positive outcomes because it can lead to 'status inconsistencies' (Simpson, 1970). For example, whilst the upwardly mobile may try to increase their social standing by moving to a better area and/or marrying into a higher class, this does not automatically lead to being perceived as having higher rank in the eyes of those remaining in the class of origin. Likewise, acceptance in the class of destination may be difficult to achieve because of being perceived as 'outsiders' (Young & Willmott, 1957). According to Goffman (1951), social mobility can be stressful because the styles and manners of a class are not psychologically suited to those whose life experiences took place in a different class.

The issue of social mobility is of particular relevance to this thesis, since it may be linked to a change of residential area. Related to this is that newcomers tend to be more likely to make social comparisons because when moving into a new area people are often faced with the problem of evaluating their social position and sorting themselves in relation to others (Bott, 1954). As Klein (1965) put it:

> Upon moving to a new estate, people are presented with a serious emotional and intellectual problem. The neighbours don't know them and they don't know the neighbours…The question of where one stands in relation to other people is likely to present itself with greater force than ever (1965: 246)

This distinction between established residents and newcomers can be central in relation to class identities (Pahl, 1965a; Pahl, 1965b; Wight, 1993). As Wight (1993) found in his Scottish-based anthropological study of a small working class village in central Scotland, along with gender, one of the most important forms of distinction was whether inhabitants were considered 'locals' (i.e. established) or 'incomers' (i.e. newcomers). Interestingly, this was not necessarily restricted to the length of time someone had lived in the village but also on acceptance by the locals.

2.3.3 Social comparisons within classes

The focus now turns to the importance of status distinctions within classes, some arguing that these may have more salience than distinctions between classes (Wight, 1993).

In relation to differentiation within the upper classes, Veblen's (1899) book – *The Theory of the Leisure Class* – provided an early example of status struggles that were taking place, particularly between 'old' and 'new' wealth. This was drawn out further by Wright-Mills (1956: 58-9) who differentiated between the old traditional upper class with their long history and family background of inherited wealth and the newer upper classes who by virtue of social mobility had acquired high levels of wealth via the corporate world but lacked the knowledge of how to spend it in accordance with upper class ideals of culture and taste. As such, the traditional upper class looked down on the new because they were seen as imitators (Aldrich, 1988). The same differentiation between 'old' and 'new' wealth was found to be a key status marker within middle class areas in Stacey's (1960) study. The evidence from these studies suggests social comparisons within middle or upper classes imply a keen sense of awareness regarding one's own social status and the consequences of deviations from it.

However, perhaps the most well documented status distinctions are those within working class communities (Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Stacey, 1960; Wight, 1993), which seem to persist over time. As Plowman et al (1962) noted from their review of community studies in England and Wales, a particular feature of working class areas was the major concern with respectability, mostly because it is was the highest claim to status within this class. In this regard, respectability was a style of life involving appropriate standards of conduct. In addition to domestic and personal cleanliness being of high standard, being respectable also meant having a good steady job and well-mannered children who are limited in number (Plowman et al., 1962; Wight, 1993). The contrasting status group were the 'roughs' who were often rejected because they did not conform to minimum working class standards. They also tended to be the most deprived families with both poor personal and domestic hygiene (Klein, 1965; Stacey, 1960). Their use of speech was also characterised by its abruptness, slang, emotive tone and rudeness (Hoggart, 1957). As Wight

noted (1993), they were often blamed for giving working class areas a bad name. It must be highlighted however, that people did not necessarily use these terms but had their own ways of distinguishing between one another. For example, in Wight’s study, the great majority of residents identified themselves as ‘nice folk’ (i.e. the respectable) and distanced themselves from those they considered as the ‘wasters’ (i.e. the rough) (Wight, 1993: 74).

Nevertheless, while a common distinction was often made between the ‘rough’ and ‘respectable’ working class (Klein, 1965; Wight, 1993), in her discussion of neighbouring practices, Stacey (1960) observed three status groups in the working class area of Banbury under study:

> …the ‘rough’, the ‘ordinary’ and the ‘respectable’. The self-styled ‘ordinary working-class’ people follow closest the traditional concept of neighbouring. The ‘rough’ and the ‘respectable’ deviate most from it. The ‘roughs’, often the poorest families, would like to lean heavily upon their neighbours, but they are discouraged. Their personal appearance and the state of their houses add to their unattractiveness as companions. The ‘respectables’, on the other hand, are not expelled; they withdraw: they are ‘stand-offish’. They are bent on improving their own social positions and intimate neighbouring is part of the life of the social class they wish to leave behind. (Stacey, 1960: 105-6)

Interestingly, the ‘respectables’ described by Stacey also appeared to be making comparisons between classes, with ambitions to move up a class. In contrast, whilst Wight’s (1993) villagers took pride in maintaining their respectable status, very few had aspirations to move to a higher social class because being socially mobile would have challenged the normal order of things (Wight, 1993).

2.4 Reference group theory

Although the above has provided a useful framework for understanding class and status-based comparisons in earlier British communities, it is apparent that society has changed significantly since then. Even the concept of class being represented through geographically bound communities (Plowman et al., 1962) has been called into question with some arguing that community should be seen as reflecting a sense of ‘belonging’ rather than being restricted to particular places (Delanty, 2003). For example, Calhoun defines community in contemporary society as:

> Community, thus, is not a place or simply a small-scale population aggregate, but a mode of relating, variable in context. Though communities may be larger than the immediate personal networks of individuals, they can in principle be understood by an extension of the same lifeworld terms (Calhoun, 1998: 391)

Pahl makes a similar point in his assertion that ‘communities-in-the-mind’ may have more significance than communities of economic experience (2005: 623). It is therefore not surprising that there has been growing research interest into the notion of virtual communities (Delanty, 2010). Although not the focus of this study, it is recognised that virtual communities such as those formed in social networking sites like Facebook may be important avenues through which social comparisons are made. This clearly raises an important question about the reference groups people use to make comparisons in late modern society.

An important perspective on the issue is provided by Runciman’s seminal work on relative deprivation. Using reference group theory, Runciman argued that reference groups are fundamental to the conceptualisation of relative deprivation because ‘people’s attitudes, aspirations and grievances largely depend on the frame of reference within which they are conceived’ (1966: 9). In other words, relative deprivation must be understood within the context of people’s sense of deprivation that they experience irrespective of whether this is actually the case in objective terms. Whilst acknowledging the difficulty in defining relative deprivation, Runciman defined it as:

> A is relatively deprived of X when (i) he does not have X, (ii) he sees some other person or persons, which may include himself at some previous or expected time, as having X (whether or not this is or will be in fact the case), (iii) he wants X, and (iv) he sees it as feasible that he should have X. (Runciman, 1966: 10)

In his study of income satisfaction, Runciman found little evidence of perceived relative deprivation because few believed themselves to be in a worse situation than others; paradoxically, this was particularly true for people towards the bottom end of the income ladder. As such, he concluded that people have a restricted range of reference groups because they compare mostly to ‘people like themselves’ such as friends, family members, neighbours, and work colleagues - hence the reason why they remain oblivious to the full extent of inequality.

Further support for Runciman's theory was recently demonstrated by Pahl et al (2007) in a small scale qualitative study. The investigators found that study participants mainly compared with people like themselves who they defined as, for example, 'ordinary working people', people with a 'similar lifestyle' and in 'similar circumstances' (Pahl et al., 2007). Whilst participants utilised wide-ranging reference groups in identifying the extremely wealthy (e.g. 'toffs', doctors, judges) and the very poor (including those dependent on benefits and the homeless), the most salient reference groups for self-evaluation were comparisons with 'similar others'.

This conclusion of restricted reference groups, however, is not consistent with research in the United States which suggests that globalisation, the rise in consumerism, and expansion of the mass media have broadened people's reference groups more than ever before:

> …the comparisons we make are no longer restricted to those in our general earnings category or even to those one rung above us in the ladder. Today a person is more likely to be making comparisons, or choose as a "reference group", people whose income are three, four, or five times his or her own. (Schor, 1998: 4)

Support for the expansion of people's reference groups has also been found in Britain. Using survey data, Hamilton (2003) found that, despite average incomes in Britain being almost three times higher than in 1950, 61 percent of Britons felt they could not afford everything they wanted. Interestingly, this view was also held amongst 40 percent of those with yearly incomes over £50000 leading the author to suggest that Britain has become a nation of 'luxury fever'. The explanation advanced is that expansion of the media (especially the Internet and television) have broadened people's reference groups because of greater desires to emulate the lifestyles of the very rich and famous (Hamilton, 2003). Although Hamilton (2003) and Schor (1998) argue that reference groups have expanded, they do not necessarily believe that it has increased feelings of resentment and anger at the existence of inequalities. Instead, the suggestion is that it has generated an increase in aspirations with people willing to get themselves into debt in order to keep up with others (Schor, 1998). Furthermore, contrary to popular belief that the rise in consumer debt is driven by the poor, both Schor

(1998) and Hamilton (2003) suggest that this has actually been caused by the middle and high-income households indulging in luxury items they cannot afford.

2.5 Conclusion

There are a number of issues to draw out from this chapter which provide an important context for critically examining Wilkinson's psychosocial hypothesis that is the focus of the next chapter.

Firstly, arguably the most important issue concerns the relevance of the sociological evidence on social comparisons in contemporary society where the traditional class structure is believed to have fragmented (Beck, 1992; Giddens, 1991). Reference group theory lies at the centre of this debate because the late modernity argument casts major doubt about the relevance of restricted reference groups in today's society. However, although this author shares the view that social comparisons may be more exaggerated than ever before, there must be caution in accepting the late modernity argument that globalisation, rise in consumerism and expansion of the media have served to widen people's reference groups as this has yet to be fully tested. For example, though television has become increasingly inundated with lifestyle and reality programmes which make people more 'aware' of inequalities in different societies (i.e. from local to global), this does not imply that these are the most important comparisons people make. Comparing with 'people like themselves' may be much more salient.

Secondly, and related, the significance of immediate reference groups is particularly evident when conceptualising class as a neighbourhood context because evidence from community studies strongly suggests that differences 'within' classes tend to be more salient than 'between' classes. Whilst most of the data bearing on this issue was illustrated using earlier British community studies, it seems likely that distinctions within middle class ('old' and 'new' money) and working class ('respectable' and 'rough') remain an important basis for how people evaluate their social standing. Evidence relating to social mobility is particularly relevant here as it points up within class differences. For example, there is convincing evidence that newcomers tend to be more likely to make social comparisons because upward/downward mobility often leads people

to have an acute sense of awareness regarding their social standing in relation to others.

Thirdly, another issue relates to the different forms and styles of comparisons that people make. In line with a Weberian emphasis on multiple status hierarchies (Weber, 1948), this chapter has provided compelling evidence that people often utilise both material (including, income, housing and conspicuous goods) and non-material factors like speech, education, and respectability when making social comparisons. This is an important issue to draw out because it highlights that wealth alone is not necessarily the determining factor in people's perceptions of their place in the social hierarchy since non-material factors can also increase an individual's prestige and social honour in their own eyes and that of others (Campbell, 1966; Cutileiro, 1971; Davis, 1969; Peristiany, 1966; Pitt-Rivers, 1966; Stirling, 1966). In this respect, any research which emphasises material differences is open to criticism on the grounds that cultural dimensions of class are simply regarded as superstructure (i.e. determined by an economic base) in a manner consistent with a Marxist emphasis on a single economic hierarchy.

Lastly, possibly the most surprising issue concerns the almost complete lack of focus given to gender differences in making social comparisons. This lack of research on gender differences also characterises both the health inequalities and social psychology literature on social comparisons (as will be evident in the two subsequent chapters). As such, there is little understanding as to whether social comparisons might impact differently on males and females.

3 Towards a psychosocial explanation

3.1 Introduction

Inequalities in health can be described as the differences found in various aspects of health between different groups in society (Kawachi et al., 2002). However, despite such disparities being demonstrated in Britain since occupational and mortality statistics were first published in 1851 (Macintyre, 1997), the underlying reasons remain a subject of much debate (Barker, 1994; Davey Smith et al., 1994; Macintyre, 1997; West, 1991; Wilkinson, 2005). This chapter aims to critically assess the principal explanations put forward to account for these differences, with particular attention given to Wilkinson's interpretation of a psychosocial approach that focuses on people's relative standings in the social hierarchy.

The chapter is split into two main parts. The first begins with an overview of the health inequalities literature. Here evidence is presented demonstrating that inequalities in mortality and morbidity still persist and these differences are thought to be widening (Levin & Leyland, 2006; Leyland et al., 2007a; Mackenbach et al., 2003). Following on from this is a discussion of the original explanations outlined in the Black Report. The first part ends by outlining the significant developments that have emerged since the publication of the Black Report's; specifically life course epidemiology, importance of place for health, and lay understandings of health inequalities.

The second part considers Wilkinson's psychosocial explanation as this forms the theoretical framework for this study. This begins by outlining his 'income inequality' hypothesis, the contention being that that inequalities in income work not only to impact on health but also to increase levels of distrust, discrimination against ethnic minorities and women, crime rates, violence, and homicide in society through a psychosocial mechanism (Wilkinson, 2005; Wilkinson & Pickett, 2009b). Thereafter, Wilkinson's psychosocial theory is critically examined both in respect of the proposed mechanism and use of evidence. One of the important issues raised represents a paradox: despite treating class as an individual attribute that is separate from its context (i.e. neighbourhood), Wilkinson utilises anthropological data as evidence for his

overall argument that differences between classes are more important than those within, even though the examples cited point up within community differences.

Although Wilkinson has recently placed more emphasis on wider reference groups (Wilkinson & Pickett, 2009b), it is important to highlight that that this thesis is contextualised within his earlier work where comparisons between proximal neighbourhoods were hypothesised as being the most important (Wilkinson, 1997a). The importance of focusing on proximal neighbourhoods is that it provides a good opportunity to investigate the extent to which people make comparisons between classes

3.2 An overview of health inequalities

3.2.1 The evidence

3.2.1.1 Inequalities in mortality and morbidity

Deriving mostly from a Marxist emphasis on material differences, inequalities in mortality and morbidity in developed countries have been typically represented by socioeconomic status (SES), which (as indicated in the previous chapter) has been measured by indicators such as occupation, income, deprivation and education (Bartley, 2004; Crompton, 1998; Galobardes et al., 2006). Unlike the community studies where class is conceptualised as socio-economically contrasting localities (Plowman et al., 1962), the epidemiological literature conceptualises class as an individual attribute, thereby failing to capture the context (i.e. area/neighbourhood).

Within the epidemiological model, gradients have been observed across the socioeconomic spectrum whereby people from higher SES groups tend to have better health and are more likely to live longer than those from lower SES backgrounds (Macintyre et al., 2005a). However, caution is warranted in interpreting data based on measures of SES such as the Registrar General's Social Class classification (OPCS, 1978) because these were traditionally developed for white male populations and therefore ethnic minorities and females may be discriminated by the very factors (e.g. type of occupation) that are designed to measure SES (Graham, 2000).

Nevertheless, such indicators continue to dominate because data are readily available. For example, recent figures show that despite all social classes having experienced increases in life expectancy at birth, inequalities in mortality still persist and have been widening since the early 1970s (National Audit Office, 2010; ONS, 2007). As shown in Figure 3.1[1], health inequalities exist not only between the most affluent (e.g. social class I) and most deprived (e.g. social class V), but there is a gradient which can be observed right across the whole social class spectrum.

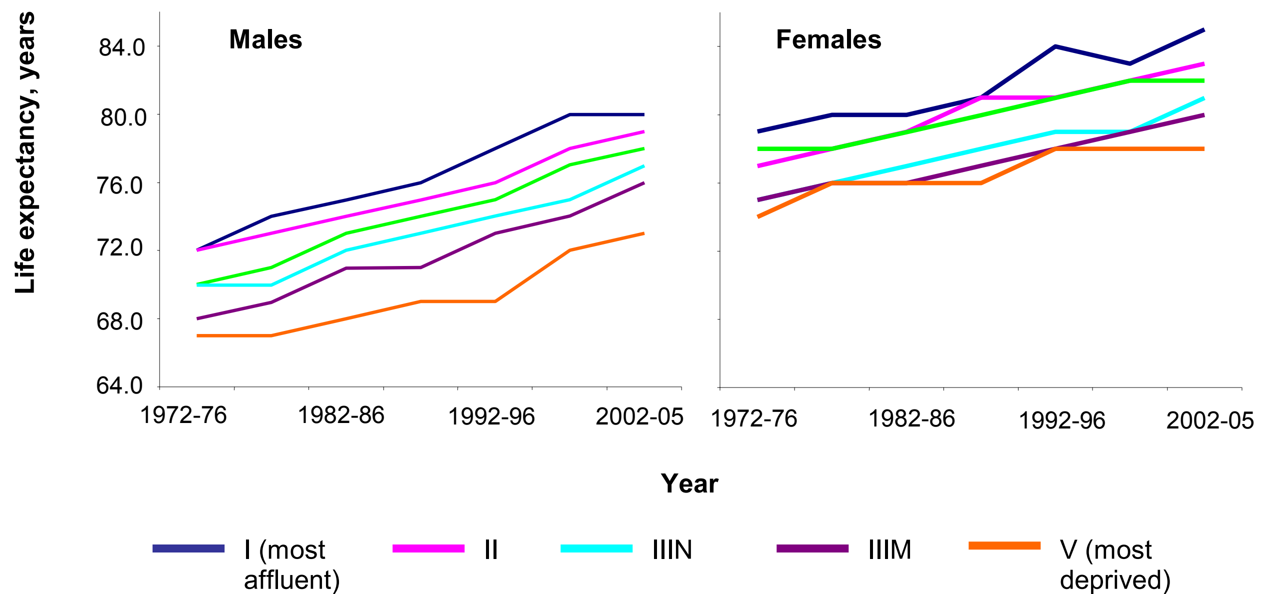

Figure 3.1 Male and female life expectancy at birth for social class I to V in England and Wales between 1972 and 2005

The widening inequalities between the social classes are not unique to the UK. For example, in a study that examined mortality data from two time periods (1981 – 1985 and 1991 – 1995), Mackenback et al (2003) found a similar trend in other parts of Western Europe such as Denmark, Finland, Norway, Sweden, and Italy.

Inequalities in mortality are also found between people living in different areas. These inequalities have been observed between countries (e.g. life expectancy at birth in Sweden is 81 years compared to 64 years in India and 49 years in

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[1] Data for Figure 3.1 come from the Office for National Statistics report on trends life expectancy by social class (ONS, 2007)

Sierra Leone) (WHO, 2010)[2] and within countries (e.g. 74 years in Glasgow City, 80 years in Edinburgh City) (GROS, 2009). Disparities also exist within cities and small areas: for example, in Glasgow, deprived areas such as Drumchapel and Clydebank (males 70 years, females 77 years) (Health Scotland, 2004b) have a lower life expectancy than more affluent areas such as Anniesland/Bearsden/Milngavie (males 79 years, females 81 years) (Health Scotland, 2004a). In Scotland, the Carstairs index of deprivation has become widely used to measure area deprivation (Gray, 2007; Scottish Executive, 2003). However, the use of ecological data to make inferences at an individual level can be problematic: a concept referred to as the 'ecological fallacy' (Macintyre et al., 2002).

All-cause mortality data on its own obscures the fact that inequalities extend to several different causes. For example, a recent study in Scotland found that whilst there has been a reduction in death rates from 1981-2001, this has been accompanied by an increase in inequalities for many causes of mortality, with the most deprived groups being disproportionately affected (Leyland et al., 2007b). Using data reported by Leyland et al (2007b), an illustration of some of the main causes of inequalities in mortality in Scotland can be seen in Figure 3.2. As indicated by the width of the bands, different causes of inequalities are more important at various life stages, the more deprived groups being worse off on all the key contributors. For instance, suicide is a major contributor to inequalities at earlier ages (10 - 40 years) and thereafter ischaemic heart disease, chronic liver disease and neoplasms become the main driving forces. Drug-related disorders play a considerable part from age 15 to 50 years in both sexes. Notably, assault is a major contributor to excess mortality in young males, especially between ages 15 to 25 years.

[2] Figures computed by the WHO to ensure comparability, are not necessary the official statistics of these countries (WHO, 2010). Nonetheless they still show considerable differences that are unlikely to be solely due to measurement error.

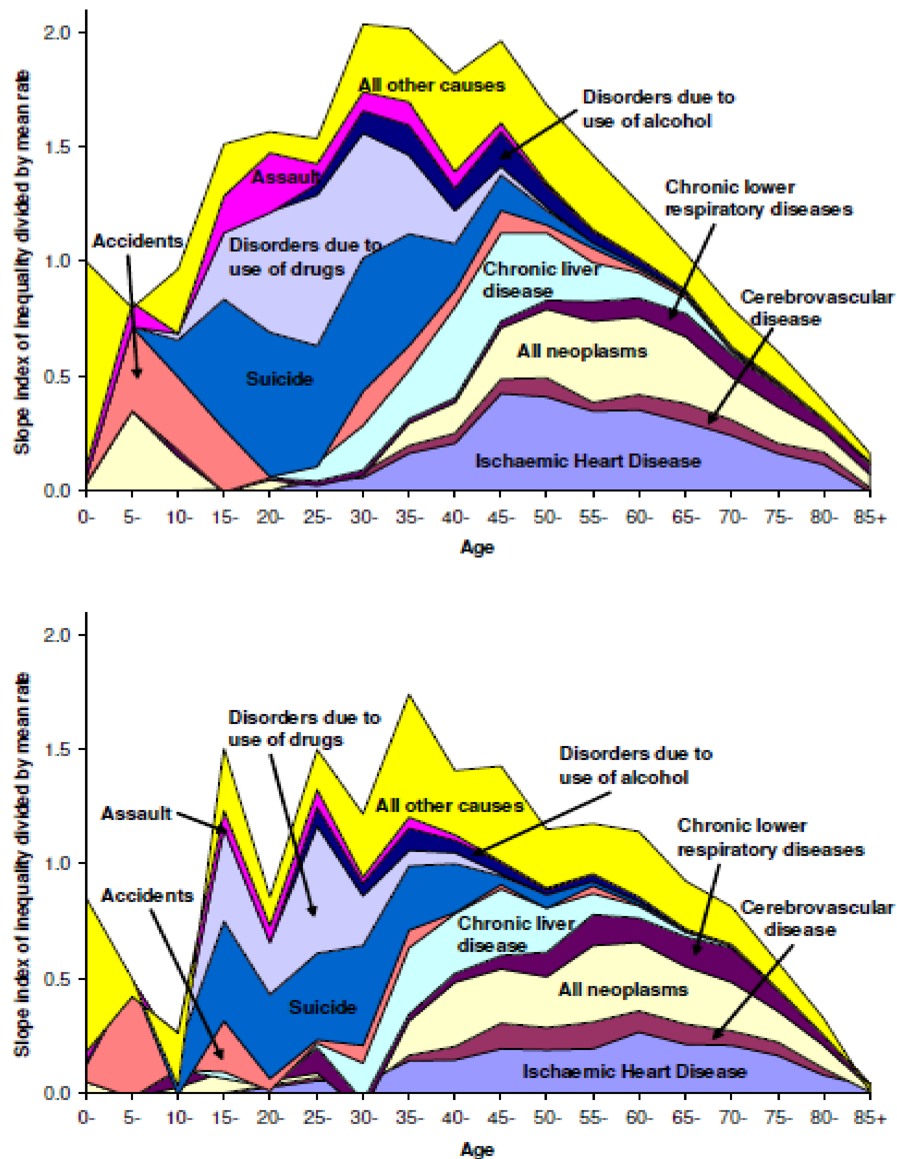


Figure 3.2 Age specific contribution to inequalities of specific causes of death across Scottish Index of Multiple Deprivation income quintiles. Males (top) and females (bottom), Scotland, 2000-02.
Sourced directly from Leyland et al (2007b)

As mentioned earlier, inequalities are not confined to mortality but extend to a wide range of measures of morbidity (Scottish Executive, 2003), including longstanding illness (Macintyre et al., 2005a), self-rated health (Blaxter, 1990; Blaxter, 2004), and mental health conditions such as anxiety and depression (Lorant et al., 2003; Sakurai et al., 2010). For example, a recent report by Taulbut et al (2009) found a strong correlation between poorer mental health and increasing SES disadvantage in Scotland. However, a major criticism of such measures is that they are subject to variation in contextual effects on self assessment (Blaxter, 2004; Blaxter, 2010), suggesting there may be regional and cultural differences in the likelihood of reporting illness (Macintyre et al.,

2005a). Nevertheless, self-reported measures of chronic illness are sometimes preferred to mortality rates because they can be particularly useful in examining the prevalence of ill health (Macintyre et al., 2005a). In addition, mortality is not a very useful measure at younger ages since death rates tend to be low (Scottish Executive, 2003).

Furthermore, it is now well recognised that total life expectancy (TLE) is a limited indicator since it counts all years of expected life without consideration of whether these have been lived in good health or with significant disability (Clark et al., 2004). As such, healthy life expectancy (HLE) – which measures the numbers of years individuals can expect to enjoy in good health – has been postulated as one such alternative (Clark et al., 2004). For example, Wood et al's (2006) Scottish based study evaluated HLE using two indicators (expected years in good health and years free from limiting long-term illness) and found that inequalities in HLE were considerably wider than those in TLE. This led the authors to conclude that deprivation had the double impact of extending periods in ill health before causing premature mortality (Wood et al., 2006).

There is, therefore, strong evidence for the existence of inequalities in health. However, the underlying reasons remain a subject of much debate. The next section focuses on the explanations advanced in the Black Report and subsequent developments that followed its publication.

3.2.2 The Black Report and its place in history

There can be no doubt that the Black Report was an important landmark in firmly placing the health inequalities topic on the research and political agenda (Blane, 1985; Davey Smith et al., 1990; Macintyre, 1997). The report was commissioned in 1977 by the then Secretary of Health in the Labour Government, who appointed a working group chaired by Sir Douglas Black. Its main aims were to review health disparities between the different social classes, suggest possible causes and offer recommendations for policy as well as research (DHSS, 1980). As the content of the report is well known, the following provides only a summary of its main features with an assessment of their current significance in light of the evidence since its publication.

In brief, the working group reported that mortality tended to rise with falling occupational class, for both sexes and at all ages (DHSS, 1980). The working group proposed four theoretical explanations for the observed health inequalities: artefact; natural or social selection; cultural/behavioural; and materialist/structural (which was the working group's favoured explanation).

The artefact explanation - which stipulates that the existence of health inequalities is an artefact of the measurement process (Jones & Cameron, 1984) – is given little attention because it has been widely discounted due to the strong evidence of a consistent social gradient irrespective of SES measures (Macintyre, 1997).

The natural or social selection explanation placed greater emphasis on health as the causal variable (social class being the dependent variable) (DHSS, 1980). Social selection implies that health (direct selection) – or a determinant of health such as health behaviour (indirect selection) – determines socioeconomic position via the process of social mobility (West, 1991). This process of social mobility is particularly important here since it derives from within class differences (e.g. education attainment) which in turn lead to social changes between classes. This may occur within one generation (intra-generational) or between generations (inter-generational) (Davey Smith et al., 1994; Mackenbach, 2005). Whilst the usual assumption is that this would widen inequalities, there is evidence to suggest that the overall impact of health-related social mobility may constrain rather than magnify health inequalities (Bartley & Plewis, 1997). For example, using data from a male sample of the England and Wales ONS longitudinal survey, Bartley & Plewis's study which examined intra-generational mobility showed that men who were upwardly mobile into the higher social classes as a result of their good health had worse health than those already in their new class of destination. Conversely, those who were downwardly mobile had better health than those in the lower classes (Bartley & Plewis, 1997). Further support for this constraining rather than magnifying effect has also been found elsewhere (Blane et al., 1999; Cardano et al., 2004). Thus, the extent to which social selection impacts on health inequalities is unclear, since evidence of 'health-related social mobility' (Elstad & Krokstad, 2003) does not necessarily mean it contributes to produce health inequalities (Cardano et al., 2004; Chandola et al., 2003; Hammarstrom &

Janlert, 2005). However, of relevance is that social mobility is likely to magnify the significance of social comparisons within classes.

The following focuses on the cultural/behavioural and materialist/structural explanations which have received the most research attention and are often put forward in lay accounts of health inequalities (Blaxter, 1997; Davidson et al., 2006).

3.2.2.1 Cultural or behavioural explanation

The cultural/behavioural explanation suggests that health inequalities are accounted for by cultural or behavioural factors such as smoking, diet and lack of exercise. However, it was evident that the working group saw this explanation as being influenced by material and structural factors:

> It can certainly be argued that what is often taken for cultural variation in cognition and behaviour is merely a superficial overlay for differing group capacities of self-control or mastery, which are themselves a reflection of material security and advantage (DHSS, 1980: 169)

Evidently, the working group's view reflected a Marxist perspective on the relationship between culture (superstructure) and material/class-base (structure), thereby diminishing the way that culture operates independently of class.

Cultural/behavioural explanations are regarded as an important contribution to health inequalities. This is best illustrated by smoking which is recognised as one of the most important risk factors for poor health (Graham et al., 2006), and is a major contributor to socioeconomic inequalities in both morbidity and mortality (Marmot, 2006). The evidence suggests it may explain between 19% (Avendano, 2006) and 27%[3] (Emberson et al., 2004) of socioeconomic differences in mortality.

However, a major criticism of the working group's description of this explanation and the subsequent reviews that followed publication of the Black

[3] This figure is a combination of smoking as well as other coronary risk factors using data from the Whitehall study of British civil servants

Report is the manner in which cultural and behavioural factors were grouped together as though to imply they are the same. In addition, the Black Report paid little attention to intra-class differences like child rearing practices, diet, work ethic, and the importance placed on education, which are the driving forces of social mobility.

3.2.2.2 Materialist/structural explanation

The working group recognised, along with other factors, that poverty and income were important components of a materialist explanation. As such, they argued that disadvantage in these factors was the major reason the more deprived had poorer health:

> People with low incomes are less able to gain access to facilities and knowledge commanded by those with high incomes…Thus whilst economic growth has improved access of both groups to income and other resources…neither facilities nor knowledge is a finite commodity, those with relatively low income (in increasing numbers) have remained relatively disadvantaged (DHSS, 1980: 160)

Other dimensions of this explanation focused on the hazards that people face as a result of their occupations. For example, in a review of four major causes of death (cancer, coronary heat disease, accidents and chronic obstructive airways disease), Blane et al (1997) estimated that occupational hazards accounted for approximately 10% of all deaths. This is because those who work in low paid jobs tend to be more exposed to occupational hazards such as dangerous chemical substances like iron, lead, and zinc (Blane et al., 1997) and accidental injuries (Bartley, 2004). Living conditions and housing are other dimensions of the materialist explanation and are socio-economically graded (Bartley, 2004). Not only are people in deprived households more likely to suffer from infections linked to dampness and mould, they also experience more negative health effects of cold temperatures (including increased blood pressure) in the winter due to being unable to afford sufficient heating (Bartley, 2004). Support for the material/structural explanation remains strong, studies from Europe finding evidence that the direct effects of material factors are bigger than the effects of behavioural factors (Laaksonen et al., 2005). As such, proponents of this explanation suggest that greater emphasis should be placed on improving the

material conditions of the lower socioeconomic groups in order to reduce health inequalities (van Oort et al., 2005).

Nevertheless, the number of studies has not matched the weight of importance placed on this explanation by the working group (Bartley, 2004), leading some to argue that research into health inequalities has been biased in favour of behavioural explanations (Davey Smith et al., 1990). It is possible therefore that the lack of studies into material factors might have diminished their importance. One suggestion put forward by Macintyre (1997) is that too much time was spent disputing the ‘hard’ (explaining away) versions of artefact, selection and behavioural explanations when it should have concentrated on investigating the ‘soft’ (helping to explain) versions that were not rejected by the working group. Macintyre further argued that confusion arose because subsequent reviews misinterpreted the acceptance of hard and soft versions of the materialist/structural explanation as implying that the other explanations played no role (Macintyre, 1997).

3.2.3 Developments since the Black Report

There have been many developments in the health inequalities field since the publication of the Black Report: of relevance to this study are i) the life course approach, ii) importance of place for health and, iii) lay understandings of social and health inequalities.

3.2.3.1 Life course approach

There has been a growing interest in the life course approach (Graham, 2002) because it recognises the:

> …importance of time and timing in understanding causal links between exposures and outcomes within an individual life course, across generations, and on population level disease trends (Lynch & Davey Smith, 2005: 1)

As such, this approach has the potential to explain the underlying causes of diseases that have long latency periods such as cardiovascular diseases and cancers (Barker, 1994; Krieger, 2001; Lynch & Davey Smith, 2005; Wadsworth, 1997; Wadsworth & Kuh, 1997). The life course approach can be split into two

main models which are socially patterned: a) the critical period model (variously known as biological programming or latency model) and, b) the accumulation of risk model (Graham, 2002; Kuh et al., 2003; Lynch & Davey Smith, 2005).

The critical period model suggests that the foetal life environment has an impact on adult health and occurs regardless of intervening circumstances (Kawachi et al., 2002). In this regard, the work of Barker and colleagues is widely recognised as very influential in understanding early life influence on chronic diseases in adult life (Graham, 2002; Lynch & Davey Smith, 2005). The Barker hypothesis postulates that:

> …poor nutrition, health and development among girls and young women is the origin of high death rates from cardiovascular disease in the next generation. It prejudices the ability of mothers to nourish their babies *in utero* and during infancy. The fetus responds to undernutrition with permanent changes in its physiology and metabolism, and these lead to coronary heart disease and stroke in adult life (Barker, 1994: 9)

Through linking mortality with birth weight data in England and Wales, Barker et al (1994) demonstrated that lower birth and infant weight were associated with higher incidences of known cardiovascular risk factors such as blood pressure and plasma fibronegen. Although these were socially graded, they were also independent of social class and behavioural influences like smoking and alcohol consumption.

The accumulation of risk model, however, suggests that exposure to disadvantages (including social and environmental shortcomings) at different stages in life can accumulate to cause long term adverse health effects. This exhibits a dose-response relationship (Graham, 2002; Kuh et al., 2003; Lynch & Davey Smith, 2005), the greater the intensity and duration of exposure to disadvantage, the poorer the health outcomes (Kawachi et al., 2002). To illustrate the accumulation of risk model, Davey Smith et al (1994) provide a hypothetical example of a woman living in deprived circumstances. They suggest that, as a result of living in a low-income household, the woman is more likely to have poor nutrition in pregnancy and thus have a low birth-weight baby. Not only is the child likely to be worse-off in terms of diet, (s)he will also have poor educational achievement, resulting in leaving school at the minimum age before

either being unemployed or working in a low paid, hazardous occupation. In addition, (s)he is also likely to encounter additional disadvantages in early and late adulthood resulting in dying younger than someone from a more affluent background (Davey Smith et al., 1994).

Of significance to this study is that class differences tend to be most apparent in mid-life (Leyland et al., 2007b). Interestingly, the opposite seems to be true in youth. A good illustration of this comes from evidence by West and colleagues which has challenged the view that health inequalities are a pervasive feature of the life course; instead, arguing for an ‘equalisation in youth’ (West, 1988; West, 1997b). Drawing on a various datasets (including the West of Scotland Twenty-07 Study), West et al have analysed the distribution of mortality and morbidity (including chronic illness in general, mental health, and non-fatal accidents) in young people from different socioeconomic backgrounds and found that health inequalities in youth are characterised more by their absence than presence, before re-emerging in adulthood (West, 1988; West, 1997b; West & Sweeting, 2004; West et al., 2010). However, West’s contention that youth is characterised by ‘relative equality’ has been criticised by others (Judge & Benzeval, 1993; Torsheim et al., 2004). For example, Torsheim et al (2004) argue that this apparent equalisation may be a consequence of methodological inadequacies that rely on young people’s poor knowledge of parental occupation, which is used as a the basis for family SES. Nevertheless, evidence for an ‘equalisation in youth’ has generated interest into possible explanations for this phenomenon (Chen & Matthews, 2002; Macintyre, 1997; West, 1997b; West & Sweeting, 2004; West et al., 2006). One suggestion is that the secondary school setting, peer group and youth culture cut through family, home and neighbourhood influences in a manner that reduces or eliminates class differences in health (West, 1997b).

Thus, as well as being relatively poorer due to child rearing costs like food, childcare and clothing, parents are also likely to be vulnerable from pressures put on them by their children to maintain a contemporary consumer identity (Schor, 1998). However, whilst there appears to be little research on this, it would seem that mothers are more likely to be vulnerable to such consumerist pressures because they tend to spend more time raising children than fathers.

3.2.3.2 Place and health

As mentioned earlier, health inequalities exist between people living in different areas, with evidence suggesting that the gap between people in affluent and deprived areas in Scotland has been widening (Hanlon et al., 2005; Levin & Leyland, 2006; Leyland et al., 2007a). It is therefore argued that area of residence may have effects over and above the effects of individual characteristics (Macintyre et al., 1993; Pickett & Pearl, 2001). For example, those who are deprived are also most likely to live in areas with poor infrastructure and poorer education and health services, limiting possibilities for healthier lifestyles (Macintyre et al., 2003). This revival of interest in the role of place as a contributing factor to inequalities in health can be traced back to the early 1990s (Macintyre et al., 2002), and is influenced by a number of factors including an improvement in statistical techniques (e.g. multi-level modelling) which have made it possible to combine area and individual level factors to test 'area' effects (Pickett & Pearl, 2001).

More recently, the debate has centred around whether the observed geographical differences are: a) contextual – attributed to features of the local environment such as housing, sanitation, and public transport services; or b) compositional – attributed to the characteristics of people living in these areas like SES, ethnicity, gender and age (Macintyre & Ellaway, 2003; Macintyre et al., 2002; Pickett & Pearl, 2001; Stafford & McCarthy, 2006). Central to this has been the relative importance of compositional and contextual effects in shaping health. In the main, evidence suggests that whilst place matters for health (Macintyre et al., 1993), it is not as important as individual characteristics (Pickett & Pearl, 2001; Reading et al., 1999; Shouls et al., 1996).

A number of studies have found residual area effects even after taking into account key individual-level factors (Davey Smith et al., 1998; Diez-Roux, 1998). For example, using data for 6961 men and 7991 women, a study in the West of Scotland investigated the association between area-based and individual socioeconomic indicators with cardiovascular disease and mortality and found that both measures made independent contributions to morbidity and mortality risk (Davey Smith et al., 1998). Likewise, in a study conducted in East Anglia which investigated the contribution of individual family factors and area

characteristics in determining risk of accidental injury in preschool, multi-level modelling illustrated that individual characteristics accounted for 90% of the variation in accident rates while 10% was due to area effects (Reading et al., 1999). Evidence from North America also supports such contextual effects; Black & Macinko's (2010) study, which examined the distribution of obesity in New York City from 2003 to 2007, finding residents of low-income neighbourhoods more likely to be obese even after accounting for compositional factors. The possible explanations put forward by the authors included inadequate access to food outlets and lack of opportunities for physical activity.

However, other studies have found an absence of area effects. Using data from the Longitudinal Study of the Office of Population Censuses and Surveys, Sloggett & Joshi (1994) followed up approximately 300000 people aged between 16 and 65 years at the 1981 census for nine years to examine the relationship between level of social deprivation in electoral wards and premature mortality. Although there was a significant linear relationship in both sexes in a model controlling only for age, this association disappeared in both men and women after accounting for individual socioeconomic circumstances (including housing tenure, employment status, car access, and social class). To this, the authors concluded that a greater focus on people rather than places was required for maximum efficiency of health policy. Jen et al (Jen et al., 2009) recently echoed this view by arguing that once individual factors are accounted for, contextual effects become unimportant.

The literature on place and health clearly demonstrates that instead of there being 'one single universal "area effect on health" there appear to be some area effects on some health outcomes, in some population groups, and in some types of areas' (Macintyre et al., 2002: 128). This is partly because there is a lack of theory regarding how area may impact on health, studies being influenced by available data rather than clear and well thought out theoretical considerations (Cummins et al., 2007; Mitchell et al., 2004). For Macintyre & Ellaway, this very distinction between contextual and compositional effects is in many ways artificial because 'people create places, and places create people' (2003: 26), and thus treating these two explanations as mutually exclusive fails to show interdependence between them. Echoing this view, Boyle et el further argue

that disentangling between individual and area effects may be difficult (even with the use of statistical models) because:

> …people move around and will live in different deprivation circumstances at different times during their lives…for many people the environment that had most influence on their health status may not have been the same environment in which deterioration in their health, or death was identified. (2004b: 2460)

In addition, a collective dimension which emphasises the significance of shared norms and values (Macintyre et al., 2002) has been proposed as another contributing factor for geographical disparities in health. For example, even if steps are taken to improve physical activity in deprived neighbourhoods by targeting people who are least active (compositional) and increasing the number of sports and recreational facilities (contextual), uptake may still be minimal if regular exercise is not regarded as important or as the 'norm' (collective). This highlights the limitations of focusing on one explanation rather than taking a multi-faceted approach in understanding geographical variations in health.

Relative deprivation adds another mechanism by which place may impact on health. For example, in addition to the detrimental health effects of living in a deprived area, people's health may also be affected by the deprivation levels of adjacent areas (Boyle et al., 2004b; Boyle et al., 1999; Cox et al., 2007). As will be discussed in more detail in the next chapter, the process of social comparisons is central in this pathway because feelings of perceived relative deprivation may be exacerbated in socio-economically contrasting localities where differences between places and people are more visible.

The epidemiological literature uses a model which conceptualises class as separate from area effects. However, as shown in the previous chapter, people cannot be removed from their social context (i.e. neighbourhood) because it is an important part of their class identity.

3.2.3.3 Lay understandings of social and health inequalities

Whilst the Black Report was instrumental in highlighting the existence of health inequalities and stimulating debate on the possible explanations (Barker, 1994; Davey Smith et al., 1994; Lynch et al., 2000b; Macintyre, 1997; West, 1991;

Wilkinson, 1996; Wilkinson, 2000a; Wilkinson, 2005), relatively little of this work focused on how people themselves think about the issue (Blaxter, 1997; Davidson et al., 2006; Popay et al., 2003a). This is surprising because insight into lay understandings of health inequalities is important for not only establishing the extent to which they parallel scientific evidence but the 'answers may have importance both for social policy and its public acceptance, and for individual choices relevant to health' (Blaxter, 1997: 747). Of the few studies that have explored lay accounts, the evidence remains mixed. Interestingly, accounts offered tend to be most closely aligned to the behavioural/cultural and materialist/structural explanations originally offered by the Black Report.

Most studies have found that those most exposed to inequalities in health are, paradoxically, least likely to discuss the issue and to dispute the evidence (Blaxter, 1997; Macintyre et al., 2005b; Popay et al., 2003a; Popay et al., 2003b). According to Blaxter, this is because to:

> …acknowledge "inequality" would be to admit an inferior moral status for oneself or one's peers: hence, perhaps, the emphasis on "not giving in to illness", which can be seen as a claim to moral equality even in the face of clear inequality (Blaxter, 1997: 754)

Blaxter (1997) found that people who acknowledged health inequalities tended to focus more on behavioural factors (including diet, exercise, alcohol consumption and smoking) than material and structural factors (including income, occupation and the environment) as explanations for health disparities. Furthermore, those citing the latter were often from more affluent backgrounds.

A few studies have found the opposite to be the case. For example, drawing on data from focus groups conducted in Scotland and the North of England, Davidson (2003) found people from more deprived areas were more likely to recognise the existence of health inequalities.

However, it is widely recognised that different research methods can provide different perspectives on lay beliefs about the causes of health disparities (Blaxter, 1997; Macintyre et al., 2005b; Popay et al., 2003a). For instance, Popay et al (2003a) explored the views of people living in socio-economically contrasting localities in the North West of England and found variations between

findings from survey data and in-depth interviews. When asked for the three most important reasons for health disparities between areas, survey participants from both disadvantaged and more affluent areas identified structural factors (particularly place) as most important. Yet, when asked during the in-depth interviews involving a purposively selected subset from survey participants, those living in poorer areas became reluctant to accept the existence of health inequalities and rejected the idea that material and structural factors played a role. These contrasting findings between the two methods suggest that health inequalities might be a sensitive topic for people.

Of relevance to this study is the argument that socio-economic differences may impact on health and wellbeing through 'perceptions' of place in the social hierarchy (Wilkinson, 1996). Interestingly, place here has both compositional and contextual meanings in that it can refer to one's individual social standing in relation to others (compositional) as well as how one's place of residence compares to other areas (contextual). With regard to the latter, the implication is that how people perceive their local neighbourhood may be important for health. For Ellaway et al, this is because 'neighbourhoods are arenas in which people make social comparisons which can affect their sense of well-being, often in a context where the fortunes of others are all too evident' (2001: 2315).

3.3 Psychosocial approach: a hierarchical perspective

Having discussed some of the main developments that followed publication of the Black Report, the following will now provide a critical analysis of Wilkinson's (1996; 2009b) psychosocial hypothesis as it has been one of the most debated contributions to the health inequalities field in recent decades (Benzeval et al., 2001; Coburn, 2004; Kawachi et al., 1997; Kennedy et al., 1996a; Kennedy et al., 1996b; Lynch et al., 2000a; Lynch et al., 2000b; Marmot & Wilkinson, 2001; Stanistreet et al., 1999; Wilkinson, 2000a; Wilkinson & Pickett, 2006; Wilkinson & Pickett, 2009a).

The section is split into two parts to mirror the two main strands of Wilkinson argument. The first presents the epidemiological data he used to demonstrate that in high income societies life expectancy is related not to societal health but to income distribution. The 'income inequality' hypothesis provides the starting

point for Wilkinson's development of a psychosocial approach that focuses on people's relative standings in the social hierarchy, the main argument being that income inequality works not only to impact on health but also on levels of distrust, discrimination against ethnic minorities and women, crime rates, violence, and homicide in society (Wilkinson, 1996; Wilkinson, 2005; Wilkinson & Pickett, 2009b).

Of particular relevance to this thesis is the second part of Wilkinson's argument which seeks to explain the relationship between income inequality and health. A close examination of how Wilkinson ties perceptions of relative deprivation to both physical and mental health illuminates gaps in his thesis, especially the almost complete lack of attention to the process of social comparisons despite being at the heart of his theory.

3.3.1 The 'income inequality' hypothesis

Although Rodgers was one of the earliest researchers to report an association between income distribution and mortality (Rodgers, 1979; Rodgers, 2002), there is no argument that Wilkinson's 1992 study made the most important contribution to identifying income inequality as a possible explanation for health inequalities in developed societies.

Wilkinson's thesis began with an analysis of the association between income distribution and mortality (Wilkinson, 1992). Using cross-sectional data from countries in the Organisation for Economic Cooperation and Development (OECD), Wilkinson demonstrated that income inequality was strongly correlated with life expectancy among nine countries in the OECD (USA, West Germany, Australia, Canada, Switzerland, Netherlands, Sweden, Norway, and United Kingdom). As can be seen in Figure 3.3, his findings showed that the greater the income inequality of a country the lower its life expectancy. For example, despite being the richest nation, the United States had a lower life expectancy than Sweden, which Wilkinson argued was because it was a more unequal society.

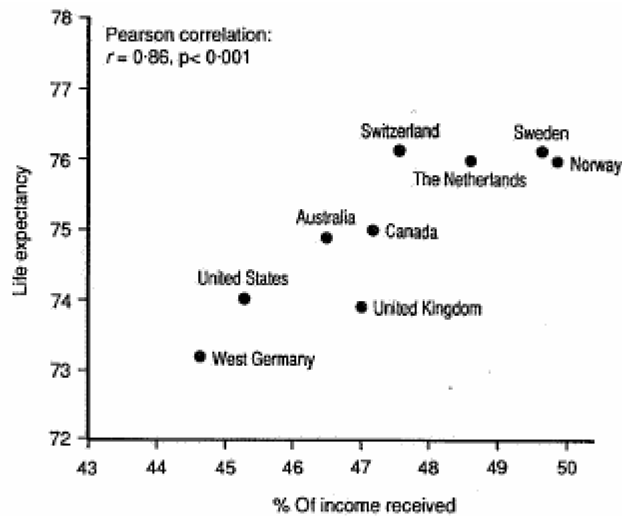


FIG 2—*Relation between life expectancy at birth (male and female combined) and percentage of post tax and benefit income received by least well off 70% of families, 1981*

Figure 3.3 Relationship between income inequality and life expectancy (Wilkinson's findings)
Sourced directly from Wilkinson (1992), who used 1981 data for nine OECD countries to show the relationship between average life expectancy and income inequality

Wilkinson (1992) used this evidence to argue that countries with an average life expectancy of 70 years (or more) also tend to have a gross national product per capita (GNPpc) of greater than $5,000. This point, whereby absolute poverty ceases to be the main determining factor on health and is superseded by relative poverty, has been referred to as the 'epidemiological transition' because it coincides with degenerative diseases (including cardiovascular diseases and cancers) reversing their social distribution to become more common amongst deprived groups in affluent countries (Wilkinson, 1996; Wilkinson, 1997b). After this point, it is suggested that countries can be twice as rich as others but without any advantage to life expectancy, leading Wilkinson to argue that income inequality plays a bigger role than total gross domestic product (GDP) (Wilkinson, 1992). Wilkinson argues that income is important to health *within* societies because it exhibits a linear relationship that is finely graded by SES (Wilkinson, 2004). For example, using data at area level within the USA, he has shown that health improves as US zip codes become richer (Wilkinson & Pickett, 2009b).

However, others have been less convinced by Wilkinson's use of evidence (Judge, 1995; Judge et al., 1998; Lynch et al., 2001; Lynch et al., 2000a; Lynch et al., 2000b). For example, in contrast to the linear relationship between income inequality and life expectancy reported by Wilkinson (see Figure 3.3),

Lynch et al (2001) failed to find this association using the same set of countries but with a different data set (see Figure 3.4), leading the authors to argue that the association was an artefact of the data used. Instead, Lynch et al suggest a neo-material interpretation with their view that population health within countries is unlikely to be adequately explained by income inequality but more a product of ‘complex interactions of history, culture, politics, economics, and the status of women and ethnic minorities’ (Lynch et al., 2001: 199).

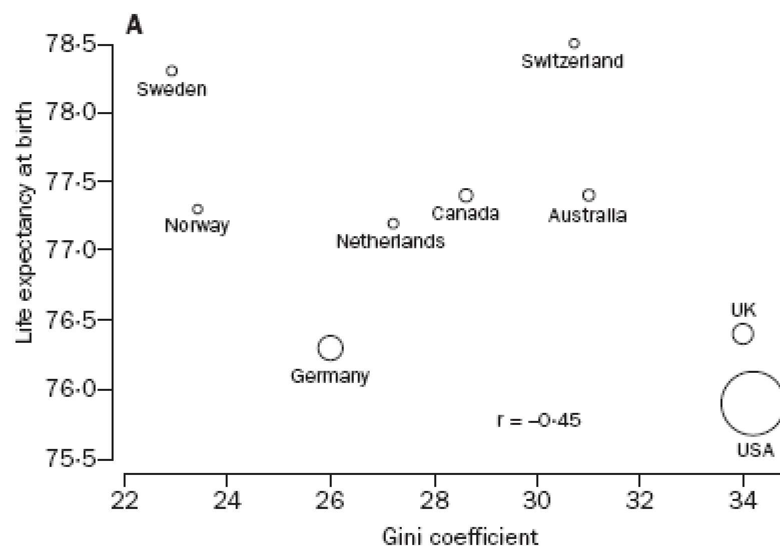


Figure 3.4 Relationship between income inequality[4] and life expectancy (Lynch et al’s findings)
Sourced directly from Lynch et al (2001), showing the same nine countries reported by Wilkinson (1992) but using 1989-91 data

Further, and unsurprisingly, Wilkinson’s ‘income inequality’ hypothesis has attracted a great deal of political debate, his argument for equality via income redistribution being well received by those on the Left, whilst coming under attack from the Right (Sanandaji et al., 2010; Saunders, 2010). For example, a recent report published by the Policy Exchange – *Beware False Prophets* - described Wilkinson & Picket’s (2009b) recent book – *The Spirit Level: Why More Equal Societies Almost Always Do Better* – as having ‘little claim to validity’ because its:

> …evidence is weak, the analysis is superficial and the theory is unsupported. The book’s growing influence threatens to contaminate an important area of political debate with wonky statistics and spurious correlations. The case for radical income redistribution is no

[4] Measured by the Gini coefficient which is a measure of income inequality

> more compelling now than it was before this book was published (Saunders, 2010: 8)

Such is the difference in opinion that some consider Wilkinson's findings of an association between income inequality and life expectancy to be 'undisputed' (Baum, 1999), while others argue the association is artefactual (Lynch et al., 2001) and/or an over-interpretation of the evidence (Forbes & Wainwright, 2001; Judge, 1995; Judge et al., 1998; Mackenbach, 2002). Furthermore, Macinko et al's review of approximately 50 studies on income inequality and population health was unable to add clarity but instead concluded that:

> …lack of consistency in the study design, data used, measures constructed, conceptual models employed, and unit of analysis makes it difficult to draw a definitive conclusion about the relationship between income inequality and health (Macinko et al., 2003: 432)

There is no final consensus on the income inequality debate as it continues to attract attention in the research field (Benzeval et al., 2001; Coburn, 2004; Lynch et al., 2000b; Wilkinson & Pickett, 2009b) and political arena (Sanandaji et al., 2010; Saunders, 2010).

3.3.2 The psychosocial interpretation

If Wilkinson's chief argument is to be accepted that in developed societies relative income matters more than absolute income, an important issue concerns the mechanism by which it might affect health. Central to his theory is the suggestion that social status and social affiliations are the main psychosocial risk factors that affect health in developed countries (Wilkinson, 1999; Wilkinson, 2005; Wilkinson, 2006). More recently, this has extended to include early life influences (Wilkinson, 2005; Wilkinson, 2006; Wilkinson & Pickett, 2009b), the main argument being that maternal stress impacts on the hypothalamic-pituitary-adrenal (HPA) axis to affect the development of the foetus (Wilkinson, 2005) – and not poor nutrition as suggested by Barker (1994).

The manner in which these psychosocial risk factors impact on health is hypothesised to be dependent on the type of the society in question. For example, it is suggested that social status exerts a greater impact on health in more unequal societies like Britain and the USA because it increases feelings of

worry, inferiority, anxiety, shame, worthlessness etc., all of which can lead to poor health (Wilkinson, 1996). Stigma is more of an issue in such societies because the larger the inequality between the 'haves' and 'have nots', the greater the degree of downward social prejudices (Wilkinson, 2005). In contrast, more egalitarian societies are believed to be healthier because they are judged as being more socially cohesive. In such societies, rather than competing for status, social affiliations are valued more and thus provide people with the self-confidence and self-esteem that can act as a buffer to anxieties that are believed to be common in highly unequal societies (Wilkinson, 1999; Wilkinson, 2005). As a result of this greater equality, it is argued that life expectancy improves because people are more content with their standing in the social hierarchy since the gaps across the spectrum are smaller. Consequently, there are higher levels of trust between people and lower levels of crime, violence, and homicide (Wilkinson & Pickett, 2009b).

The process of social comparisons is implied as the main route through which feelings of relative poverty get 'under the skin', which in turn elicit biological stress mechanisms (Wilkinson, 1996). This perspective is consistent with evidence from physiology where it has long been recognised that 'psychological stress, particularly chronic, can have deleterious effects on the body, constituting important links in mind-body interactions' (Widmaier et al., 2004: 363). The most important and frequently studied pathways in responding to stress are the sympatho-adrenal pathway and the HPA axis which coordinate the biological changes required for action by releasing essential hormones (Brunner & Marmot, 2006; Kristenson et al., 2004; Kunz-Ebrecht et al., 2004; McEwen & Wingfield, 2003). In particular, cortisol - which is regulated by the HPA axis – has received the most research attention as it is the most important hormone in regulating stress (Brunner & Marmot, 2006; Widmaier et al., 2004). However, although activation of the sympatho-adrenal and HPA axis pathways is protective in moderation, prolonged activation through stressful life events can result to negative health effects, including myocardial infarction, increased blood pressure, atherosclerosis, and hypertension (McEwen, 1998).

Evidence from animal studies and the Whitehall studies of British civil servants have been particularly central to Wilkinson's proposed mechanism that hierarchical societies can lead to stress-induced ill health (Wilkinson, 1996;

Wilkinson, 2000b; Wilkinson & Pickett, 2009b). For example, one commonly referred to study is that by Shively & Clarkson (1994), which examined the effects of manipulating[5] social status on coronary artery atherosclerosis (CAA) in 48 adult female cynomolgus monkeys. After manipulation, linear social hierarchies reformed such that half of the monkeys that were subordinates became dominant and half that were dominant became subordinates. It was found that socially subordinate monkeys were more likely to be exposed to aggression and attack, as well as being socially isolated, leading the authors to conclude that social subordination is a stressor and damaging to the health of monkeys.

With regard to humans, the Whitehall II study – which was a follow up to the first Whitehall Study (Marmot et al., 1984) – investigated the degree and causes of the social gradient in morbidity and mortality (Marmot et al., 1991). Its target population included all civil service men and women aged 35 – 55 years who worked in London offices. The study found an inverse relationship between social class (as measured by employment grade) and most of the major diseases, including chronic bronchitis, ischaemic heart disease, and angina. Furthermore, this association was also found in relation to psychosocial factors as people in lower status jobs were more likely to report having less control over their working lives, being unsatisfied with their work and having two or more stressful life events in the previous year (Marmot et al., 1991). Most importantly, such disparities in health were found right across the occupational hierarchy, that is, as a social gradient (Marmot, 2003; Marmot et al., 1991), which Wilkinson interpreted as lending strong support to his psychosocial hypothesis via a hierarchy system (Wilkinson, 1996; Wilkinson, 2005).

As further support for his argument that egalitarian societies tend to have better health, Wilkinson presents a number of examples including: wartime Britain, when greater social cohesion apparently promoted lower unemployment levels and increased unity between affluent and deprived groups; Roseto (a small town in Eastern Pennsylvania which had a large Italian population) that had unusually low levels of chronic heart disease mortality; and Japan, which was cited as

[5] Social status was manipulated by grouping together monkeys that were previously dominant in order to allow new linear hierarchies to form (the same process was carried out for subordinates).

having the lowest levels of income inequality and highest life expectancy. Wilkinson also provides anthropological data to argue that, for most of human existence, societies were held together by gift exchange. Thus, contrary to the view that all societies are unequal in some form or another (Turner, 1988), Wilkinson argues that humans are naturally built for egalitarian rather than unequal and individualised societies that are increasingly common in the contemporary world (Wilkinson, 1996; Wilkinson & Pickett, 2009b).

3.3.3 A critical analysis of Wilkinson's psychosocial theory

It is hard not to be impressed by Wilkinson's psychosocial theory both for its boldness and diversity of evidence drawn upon to support his hypothesis. However, as noted by West (1997a), it is important that his thesis of relative deprivation is critically examined before dismissing absolute poverty, health behaviours, reverse causation and health services as part of the explanation for health inequalities.

First, unlike the neo-material interpretation which, in the Marxist tradition, asserts that 'health inequalities result from the differential accumulation of exposures and experiences that have their sources in the material world' (Lynch et al., 2000a: 1202), the theoretical standpoint adopted by Wilkinson is unclear. Whilst his focus on 'perceptions' of inequality in a social hierarchy suggests a Weberian approach, his view that income differences are the main determinants of health is strongly framed within a Marxist emphasis on a single hierarchy (i.e. income), despite evidence suggesting that people utilise multiple status hierarchies when making social comparisons (Campbell, 1966; Cutileiro, 1971; Davis, 1969; Peristiany, 1966; Pitt-Rivers, 1966; Stirling, 1966; Weber, 1948).

Second, whilst Wilkinson provides physiological evidence that stress can impact on health, this in itself does not support his hypothesis. To start with, it is noteworthy that much of the evidence used by Wilkinson (1996; 2005; 2009b) is derived from animal studies, which though useful, cannot be generalised to humans (Mason, 1990) because human social hierarchies are not necessarily linear and one-dimensional as found in most other species (Sapolsky, 1996; Sapolsky, 2004; Sapolsky, 2005; Shively & Clarkson, 1994; Shively et al., 2005). Also, though Wilkinson has interpreted the observed social gradient from the

Whitehall studies as providing strong support for his theory that social comparisons can impact on health and wellbeing (Wilkinson, 1996; Wilkinson, 2005), an alternative neuroendocrine interpretation is possible where differences in the hierarchy can exist irrespective of the process of social comparisons. This appears to be the interpretation advanced by Marmot (2004) in his book – *Status Syndrome: how your social standing directly affects your health and life expectancy*. Marmot's (2004) main argument is that the lower down the hierarchy people are, the less likely they are to have full control over their lives and opportunities for social participation in society.

Third, if Wilkinson's proposed mechanism is correct, then a strong relationship between higher stress levels (as measured by cortisol) or blunted cortisol response with falling SES in humans would be expected. However, the evidence is mixed: for example, among studies of adults, while some studies have found lower SES to be associated with high levels of cortisol (Arnetz et al., 1991; Cohen et al., 2006; Li et al., 2007), others have found no association (Decker, 2000; Dowd & Goldman, 2006) or even a positive relationship (Brandtstadter et al., 1991). More recently, in their review which investigated 26 studies that examined the association between SES and cortisol, Dowd et al (2009) echoed these findings by concluding that there was little evidence that lower SES was 'consistently' related to cortisol. Nevertheless, there was some support for Wilkinson's hypothesis because lower SES was found to be more consistently associated with a blunted cortisol response, which has also been linked to chronic stress exposure (Dowd et al., 2009).

Fourth, Wilkinson's view that unequal societies tend to have larger degrees of downward social prejudices (Wilkinson, 2005) fails to take into consideration that stigma is not unidimensional. For example, as shown in the previous chapter regarding social mobility, the negative health effects of stigma may not be restricted to those who are downwardly mobile but can also be experienced by the upwardly mobile (Simpson, 1970).This occurs because of the 'status inconsistency' of coming from a relatively poorer class to a more affluent one. Hence people who are upwardly mobile can experience both 'poverty stigma' from their class of destination and 'wealth stigma' from their class of origin, for example, being perceived as snobs (Simpson, 1970). Thus, whilst there is evidence that stigma can impact on health and wellbeing (Major & O'Brien, 2005;

Reutter et al., 2009), the exact mechanisms by which it might operate in a psychosocial pathway remains unclear.

Fifth, the examples cited as evidence of healthy societies mainly, he argued, as a result of their unusually egalitarian nature is open to criticism. This is because a closer analysis of the sources suggests that Wilkinson presents a one-sided picture emphasising the beneficial effects of strong social cohesion, almost ignoring the disadvantages to health. For example, his interpretation that wartime Britain led to significant improvements in living standards for a large majority of British civilians which would not have been present in peacetime (Wilkinson, 1996; Winter, 1977; Winter, 1987) failed to fully acknowledge that this was a time of considerable pain and discomfort where many suffered deep psychological trauma (Harris, 1993; Marwick, 1974; Thorpe, 1992). His discussion of Roseto is also framed in a manner that presents it as a perfect model of how a community should be, whereby strong social cohesion is given the primary role for improving health. However, other research suggests that Rosetans were not as welcoming – but in many ways were discriminatory – to those not considered their own. As a result, 'Rosetans who married non-Italians lived on the fringes of the town and were not as fully accepted as Italians, especially those of Rosetan ancestry'(Bruhn et al., 1982: 576).

Sixth, Wilkinson's use of the anthropological literature to show the benefits of egalitarian societies has been criticised by Wight (1998) for being highly selective in the manner in which the idea of gift exchange is presented as an overwhelmingly positive act. Acknowledging that gift exchange is a very complex and multidimensional process, Wight argues that it can also play a vital role in maintaining hierarchical societies through the creation of long-term obligations. Using evidence from his own study, he demonstrates how acts of reciprocity can not only be health-damaging (e.g. exchanges of alcohol and cigarettes), but also the very pathways by which the poor are excluded from society. Hence it cannot be assumed that all close knit communities are healthy as they can be equally exclusionary, distrustful, and a source of anxiety for those not part of their group or those who do not conform to the group norms (Baum, 1999; Putnam, 1995). Possibly in cognizance of these problems, Wilkinson has recently extended his argument to suggest that it does not necessarily matter how egalitarian societies are achieved in order for health benefits to be observed as

long as it promotes greater income equality. Using Japan and Sweden as the two countries with the best life expectancy and health outcomes, Wilkinson & Pickett contend that:

> Even how they get their greater equality is quite different. Sweden does it through redistributive taxes and benefits and a large welfare state…Japan gets its high degree of equality not so much from redistribution as from a greater equality of market incomes, of earnings *before* taxes and benefits…(Wilkinson & Pickett, 2009b: 176)

Lastly, arguably the biggest gap in Wilkinson's argument concerns the almost complete lack of attention given to the concept of social comparisons even though it is fundamental to his psychosocial hypothesis. Instead, he continues to rely on large scale epidemiological studies to make inferences at an individual level about psychosocial pathways impacting on health and wellbeing via people's relative standing in society (Wilkinson & Pickett, 2009a; Wilkinson & Pickett, 2009b). The issue of social comparisons is often bypassed altogether or, as demonstrated below, taken for granted as an important mediating factor but without a clear explanation of the mechanism by which it might lead to ill health:

> …the way in which low status and relative deprivation get to people most deeply is not through the inconvenience of having to make do with an older car or a less nice house; it is through what having to make do with inferior things says about you. It is the social stigma they carry… The implication is that second-rate goods denote second-rate people living second-rate lives: what matters is how what you have compares with others (Wilkinson, 2005: 169).

Although the concept of social comparisons features more in his recent work (Wilkinson & Pickett, 2009b), there are some important issues that remain unanswered. Considering the range of disciplines that Wilkinson draws upon to support his theory, it is surprising that he ignores the wealth of sociological and anthropological literature concerning social comparisons. For example, though his argument that feeling inferior in relation to others can lead ill health implies that those lower down the hierarchy are more prone to making social comparisons and more likely to suffer the negative consequences, the sociological evidence suggests that social comparisons are more common among the middle and upper classes because they are more preoccupied with their standing in the social hierarchy (Stacey, 1960; Wright-Mills, 1956).

Therefore, although the psychosocial pathway has theoretical plausibility, the evidence remains inconclusive, with Wilkinson himself acknowledging this uncertainty:

> …we have a fundamental area of doubt at the centre of what appear to be some of the most important determinants of population health. We do not really know why social affiliation matters to health; we do not know why social cohesion is associated with better health; and we have not yet identified what is inherently stressful about low social status (Wilkinson, 1999: 52)

These gaps in Wilkinson's hypothesis are explored further in the next chapter in order to offer a way forward to understanding how perceptions of place may impact on the health and wellbeing of individuals.

3.4 Conclusion

This chapter has summarised the compelling evidence for the continued existence of health inequalities between various groups in society (Kawachi et al., 2002), including people from different social classes (GROS, 2009; ONS, 2007) as well as those living in different areas such as countries, cities, and neighbourhoods (Leyland et al., 2007b; WHO, 2010) and that these variations in health are thought to be widening (Levin & Leyland, 2006; Leyland et al., 2007a; Mackenbach et al., 2003). Such inequalities are not confined to mortality (Scottish Executive, 2003) but extend to many measures of morbidity, including longstanding illness (Macintyre et al., 2005a), self-rated health (Blaxter, 2010), and mental health conditions such as anxiety and depression (Lorant et al., 2003; Sakurai et al., 2010). However, despite the strong evidence for health inequalities, why they exist remains a subject of much debate.

One of the main reasons for this may be that there has been an over-reliance on quantitative measures that are ill-suited to capture the social context within which people's lives are experienced. That is, whilst in the sociological and anthropological literature (as discussed in the previous chapter) area is conceptualised as another dimension of class, the opposite is true in the health inequalities field because class is treated as an individual attribute measured by occupational SES with locality conceptualised as a separate entity. Consequently, this has resulted in artificial debates such as that between

'contextual' and 'compositional' effects (Macintyre & Ellaway, 2003) which suggests the former is separated from class. This individual model of class is thus open to criticism for the manner in which it is decontextualised from its theoretical basis, instead being used as an operational tool to demonstrate health inequalities (Bolam et al., 2004; Graham, 2000).

A related issue concerns Wilkinson's lack of attention to within class comparisons despite the fact that social mobility points up intra-class variation. Although he argues that differences between classes are more important than those within, Wilkinson nonetheless turns to anthropological data for evidence to support the former. For example, his use of Roseto as an illustration represents an apparent contradiction as it is a prime example of within community differences. In this regard, it is surprising that Wilkinson ignores the extensive British community studies demonstrating differences within communities (i.e. classes) (Frankenberg, 1966; Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Wight, 1993). This lack of focus on within class differences may explain why the process of social comparisons has been largely absent in Wilkinson's discussion of a psychosocial hypothesis. As such, his hypothesis assumes that the lower class are more prone to making social comparisons (Wilkinson, 1996; Wilkinson & Pickett, 2009b), even though the sociological evidence suggest the opposite (Stacey, 1960; Wright-Mills, 1956).

It is acknowledged however that the middle and upper classes might simply be better at articulating processes of social comparisons than those in the lower classes who might experience comparisons but find it difficult to talk about. Thus, it cannot be assumed everyone feels equally comfortable talking about social comparisons, hence the need for different lines of questioning.

Finally, despite stigma being proposed as one of the routes by which feeling inferior causes ill health (via mechanism of stress), Wilkinson provides no theoretical framework for how this might operate. Surprisingly, Goffman's (1963) pioneering book – *Stigma: Notes on the Management of a Spoiled Identity* – is largely ignored despite being integral to any conceptualisation of stigma. As shown in the next chapter, the relevance of social comparisons is that it plays a vital role into how stigma is generated and perpetuated in society (Reutter et al., 2009).

4 Social comparisons and its implications for health and wellbeing

4.1 Introduction

The aim of this chapter is to bring together the central issues from chapters two and three as well as draw on further literature in order to better understand how social comparisons might impact on health and wellbeing. To begin with, the social psychology literature on social comparisons is critically examined in order to gain insight into how the direction, interpretation and frequency with which social comparisons are made might affect people's wellbeing.

Thereafter, the issue of stigma is elaborated because, although Wilkinson identifies stigma as an important route by which perceptions of place may impact on health, he offers no clear mechanism by which this might operate in a psychosocial pathway. To fill this gap, Goffman's conceptualisation of stigma is adopted as the most relevant theoretical framework, particularly the notion of virtual and actual social identities as these can be linked to class identities.

The second part details the diversity of spatial (class) comparisons that people can make, including between and/or within classes. This is because though earlier British community studies provide strong evidence that status distinctions within communities may be more important than those between (Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Stacey, 1960; Wight, 1993), the health inequalities literature has almost entirely been concerned with between-class comparisons. As a result, it has failed to capture the context in which class is located, leading class to be removed from its neighbourhood context. Hence comparisons between socio-economically contrasting proximal neighbourhoods are advanced as a particularly good test of Wilkinson's psychosocial hypothesis: not only because perceptions of inequality may be more pronounced in settings where inequalities are more visible but also because such settings offer an opportunity to test the relative importance of between and within area comparisons.

Central to this chapter is the discussion in the last part which examines the evidence on the association between social comparisons and health and

wellbeing. It is noted here that of the few studies that have explored this relationship, even fewer have taken a qualitative approach which is in many ways surprising considering a psychosocial mechanism centres on how people perceive themselves in relation to others. The chapter ends by highlighting the gaps that led to formulation of the research questions. In particular, a case for adopting a qualitative approach is made because it is the most suitable method for capturing the complexity of social comparisons.

4.2 A social psychological perspective on social comparisons

In light of Wilkinson's lack of attention to the different forms and styles of social comparisons that people make (see chapter two), this part draws on the social psychology literature to provide insight into how comparisons might be linked to health and wellbeing, particularly in relation to the direction (upward or downward), interpretation and frequency of social comparisons.

An important perspective on the issue is provided by Festinger's (1954) article - *A Theory of Social Comparisons Processes* – which was one of the first to provide a theoretical framework on social comparisons, and as such is considered by many (Buunk & Gibbons, 2007; Buunk & Mussweiler, 2001; Goodman, 2007; Mussweiler, 2003; Mussweiler et al., 2004; Suls et al., 2002) as seminal to the development of this research area. Festinger (1954) proposed that humans have a unidirectional 'upward drive' to compare their abilities with others as a means of self-evaluation. To this he argued that individuals have a preference for comparing with those whose ability is not too divergent from their own in order to obtain a more accurate self-evaluation (Festinger, 1954), a view consistent with evidence from earlier British community studies that people have a preference for making local comparisons rather than with wider society (Hoggart, 1957; Klein, 1965; Young & Willmott, 1957).

In contrast to Festinger's (1954) emphasis on upward drive, Wills (1981) argued for the role of downward comparisons – the process by which individuals can enhance their own subjective wellbeing by comparing themselves with others deemed less fortunate. Wills (1981) suggested that whilst the basic principle of downward comparison is normally stated in its strong form, there is also a weak

form whereby people may enhance subjective wellbeing by comparing with 'similar others' (lateral comparison). However, despite acknowledging the concept of lateral comparisons, Wills emphasised that, given the choice, people ideally prefer to engage in downward comparisons than lateral comparisons.

While the work of Festinger and Wills was pioneering, further research has proved it to be limited (Buunk & Gibbons, 2007) both for its simplicity (White et al., 2006; Wood, 1989) and restricted focus on the choice of comparison targets (Buunk & Mussweiler, 2001). For instance, some argue that the determining factor for subjective wellbeing is not necessarily the direction itself (e.g. upward or downward) but rather how the comparison is interpreted (Buunk et al., 1990; Buunk et al., 2003; White et al., 2006). That is, engaging in upward comparisons with those well-off may not necessarily lead to negative feelings such as envy but could inspire one to strive to do better. Similarly, making downward comparisons with people less fortunate may not enhance subjective wellbeing but lead to negative feelings that one's situation could also deteriorate (Buunk et al., 1990).

Others suggest that it is the frequency with which comparisons are made that matters whereby those who regularly compare with others are more likely to experience negative feelings such as guilt, envy, regret, and defensiveness (White et al., 2006). The fact that White et al (2006) found envy to be one of the destructive emotions evoked by noticing other people's relative advantage lends support to Smith & Kim's (2007) declaration that envy is one of the 'most important marker[s] for when social comparisons reflect poorly on the self in ways that personally matter' (Smith & Kim, 2007: 50).

There are two important issues to draw out from this. Firstly, unlike the sociological evidence which suggests that higher classes are more likely to compare, the social psychology presents contradictory views. Thus Fesitnger's focus on upward comparisons implies that those in the lower classes are more likely to compare because they have more classes to compare with, Wills' emphasis on downward comparison suggests the opposite.

Secondly, it is also notable that most of the literature on social comparisons appears to focus on people's state of wellbeing instead of health per se. In drawing out this distinction, White el al define wellbeing as:

> …a state in which one is happy, in which one experiences many pleasures and few pains, or has many positive and few negative emotions, in which one is well satisfied with one's life (2006: 37)

Thus, while making negative social comparisons may evoke feelings of inferiority (i.e. negative effects on wellbeing) which may impact on mental health (e.g. lead to a depressed mood), this is not to say that comparing with others can directly impact on physical health (e.g. coronary heart disease). Instead, the effects of social comparisons on physical health are likely to be indirect via, for example, the damaging effects of stress and stigma associated with lower standing in relation to others.

4.3 Conceptualising stigma

As noted in the previous chapter, although Wilkinson has identified stigma as one of the central components in his psychosocial hypothesis, the exact mechanisms by which it might operate remains unclear. Goffman's (1963) conceptualisation of stigma therefore provides an important starting point to fill this gap.

Central to Goffman's argument is that society is divided into two main categories: those deemed to be 'normal' and the 'deviants'. Accordingly, Goffman defines stigma as a deeply discrediting attribute that reduces the possessor 'from a whole and usual person to a tainted, discounted one' (Goffman, 1963: 3). He differentiates between three main types of stigma: abominations of the body (i.e. various types of physical deformities); blemishes of character such as being perceived as weak or dishonest; and, tribal stigma like race, country of birth and religion.

Stigma assumes its importance because of its link to identity, in Goffman's terms, occurring when there is a discrepancy between virtual social identity (i.e. the identity that others perceive the individual to be) and actual social identity (i.e. the identity that the individual personally holds of themselves). It is this discrepancy that can lead to an individual having a 'spoiled' social identity

which can result to being cut-off from society and left ‘facing an unaccepting world’ (Goffman, 1963: 19). Goffman’s notion of virtual and actual social identities can also be translated into class identities. For example, awareness of a commonly held stereotype that middle class people tend to be wealthy and snobbish (virtual class identity) can lead the middle class to reject this view as a false representation of themselves, instead, emphasising that they have worked hard for their success and do not look down on others (actual class identity).

Goffman also makes a key distinction between the stigmatised individual being discreditable or discredited. The former refers to a situation when an individual possesses an attribute that can be stigmatised but is not yet discredited because their ‘differentness’ is not immediately visible or known by others. For the discreditable the main issue lies with ‘managing information’ about their failing. In contrast, the discredited has to manage the tension that is generated as a result of others knowing or being already aware of their failings (Goffman, 1963). Furthermore, the same stigmatised individual will most likely have experiences of both types, meaning they have to adapt accordingly depending on the situation they find themselves in. For the individual possessing a stigmatising attribute, stigma management becomes vital in strategies to avoid being discredited; that is, attempts are made to (re)balance discrepancies between virtual social identity and actual social identity. These may include techniques such as: verbally and/or physically confronting stigma, maintaining physical distance, and putting on a front by stigmatising others who share the same discreditable attribute (Goffman, 1963).

Another important distinction is between enacted stigma, whereby an individual is socially rejected as a consequence of being discredited, and felt stigma whereby the individual perceives themselves to be socially rejected because (s)he possesses a stigmatised attribute. This highlights an important point that the effects of ‘feeling’ stigmatised can be as detrimental as being stigmatised (Scambler, 1989). Though Goffman’s conceptualisation of stigma is still highly relevant, it has nonetheless been critiqued and elaborated on. For example, whilst Link & Phelan (2001) recognise that both powerless and powerful groups can negatively label and stereotype each other, they argue that the latter’s beliefs are more likely to prevail because they have the necessary social,

economic and political power. As such, the authors expand on Goffman's original definition and define stigma as when:

> …elements of labelling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold (Link & Phelan, 2001: 367)

In addition, Goffman's argument that stigma can reduce peoples' 'life chances' through the discrimination they experience and subsequent feelings of shame has been extensively investigated. For example, Major & O'Brien's (2005) review, which investigated the effects of stigma, found that it was linked to poor mental health (including anxiety and depression), physical health (including hypertension, coronary heart disease and stroke), academic underachievement, and reduced access to good housing and employment. Via discrimination, it is argued, stigma can directly affect the health of stigmatised groups by 'exposing them to physical and social environments that are more toxic and by limiting their access to quality medical care and nutrition' (Major & O'Brien, 2005: 409). The indirect effects on health are said to occur when threats to an individual's identity initiate psychological and physiological stress responses (Major & O'Brien, 2005), which can be damaging if experienced repeatedly over long periods of time (Brunner, 2000; McEwen, 1998).

The above clearly provides strong evidence that stigma can lead to ill health. Nevertheless, this in itself is not sufficient to conclude, as Wilkinson has, that the effects of stigma on health follow a social gradient whereby the greater the inequality between the 'haves' and 'have nots', the greater the degree of downward social prejudices (Wilkinson, 2005). This is because stigma is a complex and multidimensional process; for example, people living in more affluent areas can also be stigmatised for being snobbish.

4.4 Social comparisons across different spatial scales

One of the important issues regarding Wilkinson's psychosocial theory concerns the issue of social comparisons across space. Although Wilkinson has recently placed more emphasis on comparisons across whole societies (Wilkinson & Pickett, 2009b), in his earlier work the emphasis was on proximal social comparisons:

> …in small, socially homogeneous, one class neighbourhoods, the inequalities that matter would all be between, not within, neighbourhoods. Differences in their median community income would do all the work in relation to mortality, while inequality within them would do none. (Wilkinson, 1997a: 1727)

The issue of social comparisons between small areas has therefore received a lot of research attention from health geographers as it is considered to be a good test of Wilkinson's hypothesis (Boyle et al., 2004a; Boyle et al., 2004b; Boyle et al., 1999; Cox et al., 2007; Gatrell, 1997; Graham et al., 2004a; Graham et al., 2004b; Graham et al., 2000). It is argued that in addition to the direct health impact of living in a deprived/affluent area, the deprivation of the surrounding neighbourhoods may also have additional influence on people's health (Boyle et al., 1999). For example, using data from the 1991 British Census, Boyle et al (1999) investigated whether variation in deprivation at small area levels (electoral wards) had effects on morbidity (self-reported limiting long term illness) in England and Wales. They found that morbidity was related to variation in deprivation within and between areas, subsequently suggesting that social comparisons within and across small areas were paramount in the mechanism of relative deprivation as inequalities were more visible:

> [t]he notion that perceptions of inequality among those living within very large areas have consequences for ill health seems less plausible than in more local settings, where people can see, on a day-to-day basis, that there are others in the neighbourhoods doing much better, in social and economic terms, than they are (Boyle et al., 1999: 797)

More recently, Cox et al's (2007) study tested the hypothesis and found evidence against Wilkinson's psychosocial theory. Using data for 3917 people derived from the Diabetes Audit and Research Tayside Scotland (DARTS), the investigators examined whether incidence of Type 2 diabetes in small areas of Tayside was associated with deprivation in neighbouring localities (after controlling for the area itself). They tested two opposing hypotheses: a psychosocial and a neo-materialist mechanism. If the former was true, it was expected that living in a deprived neighbourhood surrounded by more affluent neighbourhoods would increase the risk of diabetes (via making negative social comparisons). Conversely, the latter would imply that those living in deprived localities who were surrounded by more affluent neighbourhoods would benefit from the higher standard of resources in the wider area, a concept referred to as the 'pull-

up/pull-down' hypothesis (Gatrell, 1997). In addition to finding a strong positive correlation between area deprivation and diabetes incidence, the investigators found that Type 2 diabetes was lower in deprived neighbourhoods surrounded by relatively more affluent neighbourhoods. Hence, the results were more consistent with a neo-material pathway than a psychosocial mechanism.

However, a major criticism of the social geography studies that have investigated relative deprivation at a local level is that they have relied on pre-existing datasets such as the census, meaning they cannot directly address the nature of comparisons people make and whom they compare themselves with. In this regard, studies that have investigated the effects of gentrification and social capital in adjoining areas have been particularly useful in providing further insight into the process of social comparisons since they have not been heavily dependent on pre-existing datasets. For example, whilst it is acknowledged that gentrification can lead to improvements in the economic situation as well as the reputation of an area (Butler & Robson, 2003), qualitative evidence suggests that this very influx of middle-class incomers into originally working class areas can also enhance the salience of social comparisons as inequalities become more visible when the rich and poor live side by side (Butler & Robson, 2003; Paton, 2010). Thus, instead of promoting integration, gentrification can also create social cliques based on class and status differences which can have negative consequences on the social capital of a community. As one participant from Butler and Robson's study noted, after two decades of gentrification in their local area:

> The sense of community is disappearing – this is the self protecting middle classes. Very few of the other people are now remaining…The market was sensational 23 years ago – they were very real characters, the market traders. It's dwindled since Sainsbury's came…We've lost a lot by gentrifying. People don't look at you or talk to you in the street in they way they used to. (2003: 89)

This clearly contradicts Putnam's notion of socially cohesive communities characterised by high levels of trust and a shared social identity whereby social capital is defined as:

> …features of social life—networks, norms, and trust—that enable participants to act together more effectively to pursue shared objectives (1995: 664)

Campbell and Gillies (2001) do not consider this fragmentation of contemporary communities as surprising considering the rate at which social change has been taking place. Using a qualitative approach to investigate people's subjective experiences in two relatively deprived localities in England, they found little evidence of social capital as communities generally had lower levels of trust and fewer opportunities for community participation (Campbell & Gillies, 2001). Where social capital existed, it was more likely to be present at a micro-level (i.e. within small areas that were within walking distance) and restricted to small groups of people well known to one another like neighbours, friends, and family members. Not only does this evidence contradict the view advanced by later modernity advocates that comparisons across wider areas are more salient, it also reinforces the importance of the local environment. This can be especially important for women as local social networks act to sustain their roles as employees, wives and mothers. Support for this view can be found in McCulloch's quantitative study whereby it is argued that:

> Women are generally more actively concerned with local facilities for children and child care. Women of all ages play an important role in maintaining the social structure of neighbourhoods and being actively involved in both formal and informal organisations. Social networks are centred around children in relation to schooling, childcare and general concerns about safety and security (2003: 1436)

Hence this further highlights why class cannot be separated from its neighbourhood context as is typically the case in epidemiological studies.

4.5 The evidence on social comparisons and health and wellbeing

Despite the importance attributed to psychosocial mechanisms in Wilkinson's theory, there have been few studies within the health inequalities field that have explored the extent to which social comparisons may impact on health and wellbeing. Of those conducted, most have used a quantitative approach (Ellaway et al., 2004; Pham-Kanter, 2009; Yngwe et al., 2005; Yngwe et al., 2003).

Ellaway et al (2004) used data from 2838 postal questionnaires from the West of Scotland to investigate whether making negative social comparisons (in relation to homes and cars) was associated with four psychosocial health measures, namely, anxiety, depression, self-esteem, and mastery. Results showed that rating one's home to be worth less than others was related to higher depression and anxiety as well as lower self-esteem and mastery. Ellaway et al's study therefore provided some support (only in relation to homes) that perceiving oneself as inferior in relation to others was associated with psychosocial ill health.

More recently, Pham-Kanter (2009) used survey data from the National Social Life, Health, and Aging Project (NSHAP) to explore whether there was an association between 'relative position'[6] and health in the USA. In addition to finding an association between relative position and health status, Pham-Kanter also found indirect support for a psychosocial pathway, although it was found to matter only at the extremes. That is, those with very low position were more likely to report health conditions commonly associated with physiological stress (including cardiovascular morbidity and hypertension), while the opposite was true for those with very high position. There was little association between health and moderately low or moderately high position. However, it is worth highlighting that, like Ellaway et al (2004), Pham-Kanter's (2009) study was cross-sectional and therefore could not address the issue of causality.

There have been even fewer studies that have investigated the association between social comparisons and health and wellbeing using a qualitative approach. One of the few studies that did is Davidson's (2003) study. Davidson only found partial support for Wilkinson's theory as it was mostly the more deprived groups who were acutely aware of their social position and discussed the matter in ways suggesting such disparities might have profound effects on their health and wellbeing. This was evidenced by strong feelings of 'shame, anger, frustration, rejection, embarrassment, injustice and alienation…[which were perceived as leading to]…'sleeplessness, fear, anxiety, depression and

[6] Relative position was measured using the NSHAP measure that asks the following question: "compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?" (Pharm-Kanter, 2009: 337)

stress' (Davidson, 2003: 359-60). However, accounts from the more affluent groups were quite different. Not only were they most likely to dismiss the idea that SES could impact on their health and wellbeing, they were also least likely to admit to making social comparisons. Interestingly, this contradicts the sociological literature which suggests that middle and upper classes are more likely to make social comparisons (Stacey, 1960; Wright-Mills, 1956).

Another example is that of Dolan (2007), who conducted 22 in-depth interviews with working class men living in socio-economically contrasting areas in Coventry to explore lay accounts of their experiences of income inequality and the perceived effects on their health. Dolan found that participants tended to accept differences in income as a 'legitimate' part of contemporary society, with some (particularly those from affluent areas) suggesting that it was necessary to make people strive for more and improve their lives. This clearly contradicts Wilkinson's hypothesis that income inequality affects people's health via evoking feelings of worthlessness and inferiority when comparing to others in the social hierarchy. Instead, the author found more support for a neo-materialist pathway whereby low income influenced health via reduced access to material goods.

4.6 Conclusion and research questions

Central to this chapter has been the idea that, in developed countries, feeling inferior in relation to others in the socioeconomic hierarchy is a psychosocial risk factor for ill health (Wilkinson, 1992; Wilkinson, 1996). However, despite the diversity of evidence that Wilkinson draws upon, his approach remains largely suggestive with no clear conceptualisation of the exact pathways that lead to poor health from feeling relatively deprived. Reliance on evidence from large scale economic data to make inferences about the impact of relative deprivation on people's health and wellbeing is not satisfactory. Thus, a number of important considerations about the proposed psychosocial pathway must be addressed to move the debate forward.

Firstly, possibly the most important limitation to Wilkinson's psychosocial hypothesis concerns the almost complete lack of attention to the substance of social comparisons. As such, he offers little insight regarding the nature of social

comparisons people make, what they base their comparisons on and whether they feel relatively deprived. An important issue concerns the relative importance of society-wide and local comparisons. On the one hand, Wilkinson's earlier work acknowledged the significance of social comparisons between neighbourhoods (Wilkinson, 1997a). On the other hand, his more recent work considers class-based comparisons across whole societies as being more salient (Wilkinson & Pickett, 2009a). However, this shift in emphasis ignores the possibility that perceptions of inequality in local settings (especially in socio-economically contrasting neighbourhoods) may have more significance for people since inequalities are more visible than those with wider society. In particular, the local environment is likely to have greater significance for parents (especially mothers) with young children/teenagers because they tend to spend more time in the locality since social networks often centre around their children (e.g. childcare, schooling, extracurricular activities) (McCulloch, 2003). Parents are also more prone to the effects of consumerism because of their preoccupation with ensuring their children are keeping up with their peers (Schor, 1998).

Secondly, and related, though Wilkinson's more recent emphasis on wider comparisons is consistent with the late modernity argument of widening reference groups, it goes against the foundations of social comparisons theory (as formulated in social psychology) that people have a preference for comparing with those whose circumstances are not too different from their own in order to obtain a more accurate self-evaluation (Festinger, 1954). Thus, whilst it is recognised that social comparisons may be more exaggerated and broader in scope in contemporary society than ever before because of globalisation, expansion of the mass media and rise in consumerism (Hamilton, 2003; Schor, 1998), Runciman's (1966) theory of restricted comparisons may still have validity. The question of what reference groups people use has yet to be fully explored.

Thirdly, another important issue concerns the relative importance of between and within class differences. Evidently, Wilkinson's focus on between class differences appears to ignore the wealth of sociological and anthropological evidence that indicates that within class comparisons may have more significance than those between classes (Hoggart, 1957; Klein, 1965; Plowman et

al., 1962; Wight, 1993). Consistent with the epidemiological model, this is probably because his conceptualisation of class as represented primarily through income differences fails to capture the neighbourhood context in which class is located. In this respect, comparisons between socio-economically proximal neighbourhoods provide a good opportunity to explore both differences between and within classes.

Fourthly, whilst Wilkinson offers no clear mechanism by which stigma might operate in a psychosocial pathway, the evidence reviewed in this chapter suggests that it is an important mechanism by which perceptions of place matter for the individual. The concept of stigma also offers another way of exploring the relevance of class in contemporary society; specifically, when Goffman's virtual and actual social identities are translated into class identities. As will be evident in chapter seven, some of the strongest evidence that place remains an important proxy for class concerned participants' experiences of stigma.

Fifthly, as has been noted by Wight (1998), the issue of gender has received little attention in Wilkinson's theory, particularly concerning the process of social comparisons. Surprisingly, there appears to be little research on gender differences in social comparisons and associations with health (Yngwe et al., 2003).

Lastly, there has been an over reliance on quantitative methods, which are not well suited to explore the complex nature of social comparisons. Even studies that have investigated relative deprivation at a local level (Boyle et al., 2004a; Boyle et al., 2004b; Boyle et al., 1999; Cox et al., 2007; Gatrell, 1997) have relied on pre-existing datasets that cannot directly address the nature of comparisons people make and who they compare themselves to. The extensive use of quantitative methods to explore a psychosocial pathway is in many ways surprising considering such a mechanism centres on how people perceive themselves in relation to others. In agreement with Campbell and Gillies (2001), the view taken by this author is that research that seeks to improve the health of communities must be able to capture the everyday realities and perceptions of ordinary people in their local neighbourhoods and communities. In this respect, a qualitative approach is most suitable for understanding social phenomena within the context and meaning that people attach to their own

world (Mason, 2002; Snape & Spencer, 2003). Whilst it is recognised that there are some studies that have explored lay accounts of health inequalities using qualitative methods (Davidson, 2003; Dolan, 2007), none appear to have specifically questioned participants as to whether they believe that social comparisons can impact on health and wellbeing (including their own). This research is needed in order to gain an understanding of the dimensions of social comparisons and how this may be linked to health and wellbeing.

4.6.1 Research questions

The overall aim of this study, therefore, is to investigate the scope and nature of social comparisons amongst people living in proximal socio-economically contrasting neighbourhoods, their perceptions of class and inequality and how this might impact on health and wellbeing. The specific research questions are:

1. What is the nature of social comparisons that people make, who do they compare themselves with and what do they base their comparisons on?

2. What are people's perceptions of class and inequality in contemporary society?

3. What is the relative importance of between and within area comparisons?

4. What are lay theories of health inequalities and to what extent do people perceive making social comparisons as impacting on health and wellbeing?

5. Are there consistent differences between proximal neighbourhoods and are there gender differences within areas?

The following chapters detail the methodological design (chapter five) and subsequent findings chapters (chapters six, seven, and eight) and the implications for wider debates (chapter nine).

5 Methodology

5.1 Introduction

This chapter details the methods undertaken to investigate the research questions. It commences with a brief discussion of the philosophical underpinnings of the study. Thereafter, the rationale for using a qualitative methodology is outlined. Here it is recognised that there are many approaches to qualitative research since the choice of methods is influenced by a number of factors, including philosophical underpinnings, research objectives, research participants, requirements of the funding organisations, and the audience to which the research is aimed (Snape & Spencer, 2003).

Central to this chapter is a description of the study areas which represent class contexts, Drumchapel a working class area, Bearsden a middle class area. As Wilkinson focuses on between-class comparisons, the selection of these proximal neighbourhoods provides a good opportunity to investigate the extent to which people make comparisons between classes.

This is followed by a discussion of the research methods used for the study, in-depth interviewing being the main methodology supplemented with media analysis and participant observation in order to gain an understanding of the study areas. In particular, the discussion of public representations through the media is significant here since it provides an important context for understanding how residents in the two localities were commonly depicted (i.e. virtual class identity). Interestingly, as will be shown in chapter seven, participants' often avoided having a 'spoiled' identity by distancing themselves from such media portrayals and emphasising the identity that they personally held of themselves (i.e. actual class identity).

Further, as the nature of accounts has particular significance in this study, it was important to analyse the diversity of accounts, whilst at the same time being systematic to ensure deviant and negative cases were not missed. Although there are a number of ways of analysing qualitative data such as narrative analysis, conversation analysis and interpretive analysis (Mason, 2002; Spencer

et al., 2003), Framework analysis was used because it utilises similar strategies to grounded theory but in a more structured and comprehensive manner.

5.2 Philosophical underpinnings

One of the difficulties surrounding social research has been the lack of consensus on how the social world should be studied (Benton, 1998; Bergin et al., 2008; Bhaskar, 1975; Burr, 1995; Delanty, 1997; Denzin & Lincoln, 2005; Guba & Lincoln, 1994; Kwan & Tsang, 2001; Mir & Watson, 2001; Sayer, 2007; Williams, 2006). This has consequently raised a number of philosophical debates – particularly in relation to ontology and epistemology (Guba & Lincoln, 1994; Mason, 2002; Snape & Spencer, 2003). With regards to ontology, the main issues have been:

> …whether or not social reality exists independently of human conceptions and interpretations; whether there is a common, shared, social reality or just multiple context-specific realities; and whether or not social behaviour is governed by ‘laws’ that can be seen as immutable or generalisable (Snape & Spencer, 2003: 11)

Mason (2002) emphasises the importance of ontology by suggesting that researchers should not bypass the issue because asking ourselves how we see the world is one of the most fundamental questions that must be addressed early on in the research. Epistemological questions on the other hand relate to what is regarded as knowledge and the nature of evidence in the social world (Guba & Lincoln, 1994; Snape & Spencer, 2003), and must be distinguished from more ‘basic’ questions about generating data (Mason, 2002). Mason adds that:

> Your epistemology is, literally, your theory of knowledge, and should therefore concern the principles and rules by which you decide whether and how social phenomena can be known, and how knowledge can be demonstrated (Mason, 2002: 16)

It has been argued that ontological and epistemological questions should be interconnected in such a way ‘that the answer given to any one question, taken in any order, constrains how the others may be answered’ (Guba & Lincoln, 1994: 108). Although this view is shared by some (Mason, 2002), others feel that this is an ‘epistemic fallacy’ because it cannot be ‘assume[d] that the order of dependence of being [ontology] must be the same as the order of dependence of

our knowledge of being [epistemology]' (Bhaskar, 1975: 38). This, according to Bhaskar (1998), is because people's epistemology is always basic in comparison to their ontology due to the continuing process of discovery that is involved in science.

Positivism and interpretivism are often cited as the opposing paradigms for understanding how the world can be known (Snape & Spencer, 2003). However, this is by no means definitive since postpositivism has also been proposed with the aim of providing clarity to the ongoing philosophical debate because it takes into consideration aspects of both positivism and interpretivism (Sayer, 2007). A brief discussion of these is provided below, which draws on Guba & Lincoln's outline of the main paradigms in social research (Guba & Lincoln, 1994; Guba & Lincoln, 2005).

5.2.1 Positivism

Ontology: Realism (sometimes characterised as empirical realism (Benton, 1998)). In line with a Marxist tradition, this is based on the assumption that there exists a reality shaped by unchangeable natural laws and mechanisms (Guba & Lincoln, 1994; Snape & Spencer, 2003), whereby knowledge can be known 'in the form of time and context-free generalizations' (Guba & Lincoln, 1994: 109).

Epistemology: Dualist and objectivist. The researcher and researched are believed to be independent entities thus making it possible for the researcher to conduct the study objectively 'without influencing it or being influenced by it' (Guba & Lincoln, 1994: 110). As such, researchers are encouraged to take steps to counter any possibility of objectivity being breached. Hence, values and beliefs are thought to be distinct from the findings obtained (Snape & Spencer, 2003). The principal methods employed are quantitative whereby empirical tests are carried out to verify hypotheses (Guba & Lincoln, 2005).

5.2.2 Interpretivism

Interpretivism on the other hand, is generally understood to be the underpinning philosophy for qualitative research (Snape & Spencer, 2003). Consistent with a Weberian emphasis on 'meaningful' human interaction, interpretivism is

governed by the idea that it is not possible to conduct value free research because the investigator and the social world influence each other to affect the data generated (Snape & Spencer, 2003). Thus, interpretivist epistemology encourages researchers to explore and understand the social world not only through the respondents' views, but also how they themselves influence the findings. As such, explanations can only be registered at the level of meaning and understanding rather than as evidence for causal links (Mason, 2002; Snape & Spencer, 2003). Nonetheless, interpretivism is not a unified approach as it covers a number of viewpoints, one of which is constructivism.

5.2.2.1 Constructivism

Ontology: Relativism. This is grounded in the belief that 'truth' is relative because there is no external reality beyond what is constructed through social interactions (Burr, 1995; Guba & Lincoln, 1994; Guba & Lincoln, 2005; Silverman, 1997). Guba & Lincoln, who acknowledge their own commitment to constructivism, add that:

> Realities are apprehendible in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals and even across cultures)…Constructions are not more or less "true," in any absolute sense, but simply more or less informed and sophisticated. Constructions are alterable, as are their associated "realities"…(Guba & Lincoln, 1994: 110-111)

Epistemology: Transactional and subjectivist. The researcher and researched are assumed to be 'interactively linked' to the point that findings are created as they go along (Guba & Lincoln, 1994). Therefore, not only are data dependent on the settings and constructed meanings offered by participants, they are also dependent on the specific social realities that researchers present as data (which cannot be said to be definitive) (Bryman, 2004).

5.2.3 Postpositivism

Ontology: Critical realism. This ontology can be described as an amalgamation of both positivism and interpretivism (Sayer, 2007). That is, it is thought that there exists a world that is independent of human consciousness (Bhaskar, 1975;

Sayer, 2007) but knowledge of this world is knowable through our interpretive understanding of it (Sayer, 2007).

The philosophy behind critical realism is said to have been pioneered by Roy Bhaskar (Collier, 1994; Delanty, 1997; Sayer, 2007), through his earlier work: *A Realist Philosophy of Science* (Bhaskar, 1975; Bhaskar, 1978). Although the ontology has come to be known as critical realism, the actual term used by Bhaskar was 'transcendental realism' where it was proposed that:

> …both knowledge and the world are structured, both are differentiated and changing; the latter exists independently of the former (though not our knowledge of this fact); and experiences and things and causal laws to which it affords us access are normally out of phase with one another. On this view, science is not an epiphenomenon of nature, nor is nature a product of man (Bhaskar, 1975: 25)

Epistemology: Modified dualist/objectivist. The underlying assumption is that whilst we can never fully know for certain, it is still possible to approximate reality (Guba & Lincoln, 2005). Unlike positivist methodology where the emphasis is on the verification of hypotheses, here the focus is on falsifying hypotheses by conducting investigations in their natural settings (Guba & Lincoln, 1994).

5.2.4 Critiques of the different philosophical positions

The philosophical debate in social research continues (Bhaskar, 1998; Delanty, 1997; Guba & Lincoln, 2005; Kwan & Tsang, 2001; Mir & Watson, 2001; Williams, 2006). Critics of positivism reject its position on the grounds that they do not believe human behaviour can be 'understood without reference to the meanings and purposes attached by human actors to their activities' (Guba & Lincoln, 1994: 106). Likewise, critics of constructivism highlight the manner in which they feel the social world is reduced to nothing more than people's interpretation of it (Bergin et al., 2008; Kwan & Tsang, 2001; Williams, 2006). As such, Williams argues that this line of thinking is limited because it ignores one of the most fundamental aspects of reality – the human body:

> The body in short, diseased or otherwise, is a real entity, no matter what we call it or how we observe it. It also, like all other social and

> natural domains, has its own mind-independent generative structures and causal mechanisms. As such it has an ontological depth independent of epistemological claims, right or wrong, as to its existence (Williams, 1999: 806)

Though postpositivism (specifically, critical realism) has been proposed as one way forward (Bhaskar, 1975; Collier, 1994; Williams, 1999), others feel it is limited in the way it remains grounded within the same basic principles to that of positivism (Guba & Lincoln, 1994; Mir & Watson, 2001). In addition, whilst merging ontological aspects of positivism and interpretivism can be seen as one of the main benefits of critical realism, it could also be argued this leaves it open to the criticisms made of both paradigms.

5.3 Rationale for a qualitative approach

As discussed in the previous chapter, a qualitative approach was chosen because it is the best method for understanding social phenomena within the social context and meaning that people attach to their own world (Mason, 2002; Snape & Spencer, 2003). A qualitative approach was also the best approach for understanding the manner in which people interpret social comparisons, which has been identified as a key component of this process (Buunk et al., 1990; White et al., 2006). Thus, in accordance with an interpretivist perspective, this method also allowed the investigator to gain a more in-depth understanding of the complexity of social comparisons that would not have been possible using a quantitative approach.

Although there are clear differences between quantitative and qualitative methods (Ritchie, 2003), it is acknowledged that both have their own value to social research (Mason, 2002; Ritchie, 2003). Quantitative research is recognised as being appropriate in situations where it is believed there is pre-existing knowledge that allows the use of standardised data collection methods. In this regard, Wilkinson's over-reliance on large scale quantitative studies to make inferences at an individual level (Wilkinson, 1996; Wilkinson & Pickett, 2009b) is based on this positivist assumption that there exists a reality that is context-free. By contrast, qualitative research can generally be described as:

> …a naturalistic, interpretative approach concerned with understanding the meanings which people attach to phenomena

> (actions, decisions, beliefs, values etc.) within their social worlds (Snape & Spencer, 2003: 3)

It was therefore felt that quantitative methods would have limited the depth to which the proposed research questions could have been explored. For example, it was only through a qualitative approach that it was possible to gain insight into the embarrassing nature of social comparisons since this methodology allowed for (in)consistencies within and between participants accounts to be clarified and teased out. Hence the methods selected should as far as possible be consistent with the proposed research questions and generate data which is valid and reliable (Lewis, 2003).

However, the complexity of qualitative methodology arises when establishing the 'status' and 'validity' of the versions of reality people present (West, 1990) – that is, their accounts (Goffman, 1969; Radley & Billig, 1996; Scott & Lyman, 1968; West, 1979). This is because 'what people say and how they say it, varies according to who they are talking to and the circumstances in which they find themselves' (Cornwell, 1984: 12). Below is a discussion of some of the most influential work regarding the nature of accounts, which helped inform this study.

5.3.1 The nature of people's accounts

The nature of accounts people present (Cornwell, 1984; Goffman, 1969; Mead, 1932; Mead, 1934; Scott & Lyman, 1968; West, 1990) was intensified in this study because people find it difficult to talk about social comparisons and admitting that they personally compare to others (Pahl et al., 2007).

For Mead, accounts can be interpreted as describing an individual's assumptions and interpretations of what they perceive to be common attitudes and beliefs that are held by others, consequently allowing them to construct a sense of self in the social world (Mead, 1934). However, Whilst Mead's work focused on cognitive role-playing, Goffman's (1969) instrumental book – *The Presentation of Self in Everyday Life*[7] – looked at the different strategies employed by people (i.e. social role-playing) in influencing how they are viewed by others. Goffman

[7] Although this book was first published in the USA by Anchor Books in 1959, the first UK publication was not until 1969 by Allen Lane (Penguin Press).

(1969) argued that humans are social actors who are capable of controlling how others receive them. They can do this with carefully managed performances through interactions and encounters they have with the audiences to which the act is intended for (Goffman, 1969).

Though Goffman (1969) covered many aspects of the self (including speech, appearance and manner), Scott and Lyman's (1968) seminal paper – *Accounts* – focused on the 'linguistic' devices used by people when an action is called into question. They defined an account as:

> … a statement made by a social actor to explain unanticipated or untoward behavior—whether that behavior is his own or that of others, and whether the proximate cause for the statement arises from the actor himself or from someone else. (Scott & Lyman, 1968: 46)

Justifications and excuses were suggested as the two types of accounts that people regularly give. Justifications were described as accounts in which the person 'accepts responsibility for the act in question, but denies the pejorative quality associated with it' (Scott & Lyman, 1968: 47). Excuses on the other hand, were defined as accounts to which the person acknowledges that the act is 'bad, wrong, or inappropriate but denies full responsibility' (Scott & Lyman, 1968: 47).

This important interpretation of accounts was furthered by the work of Cornwell (1984), who in her study of participants from East London, added a different dimension to the concept by making a distinction between 'public' and 'private' accounts. She defined public accounts as referring to the 'sets of meanings' that people view as shared and accepted amongst the general public (Cornwell, 1984), irrespective of whether or not they are believed to be true (West, 1990). Cornwell (1984) went on to suggest that such public accounts exist for most forms of day-to-day conversations (e.g. work, money, family life, and health) and can lead people to convey what they deem to be generalised knowledge in order to be assured that their views are acceptable to others. By contrast, she argued that private accounts reflect the meanings people attach to personal experiences and, as such reveal deviant and less approved views (Cornwell, 1984).

According to West, such private accounts ‘typically occur between confidents who share, or are granted access to that [private] reality’ (1990: 1229). To illuminate, West (1990) compared his earlier study of childhood epilepsy (West, 1979) with Voysey’s study on disabled children (1975) and found that parents (i.e. the respondents) offered contrasting accounts despite the fact that both were looking at families with a disabled child and were conducted in Britain around the same time. In Voysey’s study, parents provided a more positive account of coping with their child’s disability and had high praise for the medical care they had received (Voysey, 1975). In distinction, West’s (1979) respondents offered a more ‘gloomy’ account on their experiences of coping with an epileptic child and as such, had a very negative view of the medical care offered to them. These differences in views led West (1990) to suggest that whilst there is no absolute solution to adjudicating between types of accounts, it is still possible to judge them as ‘more or less plausible’ because private accounts reflect an experienced reality. This, he argued, can be achieved via triangulation of different methods, thereby offering a more informed way of evaluating the status and validity of respondents’ accounts.

5.3.2 Reflexivity and the impact of cross-cultural differences on the data generated

A further issue in relation to accounts refers to the investigator’s role and outlook in the process of generation and interpretation of data, a process requiring reflexivity (Mason, 2002).

A debate remains as to whether it is better for an interviewer to maximise similarities with the interviewee or present as an ‘outsider’ to their social environment (Grbich, 1999; Rubin & Rubin, 2005; Sands et al., 2007; Shah, 2004). One view is that interviewers with ‘insider’ status are less likely to face barriers in gaining access to participants who would feel more comfortable talking to them (Shah, 2004). Against this, it is argued that an interviewer may not be able to achieve as much depth of understanding because participants may not fully elaborate on some meanings deemed as common knowledge (Sands et al., 2007; Shah, 2004). For this reason, others suggest that ‘outsider’ status has an advantage because interviewers can act ‘naïve’ and ask questions to which

the meaning may normally be taken for granted (Rubin & Rubin, 1995; Rubin & Rubin, 2005).

In respect of this study, the investigator was aware that, at the time of conducting the fieldwork, participants may have viewed him in a number of different ways. This could have included a combination of – but not limited to – any one of these descriptions: young (mid-twenties); male; PhD research student; black; African; born in Zambia; resident in Scotland, all of which could have been viewed positively or negatively. Whilst it is possible that the investigator could have been considered as either an 'insider' or an 'outsider', it was anticipated that that the latter would be most likely because of the investigator's race and Zambian nationality which were noticeably different to the participants in both localities (i.e. all were white and of predominantly Scottish nationality). Therefore, the 'outsider' status was seen as more beneficial as it had the main advantage of allowing the investigator to ask for further elaboration and clarification on what would have otherwise been treated as shared knowledge. This can be demonstrated in the following extract whereby the investigator was trying to explore Cameron's views on the culture of 'keeping up with the Joneses' in contemporary society:

> **… one of the expressions that has come up with some of the people I've spoken to, is this idea of keeping up with the…**
>
> […Joneses - over talk from participant]
>
> **…Jones'. Is that something that is quite common here in your views?**
>
> Yeah…there's always pride and you don't want to be seen that you're worse off than your neighbours or something like that, or that you're you know, falling behind everyone, but that's not my experience in this street or this area, but it might well be in other parts of Glasgow…**(Cameron – Bearsden (BD), 35yrs)**

Evidently, the investigator's deliberate pause allows Cameron to finish the expression by adding 'Joneses'. In doing so, this achieves the intended effect of getting an elaborated account of his understanding of the term and the extent he believes it applies to others and him personally. The 'outsider' status provided another avenue of generating data on private accounts as the

investigator was sometimes granted access to views that participants admitted they would not normally share with others.

5.4 The study areas

Drumchapel and Bearsden were chosen as the study areas in order to maximise the significance of social comparisons because of the stark socio-economic differences between them. Drumchapel is adjacent to Bearsden (see Figure 5.1) and located approximately seven miles to the North-West of Glasgow. It lies within the Glasgow City boundary and is the smallest of the four post-war peripheral housing schemes that were built as part of the comprehensive redevelopment of inner city Glasgow (see Figure 5.2) (Hastings et al., 1994).

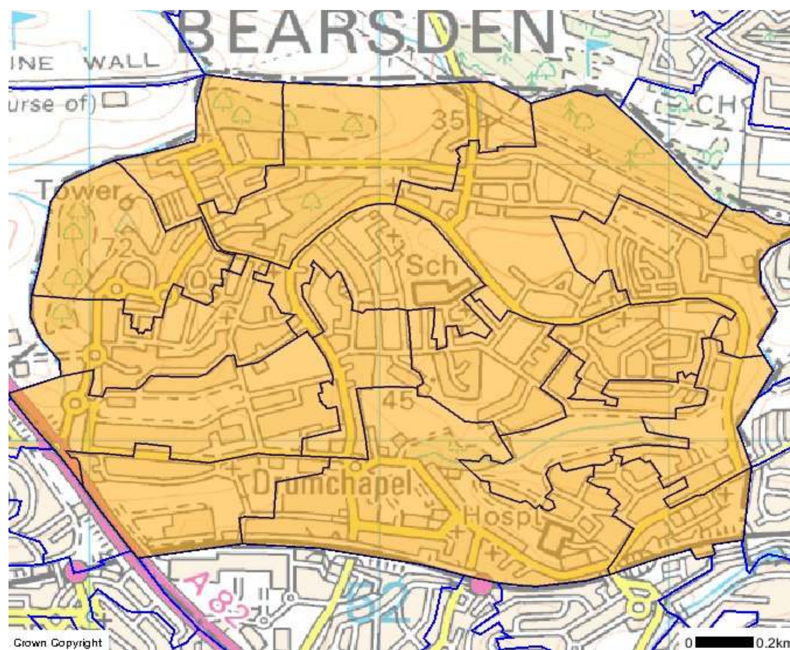


Figure 5.1 Map of Drumchapel

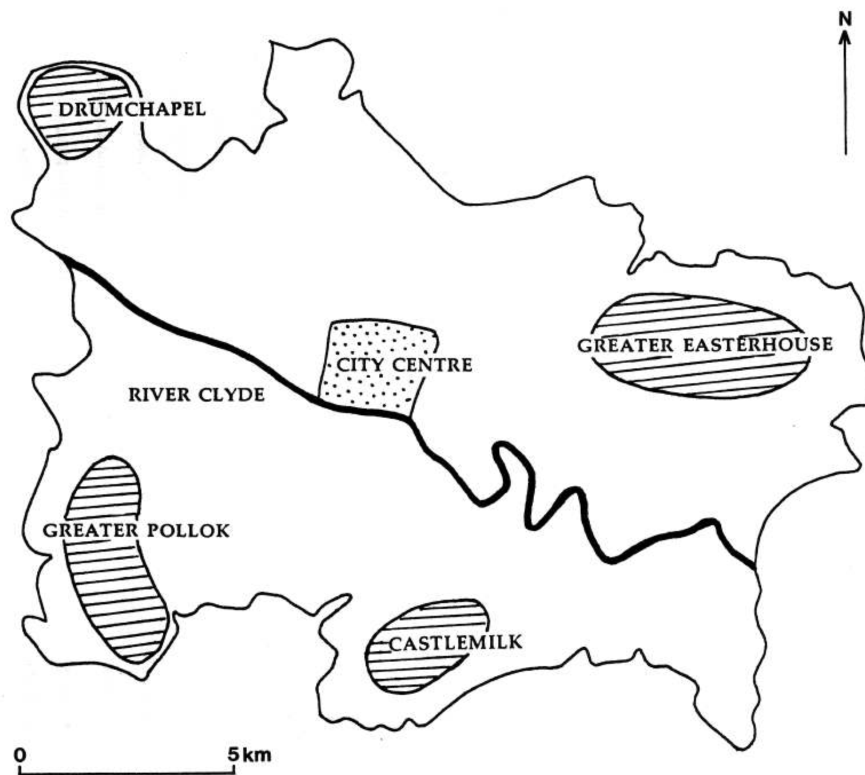


Figure 5.2 Drumchapel and the other peripheral schemes in Glasgow
Sourced directly from Hastings et al (1994)

Bearsden is part of East Dunbartonshire (see Figure 5.3) and is located approximately six miles to the North-West of Glasgow City (Peters, 1993). Bearsden is characterised by its spacious housing (including large villas and big estates of bungalows), good access to local amenities and green open spaces (East Dunbartonshire Council, 2007).

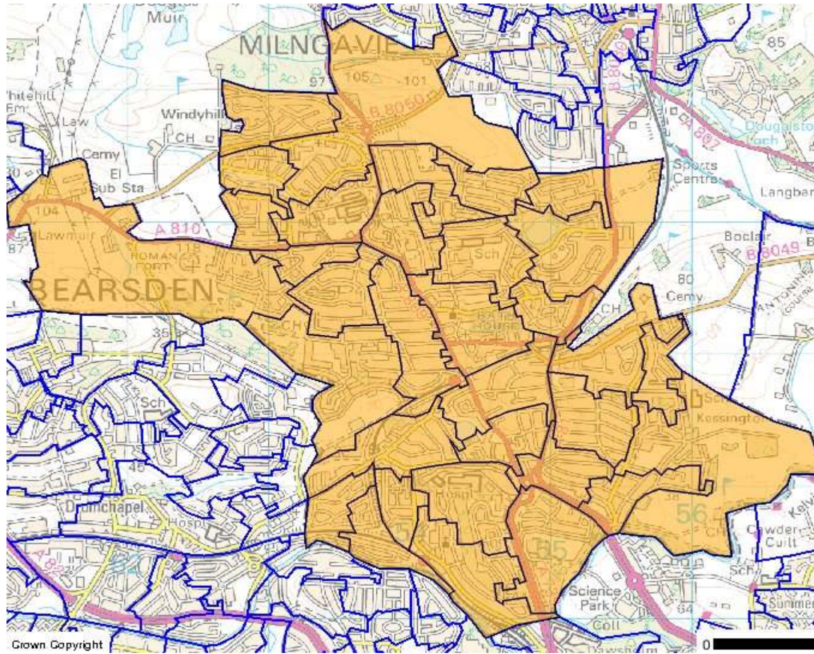


Figure 5.3 Map of Bearsden

Despite dating from the 15th century, the housing schemes of Drumchapel only came into existence in the 20th century (DCOC, 1993). As a result of its big open spaces, Drumchapel estate was purchased in 1938-9 as an ideal location for the mass production of housing and subsequent relocation of people from the city following the war (DCOC, 1993). Construction of the scheme began in 1951, the first tenants moving into Drumchapel in 1952-3 (Craig, 2003).

Views on the relocation of thousands of people to Drumchapel were mixed. Along with other housing schemes, Drumchapel had initially been envisaged as the answer to the problems of slum housing that inner city Glasgow had suffered (e.g. outside toilets, overcrowding, and high prevalence of diseases). As such, people had high expectations of a better life that included adequate housing, employment, as well as fresh air and open spaces for children to play in (Craig, 2003). However, many people were left disappointed because the new place they encountered 'comprised several undifferentiated neighbourhoods of repetitive tenements' (Craig, 2003: 43):

> Drumchapel was part of the City Father's destruction of Glasgow. Instead of renovating the old tenements in the heart of the city they decided to raze them to the ground. The tenements symbolized everything that was bad about Glasgow, except to the people who actually lived in them…The Glasgow experience undoubtedly helped other areas in the UK not to make the same mistakes on such a

> stupendous scale, but the cost to the ordinary people in the loss of identity and social cohesion was enormous and the city has never recovered (Henderson, 1994: 89-90)

Even though people had started relocating in Drumchapel in the early 1950s, it is somewhat surprising that key amenities (including schools, libraries, community centres, and shopping centres) were not built until the early 1960s (Craig, 2003). Furthermore, at its peak in 1961, Drumchapel 'housed 35000 people in nearly ten thousand dwellings' (Craig, 2003: 19). As a result, some strongly felt that little care had gone into the planning of Drumchapel; the need to re-house at minimal costs had taken precedence over what the people actually wanted and needed (Henderson, 1994).

With regard to Bearsden (formally known as New Kilpatrick), it was not until the industrial development of neighbouring Glasgow City and the subsequent opening of the Glasgow and Milngavie Junction railway in 1863 that it started to expand as a town (Peters, 1994). As well as improving access between Glasgow and Bearsden, the railway reduced the journey time from one hour by coach to 20 minutes by train (Murray, 1975). As a result, Bearsden became a very desirable place for professions and businessmen because it was 'just distant enough from the city to escape its smoke and other contaminations; but not too far away to be difficult for access' (Peters, 1994: 39). Bearsden continued to grow and developed into a fashionable suburb that attracted the more affluent members of society. Such was the growth of the area that Westerton Garden Suburb was developed for additional housing in order to accommodate the influx of people into Bearsden (Peters, 1994).

Reflecting their historical backgrounds, the socioeconomic profile of Drumchapel and Bearsden is strikingly different as shown in Table 5.1[8]. While the population of Drumchapel has continued to decline (the 2001 figure of 13453 is just over a third of its peak of 35000 in 1961), Bearsden has remained fairly constant with its 2001 figure of 27967 being more than double that of Drumchapel. It can clearly be seen that residents of Drumchapel are worse-off in all aspects of the census data; including, general health, employment, education attainment, car availability as well as type of household and housing tenure. As will be discussed

[8] It is noteworthy that the data are based on the 2001 census as this was the most recent census at the time of the study.

in the findings chapters, these factors play important roles into how residents of both areas perceive themselves in relation to each other and the rest of society.

	Drumchapel (%)[9]	Bearsden (%)
Population	**13453**	**27967**
Male	6071	13418
Female	7382	14549
Households, accommodation type and tenure		
Number of households	**5743**	**10417**
House or Bungalow	1240 (21.6)	9127 (87.6)
Flat, maisonnette or apartment	4493 (78.2)	1288 (12.4)
Owned	1103 (19.2)	9666 (92.8)
Social Rented	4161 (72.5)	476 (4.6)
Qualifications (Residents aged 16 to 74 years)	**8962 (100)**	**20163 (100)**
No qualifications or other	4793 (53.5)	3123 (15.5)
O Grade, Standard Grade, etc.	2532 (28.3)	3451 (17.2)
Higher Grade, CSYS, etc.	837 (9.3)	3857 (19.1)
HND, HNC, RSA Higher Diploma, etc	365 (4.1)	1602 (8.0)
First, Higher Degree, Professional Qualification	435 (4.9)	8130 (40.3)
Economic Activity	**7968 (100)**	**20163 (100)**
Economically Active	4362 (54.7)	13791 (68.4)
Economically Inactive	3606 (45.3)	6372 (31.6)
Car Availability by Household		
All households	5743 (100)	10417 (100)
Households with no car	4135 (72.0)	1158 (11.1)
Households with 1 car	1368 (23.8)	4595 (44.1)
Households with 2 cars	207 (3.6)	3890 (37.3)
Households with 3 cars or more	33 (0.6)	774 (7.4)
General Health		
Good Health	7562 (56.2)	21842 (78.1)
Fairly good health	3642 (27.1)	4502 (16.1)
Not good health	2429 (18.1)	1623 (5.8)

Table 5.1 Selected vital statistics for Drumchapel and Bearsden (2001 census)

5.5 Research methods

5.5.1 Ethics

Ethical approval for the study was obtained from the University of Glasgow Ethics Committee on 28th February 2008. Since the study was for non-clinical research involving human subjects, one of the major requirements from the

[9] Note that percentages shown for Drumchapel and Bearsden may not add up exactly due to rounding

Ethics committee was that confidentiality and anonymity was maintained throughout the investigation.

In keeping with this obligation, participants were provided with full details of the study either in person or by post (see Appendices 1 and 2 for information sheet and consent form). This was preceded and/or followed up with a telephone call in which the investigator reiterated the main points of the study and answered any queries that participants had. Participants were also informed they would be given a £20 gift voucher that was valid in most high street stores. Although this could have been regarded as an enticement for taking part in the study, it was felt an appropriate demonstration of gratitude for their help.

Though participants were required to sign a consent form stating their willingness to take part in the interviews, they were nonetheless reminded that they had the right to withdraw at any time without providing a reason. In addition, all participants were asked permission for their interview to be recorded. They were informed that audio tapes would be transcribed by a professional transcribing company who were also bound by the Medical Research Council confidentiality rules. Participants were reassured that all information would be kept strictly confidential and anonymous. As such, no personal identifiers were accompanied with the recordings that were sent for transcription. All recordings and transcripts were held separately from any other identifiable material (e.g. consent forms and field notes). In accordance with Medical Research Council guidelines, these were kept in separate locked cabinets which were only identifiable through corresponding ID numbers and pseudonyms.

5.5.2 The pilot study

5.5.2.1 In-depth interviews

In-depth interviews involving six participants were piloted in February 2007 by this author, with the majority taking place at the Medical Research Council Unit (apart from one undertaken at the participant’s home). All interviews were recorded using a DS-330 digital voice recorder and lasted between 40 – 60 minutes. Due to time and financial constraints, pilot interviews were not

transcribed verbatim. Nonetheless, they were carefully listened to and notes taken in order to capture the emerging themes.

Participants were recruited to provide a diverse sample in both age and gender. This included two participants from the Medical Research Council Unit and four from informal networks. The final sample (denoted A-F) included two males (participant C aged – mid 30s and participant F – aged early 40s) and four females (Participant B – aged late 20s and Participants A, D and E – all aged over 50 years). Four were British, two being born outside the UK, but both had lived in Britain for over 10 years.

The main finding was that the process of making social comparisons appeared to be a sensitive topic with some participants expressing a level of discomfort when discussing the subject matter. In addition, there was an overwhelming consensus amongst participants that society had become much more materialistic and consumer-driven than ever before, a view held particularly strongly by older participants who expressed vivid memories of the shift to individualism during the Thatcher-led Government. Views on the existence of class in society were more diverse, some believing it was still present while others believed it was more about the 'haves and have-nots'.

Thus, the pilot study was invaluable in raising issues that subsequently informed the planning of the main study, especially in respect of the difficulty of exploring social comparisons. This highlighted the importance of finding diverse ways of getting at the issue, especially in situations where social comparisons may be more exaggerated.

5.5.2.2 Focus groups

The use of focus groups, or group discussions, is a research methodology that involves the convening of small groups of participants with the main purpose of obtaining their accounts on topics selected by a facilitator or moderator (Bell, 2005; Bloor et al., 2001; Finch & Lewis, 2003; Michell, 1999; Wibeck et al., 2007). As well as being the best method for generating data on public accounts, this method can also generate a large volume of data in a relatively short space of time and lead to an emergence of themes and insights into group norms that

are more difficult to draw out in one-to-one interviews (Bloor et al., 2001; Fallon & Brown, 2002). However, the use of focus groups has its drawbacks. For example, some views (particularly those of the quiet members) may be unknown, especially in discussions dominated by a few individuals (Lewis, 2003). The issue of confidentiality is arguably the most serious disadvantage in focus groups because it cannot be guaranteed outside group settings, meaning that over-disclosure can lead to negative implications for participants (Bloor et al., 2001).

The purpose of using focus groups in this study had been to provide more insight into peoples' public accounts and how views regarding social comparisons, class and society were (re)constructed in group settings. However, due to difficulties recruiting participants, only one pilot focus group was conducted and this was later than expected in February 2008 in the Medical Research Council Unit. The group was recruited from informal networks and consisted of one male and three female participants from an affluent background of Glasgow. Although the investigator over-recruited to counter non-attendance (Bloor et al., 2001; Fallon & Brown, 2002), more respondents withdrew on the day than expected. While the focus group was useful in providing insight into participants' public accounts of social comparisons and class, it also reinforced the sensitive nature of these topics because participants were evidently uncomfortable talking about personally making social comparisons. A decision was therefore made to omit focus groups from the main study as it was felt that in-depth interviews would be the most appropriate method to explore the research questions in more breadth and depth.

5.5.3 Setting the context

5.5.3.1 Public representation through media analysis

Media analysis has a long history in social research and is often used to study the 'content' of 'communication' in order to identify the frequency with which units of interest occur in a specified sample (Neuendorf, 2002). Whilst an emphasis has traditionally been placed on quantification (Neuendorf, 2002), others (Krippendorff, 2004) argue that this only shows one dimension of media analysis and should therefore be complemented with qualitative analysis. There is

evidence to suggest that a combined methods approach is becoming common, particularly in studies investigating the role of the media on health-related issues (Davidson et al., 2003; Driedger, 2007; Hayes et al., 2007).

In this study, media analysis had a qualitative focus as it was used to gain insight into how the study areas were typically represented which provided an important context for understanding ‘virtual’ class identities. Newspapers were used as the choice of media because they already exist in textual format, thus allowing for quicker and effective analysis (Hayes et al., 2007), those examined including four local newspapers (The Herald, The Evening Times, The Sunday Mail, and The Daily Record). These were accessed by searching NewsUK[10] (www.newsuk.co.uk) via the East Dunbartonshire Council website (www.eastdunbarton.gov.uk). The search was carried out over an eighteen month period (i.e. year 2007 retrospectively, year 2008 prospectively until the end of fieldwork in July 2008).

The two areas were depicted very differently. Drumchapel was typically represented as being entrenched with crime, violence, anti-social behaviour, alcoholics and drug addicts (see for example Figure 5.4). By contrast, Bearsden was frequently represented as a very peaceful and family friendly area that had good quality housing and beautiful surroundings (see for example Figure 5.5 whereby Bearsden was selected to highlight that East Dumbartonshire was voted the best place to live in Britain in one of the polls). Such extracts from newspaper articles relating to Drumchapel and Bearsden were invaluable in stimulating discussion in the interviews, particularly with participants who had difficulties expressing their views. This technique proved useful in generating data on participants perceptions of common stereotypes attributed to both Drumchapel and Bearsden.

[10] This is an online service that was developed to provide national and regional news by combining the most popular British newspapers in one database (www.newsuk.co.uk)

10 arrested in Drumchapel crime blitz

Evening Times (Glasgow); Jan 29, 2008; p. 2

Figure 5.4 Newspaper depiction of Drumchapel

Scotland voted best place to bring up a family

The Telegraph **By Stewart Payne;** 18/04/2007

Bearsden, East Dunbartonshire: attractive rolling countryside and a short drive from Loch Lomond

The 10 best

1. **East Dunbartonshire**
2. **East Renfrewshire**
3. **Forest of Dean, Gloucs**
4. **Vale of Glamorgan, Wales**
5. **Hambleton, North Yorks**
6. **Fareham, Hants**
7. **West Lothian, Scotland**
8. **South Gloucestershire**
9. **Ribble Valley, Lancs**
10. **Uttlesford, Essex**

Figure 5.5 Newspaper portrayal of Bearsden

5.5.3.2 Participant observation

Participant observation is a method which enables investigators to learn about how people interact in their natural settings through observing and/or participating in their day-to-day activities (Ackroyd & Hughes, 1992; Kawulich, 2005; Suzuki et al., 2007). It is multi-sensorial in that a number of senses (e.g. vision, sound, touch, and smell) can be used to inform the researcher's understanding of a community (Suzuki et al., 2007). Whereas focus groups and interviews rely on self-reported data provided by participants (Finch & Lewis, 2003; Legard et al., 2003), a major advantage of participant observation is that it provides insight into nonverbal expressions of emotions and behaviours (Ackroyd & Hughes, 1992; Bryman, 2004; Kawulich, 2005). This can therefore furnish the researcher with important topics to address in discussions in order to explore certain issues or clarify discrepancies between what is said and what is actually observed (Kawulich, 2005).

In this study, the complete participation stance - whereby the researcher is a full member of the group under study but conceals their identity (Kawulich, 2005) - was deliberately avoided for ethical reasons because it could have been seen as betrayal and put the investigator in danger. In consequence, identifiable documents (ID badge and information sheets about the study) were carried at all times. The level of observation/participation was determined by a number of different settings. For instance, the observer as participant stance was adopted when attending community group meetings and when having informal conversations with workers in the community, including park attendants, job centre officers, and estate agents. The observer role was employed when taking photographs and making field notes of important places (e.g. shopping centres, parks, and health centres) to gain further insight into the research areas.

Participant observation therefore provided an important dimension by which participants accounts in the interviews could be cross-checked. For example, rather than simply accepting participants' assertions that they were not materialistic, this method permitted an assessment of similarities and discrepancies between their accounts with the investigator's observation of the type of lifestyle they appeared to live. As the primary way of collecting data in participant observation (Ackroyd & Hughes, 1992; Kawulich, 2005), field notes

were recorded as quickly as possible after hearing or seeing something deemed relevant to the study. As well as describing activities in the sequence that they occurred, details of the place, date, and time were recorded. Further, to avoid confusion, what was observed and what was inferred were clearly distinguished (see for example, Appendix 3 where the investigators inferences are indicated in italics).

5.5.4 Interviews

In-depth interviewing was the main methodology used in this study. Interviewing is probably the most commonly used technique in qualitative research (Grbich, 1999; Legard et al., 2003; Mason, 2002) although approaches vary in how they are conducted (e.g. face-to-face or telephone interviews) and level of structure (e.g. structured, semi-structured, and in-depth interviews) (Grbich, 1999). While researchers must acknowledge that they are part of the research instruments through which data are generated (Legard et al., 2003), this is not to suggest that they deliberately influence the interviewee with leading questions or make it clear about their viewpoint by giving clear signs of agreement or disagreement. Rather, it is to emphasise that researchers should recognise that their professional, personal and social qualities can also have an impact on the outcome of the interview (Legard et al., 2003; Lewis, 2003; Mason, 2002). In this study, face-to-face in-depth interviewing was used because, in addition to providing optimum potential for exploring issues on a much more detailed level, it offers maximum opportunity for elaboration and clarification of responses (Legard et al., 2003).

5.5.4.1 Sampling frame

Purposive sampling, or criterion based sampling (Ritchie et al., 2003a), was employed as the basis for recruiting participants for the study. According to Ritchie et al, when using purposive sampling, researchers should ensure that ‘key constituencies of relevance to the subject matter are covered’ (2003a: 79), whilst allowing some diversity within each criteria to explore the topic at hand.

In order to maximise the significance of social comparisons, the first selection criterion was that participants had to be living in Drumchapel or Bearsden. Due

to the visible disparities, it was hypothesised that participants were more likely to be aware of their standing in the social hierarchy. The second criterion was that participants should be parents who were aged over 18 years and have children under the age of 18 years. The rationale for this was that parents were deemed more likely to be aware of where they stood in the social hierarchy since their standing was also likely to be dependent on what they could provide for their children. Support for this comes from evidence in the USA where Schor argues:

> The one place where keeping-up behavior is paramount and conscious is where kids are concerned. Whatever doubts the average American parent may have about the importance of keeping up with the Joneses' new kitchen, there's little doubt that they are worried about whether their children are maintaining pace with the Joneses' offspring. (Schor, 1998: 85)

Similarly, evidence in the UK also suggests that parents are likely to face pressures for their children to conform to consumerist values by having what their peers have and this is especially the case among parents from disadvantaged backgrounds (West & Sweeting, 2004; West et al., 2006).

Thus, by focusing on parents from socio-economically contrasting neighbourhoods, it was theorised that this would provide the optimum context to investigate the issue of social comparisons.

5.5.4.2 Recruiting

Recruiting participants was predicted to be one of the most challenging aspects of the study, mainly because the contrast between the two research areas made it difficult to select a technique that would work equally well in both localities. This led to a decision to utilise a combination of different procedures in order to allow residents the maximum opportunity to take part, consequently minimising selection bias. The different types of recruitment procedures are shown in Table 5.2.

Recruitment procedures	Drumchapel	Bearsden	All
Door-to-door leafleting of connecting roads between Drumchapel and Bearsden	0	0	**0**
Local housing organisations	3	0	**3**
Recruiting in important public places (e.g. community centres, libraries, sports and recreational centres, parks)	9	6	**15**
Key informants and snowballing	2	10	**12**
Opportunistic recruiting	2	I	**3**
All	**16**	**17**	**33**

Table 5.2 Types of recruitment procedures

With regard to presentation of the project, recruitment leaflets (see Appendix 4) proved to be one of the most valuable ways of getting people to take part in the study. The same leaflets were also printed in A3 poster format to be put up in public places such as libraries, supermarkets, sports and recreational centres, and health centres. Not only were they useful in providing a brief overview of the study (particularly when approaching people who were in a hurry and unable to have the study explained to them in detail), it also reduced the likelihood of misrepresentation from others who sometimes recruited on the investigator's behalf (e.g. key informants). Further, a decision was made not to include specific information about social comparisons because part of the study purpose was to explore whether the subject of comparing with others emerged spontaneously in interviews. As such, it was deemed more beneficial to explore the concept of social comparisons as part of a wider issue of society and health.

With respect to the different techniques, recruiting closest to the Drumchapel and Bearsden border had originally been proposed as the main method, the rationale being that such residents were more likely to make comparisons as disparities were more visible. However, door-to-door distribution of leaflets to approximately 200 households along the connecting roads produced only three responses (all from Bearsden), though none were eligible to take part as they did not have children under the age of 18 years. A further drawback of this technique was that it offered little opportunity for following up residents other than redistributing leaflets, which could have had the unintended outcome of

causing irritation amongst residents who could have viewed the leaflets as junk mail.

Local housing organisations (LHOs) had also been thought to be a good procedure of getting participants to take part. In total, approximately 1800 leaflets (1500 in Drumchapel and 300 in Bearsden) were distributed by five LHOs (four in Drumchapel and one in Bearsden). Eight people responded as a direct result of receiving the leaflet, four from Drumchapel, four from Bearsden. Of the four from Drumchapel, one respondent was ineligible as she did not have children under the age of 18 years. Nevertheless, she forwarded the details to her daughter who fitted the criteria and subsequently participated. In Bearsden none of the four participants met the selection criteria: one of them had no children whilst the others' children were over the age of 18 years. Despite the poor response, there may have been wider benefits to the study since having LHOs distribute leaflets may have familiarised residents to the study and indirectly made recruiting via other means easier. This was the case for a number of participants who mentioned that they had already received a leaflet from their LHO.

The most fruitful recruitment procedure involved distributing leaflets and putting up posters in important public meeting places in Drumchapel and Bearsden. Not only did this have the benefit of further familiarising residents with the study, it also proved to be an effective technique of recruitment. In particular, libraries, community centres, and sports and recreational centres were rewarding settings as they regularly hosted activities that were tailored towards parents and children (including parent and toddler groups, reading sessions, dancing classes, and sporting events). 16 participants were recruited using this procedure, nine from Drumchapel, seven from Bearsden.

Using key informants and snowballing proved to be the second most rewarding avenue of recruiting participants. Key informants in particular played a crucial role in both providing essential information about the research areas (including historical information, best places to recruit participants, and contact details for useful organisations) as well as introducing the investigator to potential participants. Twelve participants, predominantly in Bearsden, were recruited via this means.

Lastly, opportunistic recruiting was used to recruit men wherever opportunities presented themselves. This is because, although attempts had been made to obtain equal numbers of males and females, it proved very difficult to recruit men to take part in the study. Firstly, men often worked full-time so it was always harder to get in contact with them. Even efforts to target settings which were considered to be male dominated (including sporting events such as football and golf) proved ineffective as it was mostly mothers who took their children to such activities. Secondly, men tended to be more sceptical about taking part in studies that involved lengthy discussions, some indicating they would only take part if it was a brief questionnaire. To avoid any misunderstandings, it was reiterated that it would be a one-to-one interview lasting approximately an hour. Three extra men were recruited using this procedure, two from Drumchapel, one from Bearsden.

5.5.4.3 The sample

In total, 41 residents of Drumchapel and Bearsden took part in one-to-one in-depth interviews, of which 33 were used in the analysis. Eight interviews were deemed unusable because one was too short (i.e. lasted approximately 23 minutes) and extremely noisy, another did not fit the inclusion criteria since it was found during course of interview that participant's child was 20 years old, two were with key informants and thus focused on their knowledge of the research areas rather than the research questions, and four were used to pilot the interview format. Though researchers are encouraged to work towards data saturation (i.e. the point when the collection of new data does not provide any further knowledge on the subject matter (Mason, 2010)), there is no consensus about how many interviews it takes to reach this stage, with guidelines ranging anything between 12 and 60 interviews (Guest et al., 2006; Mason, 2010). In this study, it was only after the analyses had been carried out that it became apparent that data saturation had been reached after about 28 interviews as no new categories were formulated. However, by this stage, interviews had already been carried out and thus a decision was taken to include the 33 that were eligible in the final analysis.

The characteristics of the sample are shown in Table 5.3, which demonstrates some notable differences.

	Drumchapel			Bearsden		
	Male	**Female**	**All**	**Male**	**Female**	**All**
Number of respondents	7	9	16	7[11]	10	17
Age						
18 – 29	1	4	5	0	0	0
30 – 39	3	3	6	3	3	6
40 – 49	3	1	4	3	7	10
50 – 59	0	1	1	1	0	1
Parenting status						
Lone parent	1	2	3	0	2	2
Coupled parents	6	7	13	7	8	15
Number of children in household						
1	4	6	10	3	1	4
2	1	3	4	4	2	6
3+	2	0	2	0	7	7
Age of oldest child in household						
0 – 4 years	2	6	8	4	0	4
5 – 9 years	2	3	5	0	2	2
10 – 14 years	3	0	3	3	4	7
15 – 18 years	0	0	0	0	4	4
Employment status						
Unemployed	0	3	3	0	0	0
Housewife/househusband	0	1	1	0	1	1
Working full-time	7	3	10	7	4	10
Working part-time	0	1	1	0	5	5
Student	0	1	1	0	0	0
Retired	0	0	0	0	0	0

Table 5.3 Sample characteristics of Drumchapel and Bearsden participants

Firstly, there were more women than men because, as has been mentioned, men proved very difficult to recruit. However, this was of little implication since qualitative research is concerned with the diversity of views generated rather than frequency of accounts (Lewis & Ritchie, 2003). Secondly, the age range of participants in the two areas was notably different, those from Drumchapel being younger with five parents from Drumchapel being in their 20s, while none of the participants from Bearsden were under the age of 30 years. Thirdly, there were clear differences in employment status, with all[12] males being in full-time employment whilst there was greater variation amongst females, more in

[11] The paired interview with Graham and Linda has been counted as a male interview since the original interview was meant to be with Graham.

[12] Despite all participants advising that they had full-time occupations, two of the male participants in Drumchapel had been off work at the time of the interview and were thus claiming incapacity benefits.

Bearsden being likely to work part-time as full-time. In contrast, all three female participants who advised of being unemployed were from Drumchapel and on income benefits. Finally, with regard to the ethnic composition of the sample, all participants were white, the majority being from Scotland. This was a reflection of the ethnic status of the research areas in the last 2001 census data.

5.5.4.4 The topic guide

The topic guide is often used as an aide-memoir when conducting in-depth interviews because it can improve the consistency with which data are generated, ensuring that relevant themes are covered whilst allowing flexibility to explore issues that are important to each participant (Arthur & Nazroo, 2003). The guide in this study was designed around the broad themes of personal biography, inequality and health, social comparisons, health and wellbeing, self-assessment of SES and area comparisons via a 'ladder', the role of media and other factors in potentially influencing social comparisons (see Appendix 5). However, rather than following a series of structured questions, it was devised to allow fluidity both in respect to issues raised and the order in which they were discussed.

The significance of the ladders is that they were used as a direct prompt to investigate the process of making social comparisons. The decision to use this approach was influenced by studies which have used the method to measure one's standing in the social hierarchy and the reference groups employed in assessing relative ranking in society (Adler et al., 2000; Goodman et al., 2001; Ostrove et al., 2000; Singh-Manoux et al., 2003; Singh-Manoux et al., 2005). In line with these studies, subjective SES was measured by asking participants to mark an X on a 10-rung ladder to indicate where they stood in the social hierarchy in relation to money, education and jobs.

In addition, the SES ladder was also adapted to explore perceptions of area inequalities by asking participants to indicate where their area stood in relation to other localities (see for example, Figure 5.6). This approach was very effective in gaining insight into the differing spatial scales that people use when locating their area in a hierarchy.

Think of this ladder as representing the areas people think are the best and worst places to live in. At the top of the ladder are the best areas to live in and at the bottom of the ladder are the worst areas to live in.

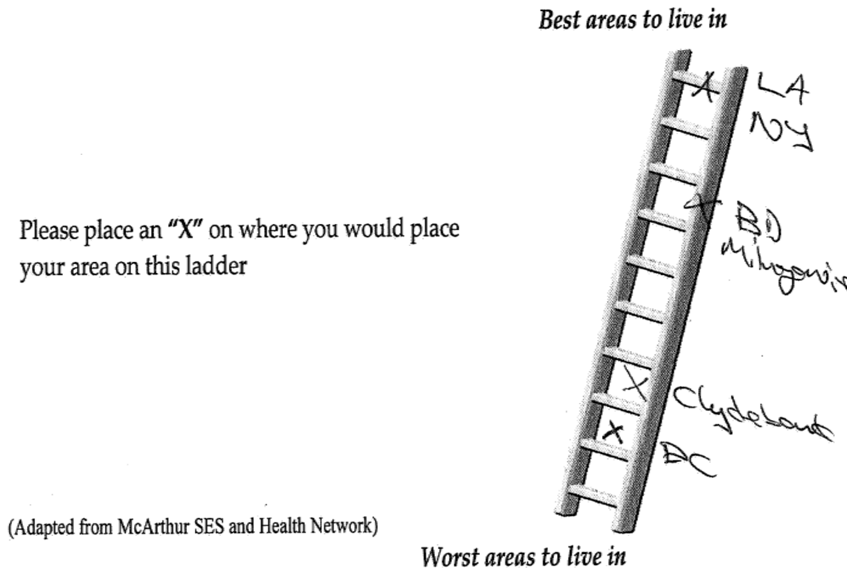


Figure 5.6: Kirsty's perceptions of area inequalities

However, although the ladders were initially seen as a helpful way of getting people to talk more openly about social comparisons, it became apparent that introducing them too early in the discussion was not always an effective technique in maintaining the flow of the interview. This was mostly because participants were often taken aback about what was being asked and thus became reserved in their responses. Consequently, the topic guide was restructured after 13 of the 33 interviews had been conducted so that the SES and area ladders were explored towards the end of the interview. In doing so, participants were able to evaluate their own views on topics in relation to what they considered to be commonly held beliefs and attitudes.

Whilst an argument could have been made for continuing with the initial guide to maintain consistency in the interviews, a decision to revise the topic guide seemed appropriate since it is generally seen as bad practice for qualitative researchers not to adjust accordingly when difficulties are recognised (Arthur & Nazroo, 2003; Mason, 2002). The fact that participants sometimes closed up when asked early on where they stood in relation to others was important data in itself as it demonstrated the sensitive nature of social comparisons. This also

provided another route into obtaining more private accounts as participants often presented personal and experiential accounts (Cornwell, 1984).

5.5.4.5 Conducting the interviews

28 of the 33 interviews were conducted in participants' homes, four at participants' work-place, one at a local sports centre in Drumchapel, and one in the Medical Research Council Unit. To minimise potentially dangerous situations, all interviews were carried out in accordance with Medical Research Council risk assessment guidelines. Though participants were always offered a choice of setting for the interview, preference was always to have it at their home. This was for a number of reasons. Firstly, it reduced the likelihood of cancellations or 'no shows' as it involved least effort for participants. Secondly, interviews conducted at participants' homes were more relaxed than in other settings. Finally, the interviews were not as hurried as was often the case in other situations with a limited time frame to get through the discussion (e.g. participant's lunch break).

Legard et al (2003) argue that it is important for researchers to recognise the impact their role can have on the quality of the data. That is, researchers must learn how to skilfully ease participants from everyday social conversation to a deeper level of dialogue that requires more focused discussion on specific topics and then bring them back to day to day conversation at the end (Legard et al., 2003). Researchers must therefore be aware of the different stages that an interview goes through and how to direct that process effectively to their advantage (Legard et al., 2003; Rubin & Rubin, 2005). In accordance with the guidelines outlined by Legard et al (2003), the main stages involved in conducting the interviews were as follows.

The first stage involves the arrival. This was an important phase because the first few minutes of the encounter often play a vital role in determining the type of relationship established with the participant. The investigator was usually offered a drink (e.g. tea/coffee, soft drink or water) before starting the interview, which he always accepted. This 'refreshment' period was invaluable in establishing a platform for building rapport with participants through making

'small talk' about matters often unrelated to the interview, subsequently assisting in making participants feel more comfortable talking.

The second stage was the introduction of the research which was initiated by bringing out a folder with important documents (including information sheets, consent forms, and gift vouchers). Participants were provided with an overview of the main points about the study and what would be involved in the interview. As well as getting participants to sign consent forms stating their willingness to take part and have their interview recorded, verbal consent was also obtained to confirm they were happy to go ahead. Gift vouchers were given at this point.

The third stage involved the start of the interview. It was at this point that the recorder was introduced to signify the commencement of recording. All interviews were recorded using a Sanyo digital voice recorder and lasted approximately one hour (the shortest lasting 48 minutes, whilst the longest was 88 minutes). The interview always began by obtaining a brief biography from participants. Not only was this a good way of easing participants into the interview mode, it was also a useful way of allowing relevant themes to emerge from what they said rather than having it imposed upon them.

The fourth stage concerned the main bulk of the interview. This involved exploring the major themes around inequality, social comparisons, and health and wellbeing. Whilst it is necessary to probe issues in some depth when conducting in-depth interviews (Legard et al., 2003), it is important not to 'force' matters and make participants feel pressured into discussing matters they do not wish to discuss or have no views on. For this reason, it was essential to move back and forth between themes so as to look at the same issues from different angles. In particular, asking the same question in different ways generated invaluable data on discrepancies between what participants said and thus offered another way of distinguishing between private and public accounts. The remainder of the interview was designed to explore new issues that emerged from the discussion as well as cover topics that were of interest but had not come up.

The fifth stage involved signalling to participants (usually with about five minutes remaining) that the interview was coming to an end. At this point,

participants were asked if they had any further questions or comments about the discussion. As well as providing a smoother transition from the 'interview mode' back to 'everyday conversation', it also allowed participants the opportunity to raise issues that they did not get a chance to discuss during the interview.

The sixth and final stage was after the recorder had been switched off. This involved thanking participants for giving up their time to help with the study. This was also used as an opportunity to reiterate the fact that the discussion would be kept strictly confidential and any data used in subsequent publications would be anonymised so that participants could not be identified. The time spent in this phase often varied. In most cases, it took only a few minutes as participants were happy to stop and did not have anything more to add. However, there were other occasions when more time was required to speak to participants – especially if the interview had brought out a lot of uncomfortable feelings. More often than not, participants wanted reassurance that their views and feeling about the subject matter were not too dissimilar to that of others, which further highlighted the sensitive nature of the topic. In addition, whilst this phase can sometimes spark final reflections (Legard et al., 2003; Rubin & Rubin, 2005), there was no particular case which warranted asking the participant's permission to switch the digital recorder back on. Instead, this extra information was recorded as field notes immediately after leaving participants' homes.

5.6 An analytical approach to qualitative data

Qualitative data analysis is a complex and challenging stage of the research process that requires creative thinking as well as the discipline to work rigorously in order to obtain a comprehensive understanding of emerging phenomena (Ritchie et al., 2003b; Rubin & Rubin, 2005; Spencer et al., 2003). It is an ongoing process which begins at the start of the project and continues all the way through the writing stage (Bell, 2005; Bowling, 2002; Rubin & Rubin, 2005; Spencer et al., 2003). However, it is marred by the lack of consensus on what constitutes good quality analysis (Spencer et al., 2003). Furthermore, although there have been improvements in methods of data management (Richards, 2005), in comparison there has been little work on building

intellectual processes involved in data analysis (Ritchie et al., 2003b; Spencer et al., 2003).

The following section discusses the main stages involved in the analysis process. Although they are discussed in an order which aids understanding, this is not necessary the order in which they took place.

5.6.1 The importance of field notes

As previously indicated, field notes played an essential role in providing a multi-sensorial understanding of the data which would not have been captured via audio recordings alone. It is also worth mentioning that the type of field notes varied at each stage. For example, earlier notes from observing the infrastructure and talking to residents of Drumchapel and Bearsden were used as a way of familiarising with the research areas and capturing the social contexts of the areas. By contrast, field notes taken immediately after conducting interviews were used mainly to capture emerging themes from discussions that would sometimes be explored in interviews with other participants. Lastly, field notes taken from listening to audio recordings were used largely for the purpose of developing main themes for coding. In this regard, the analysis process was effectively taking place at every point that field notes were taken, with each stage helping to inform other stages.

5.6.2 The transcription process

All interviews were transcribed using a local professional transcribing company. A request was made to have language written down verbatim to reflect local dialect and the different ways that participants expressed themselves. Furthermore, although the recordings were not transcribed at the same level that would be required in conversation analysis (Miller, 1997), transcribers were nonetheless asked to record the main aspects of the interaction (including laughter, pauses, sighs, and imitations). In addition to preserving the mood of the encounter, this helped illustrate the different ways in which participants interpreted the questions they were asked. All transcripts were checked thoroughly to ensure there were no errors that could have changed the whole meaning of what was being said.

5.6.3 The Framework approach to data analysis

The Framework approach was employed as the method of analysis because it allowed flexibility to analyse within and between participants' accounts, whilst simultaneously being systematic to ensure deviant cases were not missed. A further advantage of this matrix-based analytic approach is that it facilitates rigorous and transparent data management so that all stages of the analysis can be carried out comprehensively to gain a more depth understanding of the data (Ritchie et al., 2003b; Spencer et al., 2003). The analytical hierarchy in Framework analysis comprises five important levels: familiarisation, identification of a thematic framework, indexing, charting, and mapping and interpretation (Spencer et al., 2003). These are further discussed below in relation to data management, descriptive analyses, and explanatory and interpretive analyses (Ritchie et al., 2003b; Spencer et al., 2003). However, whilst the analysis is presented as being a linear process, it must be emphasised that this is far from the case. Rather, as 'categories are refined, dimensions clarified, and explanations are developed there is a constant need to revisit the original or synthesised data to search for new clues, to check assumptions or to identify underlying factors' (Spencer et al., 2003: 213).

5.6.3.1 Data management

Data management is a crucial part of the analysis because qualitative data rarely comes in a neat format (Mason, 2002). Familiarisation, the process whereby researchers immerse themselves in the data in order to manage it more effectively, takes place in the early stages of the analysis (Ritchie et al., 2003b; Spencer et al., 2003). As the sole researcher, the investigator was involved in the entire data collection process, meaning that he had a good grasp of the range and diversity of the data. He also listened to all the interviews as well as read through all the transcripts to further familiarise with the data.

The next step involved identifying initial themes and concepts that were emerging from the data. As Ritchie et al (2003b) point out, it is not necessary for researchers to use the whole data set for this part; rather, a careful selection capturing the variety of data is sufficient. This was carried out using four transcripts that reflected a range of views in the data. Each of the four

transcripts was read carefully to identify emerging themes and sub-themes that were consequently written on post-it notes. This made the sorting and re-shuffling more efficient as it was easier to recognise overlaps and categories that could be grouped together. These were then typed out to construct an index, to which the data were sorted, summarised and synthesised (see for example, Appendix 6).

The next stage involved the indexing/coding of data. This is the process of sorting and synthesising raw data into a manageable format by attaching it to formulated themes (Ritchie et al., 2003b). Although the traditional method has always been to work through the data manually, there has been a surge in the use of computer assisted qualitative data analysis software (CAQDAS) (Spencer et al., 2003). NVivo (version 7) was used to index the data, with transcripts being uploaded directly as Word documents. However, it must be emphasised that this was carried out very broadly at a theme level rather than indexing line by line. This decision was taken in recognition of the drawbacks that come with using CAQDAS packages. For example, CAQDAS software can remove data from its context which can lead to loss of meaning. Crucially, it is important for researchers to recognise that such packages cannot analyse and provide interpretation of the data and should be restricted solely for data management (Spencer et al., 2003). Thus, in addition to significantly improving the speed of the sorting and coding process, it also made the storage and access of data much easier to manage.

5.6.3.2 Descriptive analyses

The descriptive analysis stage involved the detection, categorisation and classification of key phenomena (Ritchie et al., 2003b). Interpretation was therefore kept to a minimum in this phase where the focus was on retaining the actual words used by respondents in order to maintain data in its context. Nevertheless, ‘hunches’ and comments were clearly marked with page numbers so that the original data could be revisited for clarification and more in-depth analysis at a later stage. Embedded within the descriptive analysis stage was the process of thematic charting. Here the main points of each theme were summarised and placed into a matrix, whilst making sure the language and context were retained (see for example, Appendix 7). This made it possible to

look between cases and across themes to try and start making links and classifications. Another important feature of the descriptive stage is the development of typologies, which are forms of categorisation that can help describe and explain social phenomenon (Spencer et al., 2003: 215).

5.6.3.3 Explanatory analyses

The explanatory stage is where the researcher offers interpretations as to why and/or how certain phenomena occur and attempts to answer the research questions (Ritchie et al., 2003b; Spencer et al., 2003). For example, by exploring views on materialism, it became apparent that Drumchapel participants were more likely to place more emphasis on conspicuous material goods because there was more pressure to maintain a contemporary consumer identity in their area than in Bearsden. However, although associations can start to emerge at an earlier stage of the analysis, it is important not to make premature conclusions by missing out on ‘deviant’ or ‘negative’ cases since it can be just as important to understand why phenomena do not follow general patterns of association (Mason, 2002).

5.7 Conclusion

The chapter has shown that how people see the world (ontology) cannot be separated from their knowledge of it (epistemology) and the methods used to generate this data. A qualitative methodology was therefore considered the most suitable approach for answering the proposed research questions. Specifically, in-depth interviewing was the main methodology supplemented with media analysis and participant observation. The advantage of this multi-method approach is that accounts generated from interviews to capture the class-context of Drumchapel and Bearsden were supported by data from media analysis and participant observation.

In addition, whilst it is recognised that accounts offered by participants should not be accepted as undisputed truth, the position taken by this author was that it is possible to generate data on a ‘shared reality’ by triangulating both within and between participants accounts. As will be evident in the subsequent findings

chapters, this ability to tease out discrepancies in accounts had particular significance in this study because of the sensitive nature of the topic.

6 The different forms and styles of social comparisons

6.1 Introduction

Although making social comparisons has long been recognised as a key feature of human life (Festinger, 1954) and implied as the underlying processes in a psychosocial pathway (Wilkinson, 1996), there has been strikingly little research conducted within the health inequalities field regarding the nature of social comparisons people make.

This chapter aims to fill this gap by exploring the different forms and styles of social comparisons. It begins with a brief outline of the broad context in which participants discussed social comparisons: specifically its socially undesirable nature which, in turn, helps to explain why they were more comfortable discussing the subject matter in general terms than referring to themselves personally.

This is followed by a detailed discussion of several issues regarding the manner by which people make social comparisons. Firstly, the dimensions of reference groups and spatial scales are explored to test the relative importance of restricted and wider forms of comparisons. Secondly, the extent to which material and non-material dimensions of social comparisons feature in people's accounts is investigated. Importantly, whilst material factors (especially lifestyle and conspicuous consumption) were the most visible forms of comparisons, non-material dimensions of comparisons like accent, mannerisms and family upbringing emerged as the more salient indicators of social position.

Thirdly, although area differences are discussed in greater detail in the next chapter, data presented here provides an important context for understanding how social norms are highly interlinked with place. This was most evident in relation to what people based their comparisons on, Drumchapel participants placing more emphasis on conspicuous consumption, whilst those in Bearsden were more concerned with material factors like type of house and after school activities. Lastly, gender differences within Drumchapel and Bearsden are explored. Whilst the general consensus amongst participants from both areas

was that men are more likely to compare, a closer examination of the data suggests the opposite, possibly because the local environment had greater importance for women.

6.2 The socially undesirable nature of social comparisons

It is important first to detail the context within which social comparisons were discussed. Specifically, comparing with others was generally viewed as socially undesirable, meaning it was commonplace for participants to express high levels of anxiety when discussing the topic. This was the case both in Bearsden and Drumchapel:

> No, no, I just, you've made me address an awful lot of issues that are quite uncomfortable I have to say, am I the only one that feels that…? **(Rebecca – BD, 40yrs)**

> I don't know [whether making social comparisons matters for people]…I've no got a clue. I don't think that way. (pause) I don't know...God, you're gonna make me think aw day noo! (laugh) **(Sarah – DC, 35yrs)**

In addition to envy, jealousy, boastfulness, arrogance, and rudeness – making social comparisons was also associated with snobbery and feelings of personal failure. From this angle, it becomes clearer why comparing with others was seen as morally undesirable and may explain why it was generally viewed as something that people did privately:

> … no, I don't think people want to say, want to overtly compare themselves with each other, no. Or if you do, you do it [privately]…I think generally, people are quite reserved and don't want to compare themselves with each other up front anyway. I mean, they might go home and discuss it with their wives or their husbands or whatever, but no, not in company … **(Cameron – BD, 35yrs)**

Importantly, Cameron's account draws out the distinction between public and private accounts. That is, in stating that people are unlikely to make comparisons in the 'company' of others, Cameron makes it clear that he does not consider it to be publicly acceptable to openly compare with others since it is private matter. This view was also shared by participants from Drumchapel:

> …I think people are a bit guarded, you know, that way – you know, if I seen something one of my neighbours liked, and I thought 'oh, that's quite nice'…I wouldnae ask them how much it cost…I would say, maybe sixty, seventy percent of people would be… a bit more guarded about the fact that they were jealous, or they did want to sorta get better than their neighbour, yeah. **(Joe – DC, 41yrs)**

There was also evidence to suggest that making comparisons can have negative social consequences on relationships. This was evident from separate discussions with two friends from Bearsden (Haley and Grace) who identified the same mutual friend as someone they were no longer close to because she constantly compared and vented her feelings of envy and jealousy towards them. Whilst both sympathised with her period of financial hardship due to her husband losing his job, they nonetheless found her company to be increasingly uncomfortable:

> …I think when I say that I have got one friend in particular, only one friend who I would say gets envious of other people and to the point that you now, you wouldn't tell her if you had something or you were doing something **(Haley – BD, 42yrs)**

> …I've got a friend, well an acquaintance who would possibly either be jealous or not speak to you if you had something that was say your car was better than their car, might be a bit, green around the gills shall we say. But I've got no…time for that. In fact I don't actually see them very often because…I can't be bothered with that, I'm not interested in that…**(Grace – BD, 47yrs)**

From the above accounts, it is perhaps unsurprising that both Grace and Haley denied making social comparisons when directly questioned because this would have identified them as morally reprehensible. It could therefore be argued that witnessing the social exclusion (or arguably self-induced isolation) of their friend may have reinforced the idea that comparing with others should be kept private because of the negative consequences that can arise from it.

6.3 Making social comparisons

In recognition that making social comparisons was predominantly seen as socially undesirable, data on this process was thus obtained using different lines of questioning. At a broad level, participants were asked whether they thought 'people' in general made social comparisons:

> **…do you think in general…people compare themselves with others…?**
>
> Oh, yeah. I think that's a… certainly in the western culture I think that's a basic human behaviour. Wouldn't go as far as to say that people live in perpetual envy, but there is this thing about looking at what your neighbour has, looking at what someone else has, what kind of car they've got, what kind of house have you got, and you reassure yourself…**(Lewis – BD, 50yrs)**

Lewis's account is characteristic of the view that was held amongst all participants that making social comparisons is a widespread social phenomenon that 'everyone' does or at least everybody is 'capable' of doing. This process was generally seen by participants as endemic to being human and therefore common to all cultures. Furthermore, in providing further justifications, participants often emphasised that comparing with others was an essential function of human life because it motivates people to work harder in order to improve their lives:

> …I think that's what drives people. I think actually it's a really important part of society, because you would never strive to improve, would you? …I think personally… competition's important everywhere. It's important for business to compete, improve their service, and I think if you're… to compete with someone, I think it's just a natural thing to do **(Aileen – BD, 39yrs)**

Interestingly, Aileen's account explicitly links comparison to competition in social life, a process she views as the driving force in making society improve. Her account was typical of a group of participants from Drumchapel (Catherine and Jeff) and Bearsden (Alice, Ben, Haley, Lisa, Nathan, Rebecca and Tina) who saw competition as an integral component of social comparisons.

Not only was it seen as the 'nature of our beast, as humans' (Tina – BD, 46yrs) to compare, there was also a feeling that society actually 'forced' people to compare themselves with others:

> …I think society forces you to compare yourself against other people, you know? You see different kinds of people every day…if you can see somebody better-off than you, then it would make me want to kinda work harder to, maybe not for myself, but definitely for my kids…**(Sandra – DC, 29yrs)**

Sandra’s account typifies views that were shared amongst participants from both Drumchapel and Bearsden; that it is ‘impossible’ not to make comparisons because people frequently encounter situations which lead them to compare with others. Parents were seen as especially prone to making social comparisons as a result of having to justify their social standing to their children:

> …I know [I] have children who are constantly comparing themselves with other folk. So you’re sort of forced into it in a lot of ways because you have to explain maybe why, why we don’t do that or why they don’t do that and things like that…**(Wilma – BD, 43yrs)**

With regards to who is more likely to compare, there was a general consensus that children/teenagers were more likely to compare than adults and men more than women. The justification for the latter was that men were more likely to make social comparisons since they tend to be more competitive.

> ...We are inherently, as human beings, competitive – men more so than women, but the competition is, again, I guess the people that you see as being your peers. So in work, or in sport, you’re competitive with people who work in the same kind of line as you…**(Nathan – BD, 42yrs)**

Nathan’s account was representative of participants from Drumchapel and Bearsden who previously linked social comparisons to competition. However, as discussed below, a closer analysis of the data suggested the opposite.

Views were mixed however on whether social comparisons would be more common amongst the higher or lower social classes. Those believing that people near the bottom of the socioeconomic ladder were more likely to compare justified this on the grounds that they had little else going for them in life so spent most of their time comparing and wishing for more. On the other hand, and in fitting with the sociological evidence (Stacey, 1960; Wright-Mills, 1956), those who felt people near the top were more likely to compare emphasised their social position as making them very aware of where they stood in the social hierarchy:

> …I think people do compare themselves. I think some people, it’s very, very important to [know] where they sit, but I think that is probably further up the ladder, the people further up the ladder are

> very conscious of where they are, compared to others…**(Rachel – BD, 44yrs)**

Whilst the data presented thus far demonstrates that making social comparisons was widely believed to be a common social phenomenon, it was apparent that some people became more uncomfortable when questioned whether they ‘personally’ compared themselves with others:

> **…would you yourself look at someone…and compare yourself with them…?**
>
> Not really no cos as long as I can manage on what I’ve got and things like that, no. I’m not really all that sort of interested really in what anyone else has got to be perfectly honest. **(Wilma – BD, 43yrs)**

Despite earlier stating that parents are particularly prone to making social comparisons because they are often ‘forced’ to do so by their children, Wilma nonetheless distanced herself from the process as apparent from her assertion that she is simply not interested in how she compares with others.

Different lines of questioning were therefore adopted that recognised the sensitivity of discussing the topic. Interestingly, participants became much more open when asked indirectly whether, for example, their family was more or less equal to other families when growing up, where they placed themselves on the SES ladders and why, and who they considered to be at the top and bottom of the social hierarchy. The success of this approach is demonstrated by Wilma. Despite denying that she made social comparisons herself (as shown in above quote), data relating to her personal experiences revealed she did compare with people who are worse-off and better-off in assessing her standing in society:

> So probably a slight change of circumstances [recently separating from husband] over the last couple of years has made my situation different but I still feel relatively well off *compared* to some of the people that I see during the day so I suppose it maybe just depends on your life experience of who you see and also probably living in Bearsden, there probably are quite a lot of folk with an awful lot more money than I have got, so *I would compare myself* between the sort of top end of the folk in Bearsden cos that’s really all I know apart from way past that. And people who I would deal with as someone who worked in the job centre really **(Wilma – BD, 43yrs)**

Such apparent contradictions in accounts were characteristic of a group of participants in Drumchapel (Sandra, Mary, Allan, Johnny, Gavin, and Liam) and Bearsden (Grace, Wilma, Rachel, Haley, Alice, and Anthony) who denied making social comparisons themselves despite asserting that 'everyone' makes comparisons since it is human nature to do so. Of these, Liam was the only one to explicitly recognise this inconsistency in his accounts:

> **And do you think it's something that everyone compares… everyone makes comparisons, or do you think some people won't?**
>
> I would say everyone makes comparisons to somebody else, yeah. I think that's the way everybody is now, yeah it's just the way times have changed and the people are pushing to be better than the next person or their better than their next friend, or they're better than family, some people are like that, yeah. I don't know why that is, some people are weird.
>
> **And do you yourself find yourself making… comparing yourself with others?**
>
> No, I've always had me own goals in life, I would lie… to be honest, I would say I'm lying when I said that but at times you do feel as though you do get jealous of your best friend getting better things than you, or our family getting better things than you…I'd probably be lying if I said I wasn't thinking I was better than the next person, but I think that's just the way life is, but I do try do put an impression on it I'm not doing that, but it's very hard because people can see that, everyone can see that, you know. **(Liam – DC, 26yrs)**

Although initially denying that he made comparisons, Liam immediately recognised his own contradiction and offered what would seem to be a more private account as to why he 'lied'. This he reveals that he sometimes gets jealous of those close to him doing better than him. Interestingly, he also makes the point that he tries to put on an 'impression' that he does not compare (although he is aware that people can see through it). This standpoint about people putting on a 'front' was also shared by Lauren:

> They kid themselves on [when they say they do not compare] because they….don't like to look…they feel foolish to say well I'm, I'm one of the, I'm one of the rat race. They don't like to, t' admit 'I'm one of the rat race.' 'I'm one of the, I'm trying to get the, you know, I buy the kids a new mobile every five weeks and a and I'm into whatever and I'm no happy.' And they don't like to admit they really don't

> know how to make themselves happy. Do you know what I mean?...**(Lauren – DC, 50yrs)**

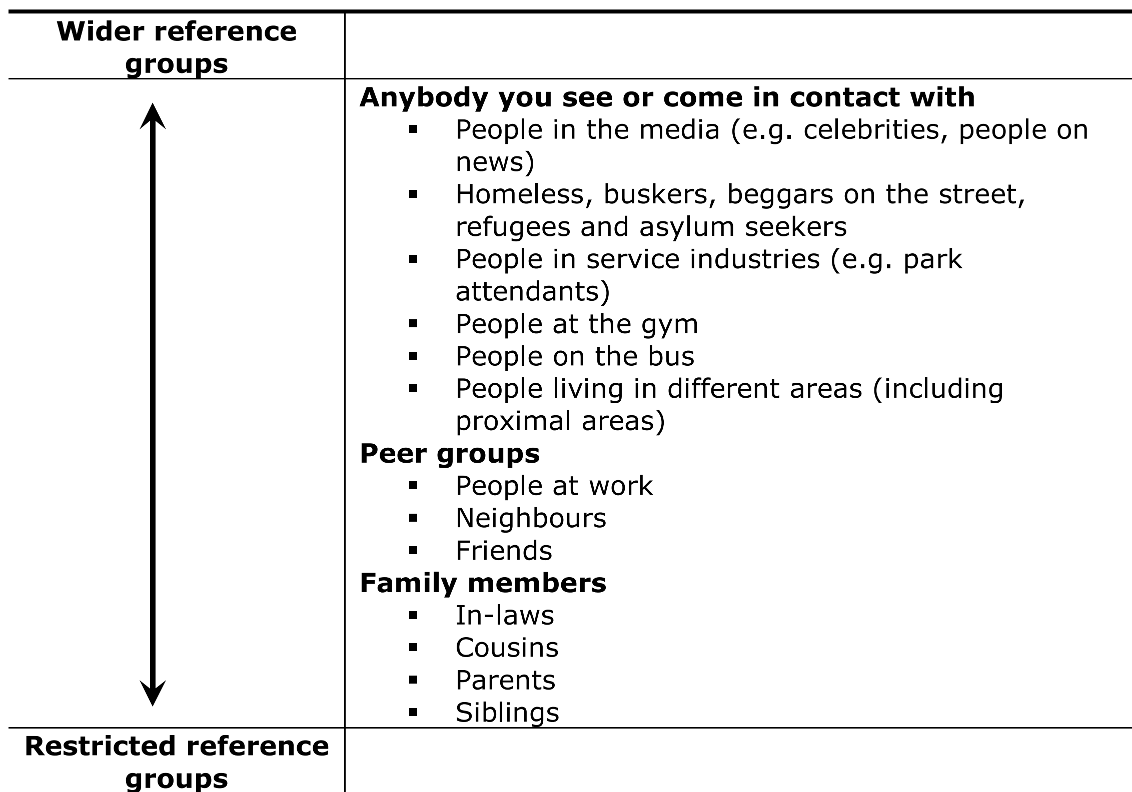
Lauren's account provides further insight into the negative connotations associated with making social comparisons as evidenced by her assertion that comparing with others was in some respect an admission of being caught up in a materialistic society. However, as will be shown below, people's comparisons were not based solely on material factors.

This section therefore provides strong support for the sociological and social psychology finding that that making social comparisons is a widespread social phenomenon. However, as found by Pahl et al's (2007), it is important to highlight that people were far more comfortable discussing social comparisons in 'generalities' than talking about themselves personally.

6.3.1 Dimensions of reference groups in contemporary society

As discussed in chapter two, the issue concerning who people tend to compare themselves with centres on two main arguments. On the one hand, there is evidence to suggest that people tend to have a restricted range of reference groups whereby they compare mainly with others like themselves, consequently underestimating the full extent of inequality in society (Pahl et al., 2007; Runciman, 1966). On the other hand, others believe this view to be outdated and argue that globalisation, rise in consumerism and expansion of the mass media have opened up people's capacity to compare with almost anyone around the globe (Hamilton, 2003; Schor, 1998).

The main comparison markers identified by participants is shown below in Table 6.1, ranging from the most global to local.



Wider reference groups	
↕	**Anybody you see or come in contact with** ▪ People in the media (e.g. celebrities, people on news) ▪ Homeless, buskers, beggars on the street, refugees and asylum seekers ▪ People in service industries (e.g. park attendants) ▪ People at the gym ▪ People on the bus ▪ People living in different areas (including proximal areas) **Peer groups** ▪ People at work ▪ Neighbours ▪ Friends **Family members** ▪ In-laws ▪ Cousins ▪ Parents ▪ Siblings
Restricted reference groups	

Table 6.1 Range of reference groups identified by participants

While the above is not intended to be a fixed categorisation, it demonstrates that participants had no difficulty in providing an array of reference groups extending to people in the media, people in different countries and friends and family members. This is well illustrated in Liam's account:

> **…who would they compare themselves with?**
>
> I would say… yeah, everybody, everybody, friends, someone they work with, someone they know in the street, someone who lives in the next door, neighbour… someone who's got family that lives down south somewhere or up north yeah, it could be anybody, yeah. **(Liam – DC, 26yrs)**

However, although people had no difficulties identifying a broad range of reference groups, comparisons with 'similar others' were nonetheless considered to be the most important:

> Well, I think you compare yourselves with the people you work with and your neighbours and your friends, 'cause that's your… that's really your peer group and who you've got, who you know and who's going on round yourself. I suppose other people might compare

> themselves with people on the telly, try and identify with people on the telly as well and their favourite soaps or something like that…**(Cameron – BD, 35yrs)**

Evidently, while Cameron recognises that some people might compare with people in the media, he considers comparisons with peer groups as a more accurate marker of self-evaluation. Cameron's exclusion of media comparisons was typical of the view held amongst participants from both areas because, as Ben put it, only people that were 'shallow and stupid' compared with people on television.

> I think if you're shallow and stupid – I mean, if the person on TV is someone who has come from your background, has come from your town, has come from your school or something, if there's some link…You may compare yourself to someone who has had everything to work with that you've had to work with but has done better, but people on television that you know that their starting point in life bears no relation to yours, to think that you should have been able to compete with them is maybe naïve **(Ben – BD, 35yrs)**

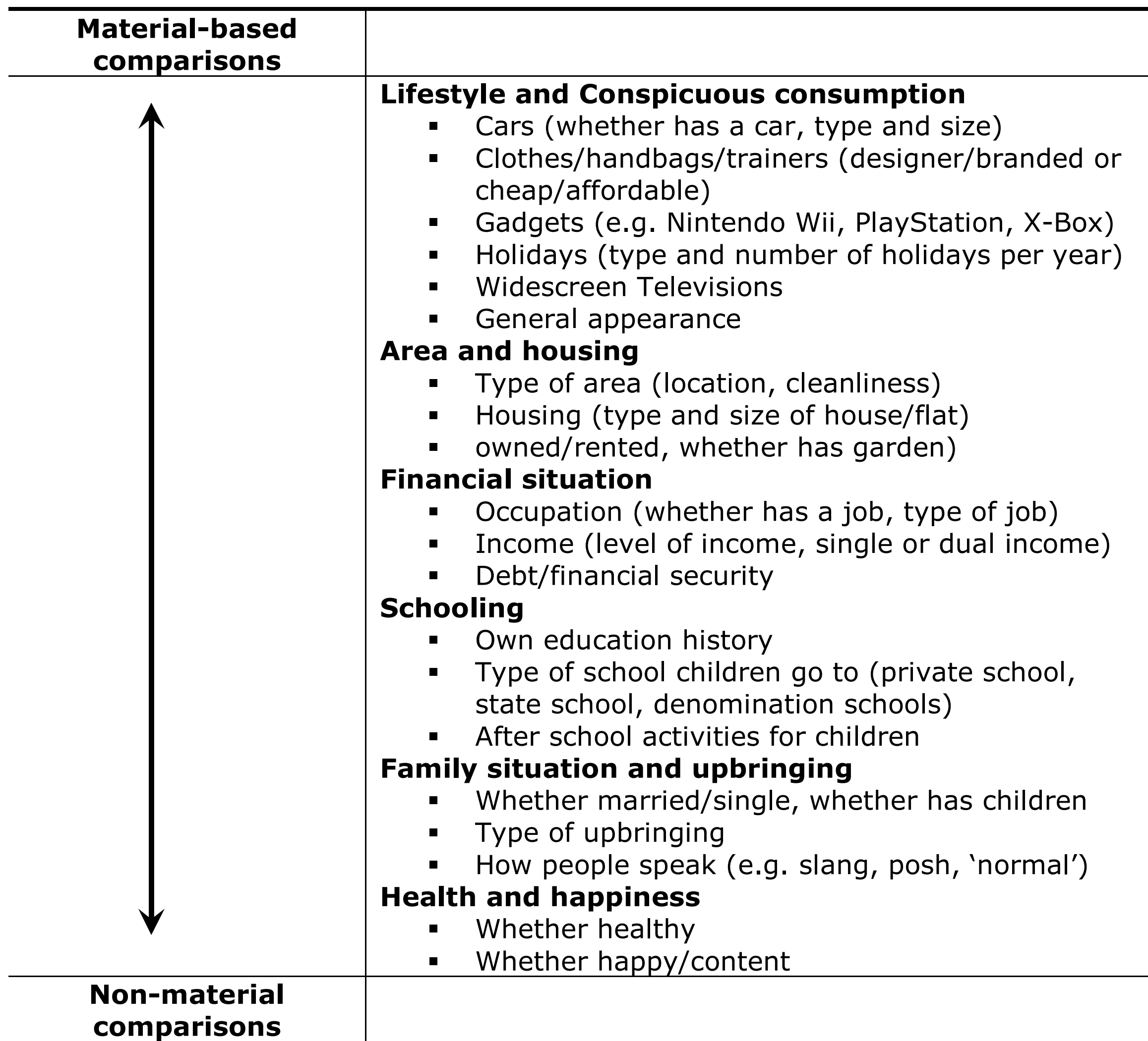
Cameron and Ben's emphasis on comparing with 'people like us' rather than with those deemed far distant from their lives was a recurrent theme in participants' accounts and was not restricted to the media. For example, some like Johnny felt that it was not meaningful to compare with people who lived in areas that were much more affluent than their own:

> Primarily you would compare yourself with your neighbours and the area you're living in...I certainly wouldnae find myself going into Newton Mearns and that in Glasgow and going "God, you know I've got this and I've got that and lucky them", you know? …But if [next door neigbour] jumped up in a Rolls Royce next week I'd say to myself, where the hell did [he] get that money fae, you know, and how the hell did he manage that, you know? **(Johnny – DC, 40yrs)**

It is evident from Johnny's account that for him within area comparisons mattered more than between socio-economically contrasting areas. This is an important issue to draw out as it lends support to the finding that comparisons within areas tend to be more salient than those between areas (Frankenberg, 1966; Plowman et al., 1962; Stacey, 1960; Wight, 1993). The relative importance of between and within area (class) comparisons will be discussed in more detail in the next chapter.

6.3.2 Material and non-material forms of social comparisons

The main comparison markers identified by participants are outlined in Table 6.2, which draws out both the material and non-material dimensions of people's comparisons.



Material-based comparisons	
↕	**Lifestyle and Conspicuous consumption** ▪ Cars (whether has a car, type and size) ▪ Clothes/handbags/trainers (designer/branded or cheap/affordable) ▪ Gadgets (e.g. Nintendo Wii, PlayStation, X-Box) ▪ Holidays (type and number of holidays per year) ▪ Widescreen Televisions ▪ General appearance **Area and housing** ▪ Type of area (location, cleanliness) ▪ Housing (type and size of house/flat) ▪ owned/rented, whether has garden) **Financial situation** ▪ Occupation (whether has a job, type of job) ▪ Income (level of income, single or dual income) ▪ Debt/financial security **Schooling** ▪ Own education history ▪ Type of school children go to (private school, state school, denomination schools) ▪ After school activities for children **Family situation and upbringing** ▪ Whether married/single, whether has children ▪ Type of upbringing ▪ How people speak (e.g. slang, posh, 'normal') **Health and happiness** ▪ Whether healthy ▪ Whether happy/content
Non-material comparisons	

Table 6.2 Basis of social comparisons

Material factors were a common basis for social comparisons, with participants recognising differences in lifestyle and conspicuous consumption, housing and area of residence and financial security. This fixation on the visible 'trappings and materialistic kinda gains' (Sandra – DC, 29yrs) was believed to result from society becoming increasingly consumer-driven, a point highlighted in Lauren's account:

> …people are more and more becoming obsessed with having possessions. You know, like, getting a new television, in ok that's it, it's five weeks old and it's out-of-date, we need another one. Do you

> know, that kind a…silly. In, and they would almost skin themselves and leave themselves totally destitute to buy this new thing…**(Lauren - DC, 50yrs)**

The power of consumer culture was further evidenced by the dominant view amongst participants that it was possible to maintain a contemporary consumer identity through careful budgeting, clever shopping (e.g. second hand and sale purchases), or buying on credit.

Of the material-dimensions identified, housing and area of residence were regarded as the more accurate indicators of social standing. For example, in Lewis's case, moving to Bearsden was the major signifier that he had finally moved up the social hierarchy:

> So in my mind, bettering myself was moving to Bearsden back then…we tell the children, "yeah, you're lucky to be here" but in actual fact we're here because it's something we wanted to do and something we wanted to achieve and something we wanted to work for. My brother still stays in…[deprived area in North West of Glasgow], and we go back and visit him…take the children over there, and they can sense, "oh, it's a bit rougher over here, isn't it?"…**(Lewis - BD, 50yrs)**

It is interesting to note the manner in which Lewis distances himself from most aspects of his childhood, his account stressing the way the hardship of growing up in a deprived neighbourhood inspired him to aspire to higher status. The fact that he used to 'pass through Bearsden' on his way to work, served only to heighten his desire for a better life. This highlights an important point that social comparison appeared to be more significant when inequalities were more noticeable.

However, as will be discussed in more detail in the next chapter, social comparisons were not restricted to differences between areas. For others, moving up the ladder did not necessarily mean moving to a different area but rather moving to a better location within their area:

> …[in]Drumchapel when you know everybody and your kinda in like more of a guarded community because everybody knows each other, so I think if like there was a house that I really liked and it was here, you know like a kinda, like a house up and downstairs, back and front door, then I would probably prefer tae stay in Drumchapel in a nice

> bit, than in Bearsden where I'm no gonna know anybody and probably wouldnae have much in common wi' any of the neighbours or anythin' like that, well, I don't know but… an' like I'd like my wee girl tae grow up knowin' where her roots…**(Alicia – DC, 22yrs)**

Unlike Lewis, Alicia had no ambitions to move to Bearsden because Drumchapel was a major part of her social identity. Instead, she was more concerned with moving to a more 'respectable' neighbourhood as evidenced by her assertion that she would like to move to a 'nicer' part of Drumchapel.

However, whilst material factors were the most visible basis of people's comparisons, they were not necessarily the most important. This is because participants were able to recognise subtle distinctions based on non-material dimensions of social position like speech, social mannerisms and conduct, family upbringing, education, and health status. As illuminated on Lisa's account:

> …some people that I know that stay here, and they probably come from that background [deprived background] but are very, very nice people. And I don't mean to say but, that sounds awful. They've probably come from a council estate, their stay- they've done well for themselves think you know they've- one couple in particular, her husband's a joiner and he's done fantastically for himself. So he's in the building trade now and, but just probably the way they, speak. And, the way they are with their children sometimes, just- it's slightly different from the way I would behave with my children, you know. They swear a lot in front of them etc…you know their upbringing is slightly different to [ours]… **(Lisa – BD, 37yrs)**

Evidently, although her neighbours have acquired the economic capital to move into a middle class area, Lisa nonetheless distinguishes herself (and her family) from her upwardly mobile neighbours based on their 'council estate' upbringing and the way they speak, subsequently allowing her to claim higher status.

Speech in particular was seen as especially important in how people were evaluated, a 'slang' accent being associated with the working class whilst a 'posh' accent was linked with being middle or upper class. In addition to being important social class indicators, speech and mannerisms were also used as key status markers within classes:

> …just being able to speak a bit more clearly than maybe the likes of the guy I was talking about that I work with, you know? He can be

> quite embarrassing, you know, coz he's, he thinks nothing of sounding like a NED[13]…**(Charlie - DC, 33yrs)**

Charlie's account was typical of the majority of Drumchapel participants who often claimed 'respectability' by distinguishing themselves from the 'rough' in both speech and conduct.

6.3.3 Area differences in making social comparisons

Whilst there were many similarities in accounts in relation to making social comparisons and the types of reference groups identified, there were also some notable differences both in the manner in which material factors were interpreted and the types of material goods given prominence between participants from Drumchapel and Bearsden.

For Drumchapel participants, there was a greater focus on conspicuous consumption such as types of clothes, mobile phones, widescreen televisions and cars. In Amy's case, the ability to afford designer clothes was an important marker of how well an individual was doing:

> It's just nice, it's, like, expensive clothes, whereas I would probably go and shop in Asda or Primark, do you know what I mean, coz that's cheap clothes, whereas other people can, like, afford, like I've got a friend who wears everything designer and I don't – not that she judges me because I don't do that, but she, everything she's got is designer. I think I've got one or two things, you know what I mean, are designer but I just think that I wish I could buy like those things as well, but I just can't afford it… **(Amy - DC, 20yrs)**

The fact that Amy's friend wears 'everything designer' appears to evoke a sense of relative deprivation because she cannot afford to maintain the expensive appearance that her peer seemingly achieves with ease. According to Catherine, this desire for material and consumer goods amongst Drumchapel residents is one way to 'feel' like they are not any different to people from middle class areas like Bearsden and Milngavie:

> …I think in society…different people value different types of possessions do you know what I mean like somebody might think it's

[13] NED means non-educated delinquent and is a derogatory term applied in Scotland (particularly Glasgow) to hooligans and anti-social youths characterised by their casual sports wear.

> important for them to have like their whole house like kitted out furniture, a big wide screen telly and o' the rest of it, and somebody might just think their security's just owning their own house do you know what I mean I think the sensible security one would be owning your own house and your car…I think if you had the money…you had the security, you would want the big wide screen telly just for yourself, whereas if you were in a place like here [Drumchapel], you would want the big wide screen tele…to feel like you had everything…you're no different fae anybody in Bearsden, when really you are…**(Catherine – DC, 22yrs)**

In contrast, although Bearsden participants also compared themselves based on material and consumer goods, paradoxically they put less emphasis on having expensive possessions:

> …you could be driving down the road and, you can see that, they [people from Drumchapel] either got total designer clothes on, which I actually don't buy very much of, if- if at all. And I find it strange that probably slightly more impoverished than- than Bearsden, but they'll have very very expensive clothes… So it's- it's funny because I don't spend a lot of money on clothes and I don't buy my children very expensive clothes, I buy the stuff from Asda, George, Primark…you know it's unusual that I may have more money to spend but I wouldn't go and necessarily spend it on, you know on branded names **(Lisa – BD, 37yrs)**

Like Catherine, Lisa's account implies that Drumchapel residents make ill-informed choices by focusing on the acquisition of designer goods despite not having the financial means to maintain such a lifestyle. Further, Lisa's disinterest in branded clothes was typical of Bearsden participants who placed more emphasis on the type of house, type of school their children attended (e.g. private or state school) and the type of after school 'activities' their children took part in (including music, tennis, golf and skiing). This resonates with Bourdieu's (1984) formulation of the different dimensions of class whereby people from middle class areas like Bearsden distinguish themselves by 'tastes' in, for example, culture, arts, and appearance.

6.3.4 Gender differences within areas

Gender differences were most apparent when exploring the basis of people's social comparisons and were, to a certain extent, signified through traditional identities of femininity and masculinity. Similar to Wight's (1993) findings, femininity was typically represented through notions of motherhood, nurturing

and responsibility for the family, whilst masculinity was characterised by financial support and protection.

6.3.4.1 Gender differences within Drumchapel

In Drumchapel, comparisons made by female participants centred mostly on the local environment, meaning that places such as type of neighbourhood, mother and toddler groups, shopping centres and the 'school gate' were important reference points for social comparisons:

> …you hear it at the school gate [mothers making social comparisons] and aw that…Like I wouldnae say that I was envious ae them in any way, but I know that there is a lot o' people that, the keeping up wae the Jones'… **(Mary – DC, 46yrs)**

Their roles as mothers were particularly important in how women compared with others:

> …there's a lot of people who are worse off than me in that respect…You know, their kids are left to run riot and they swear and they hit them and all the rest of it – I wouldn't do that, you know? I feel as I've got a higher standard coz of what my mum taught me, you know? **(Sandra – DC, 29yrs)**

Sandra's account illustrates the ways in which female participants often distinguished themselves from the 'rough' by highlighting differences in how they brought up their children.

General appearance was another important basis for how women made social comparisons, the 'designer handbag' in particular emerging as a recognisable status symbol:

> …if I see somebody who's maybe, like, got all nice clothes or something, I can't afford to buy that – so they're better off than me because they can afford to buy, like, the designer handbag or the designer jacket, whereas I can't…Even if they have got children, they can still, like, afford that but – so they're better off. **(Amy – DC, 20yrs)**

This concern with having designer wear was especially common amongst younger participants like Catherine and Alicia, for whom, appearance seemed to have greater importance.

By contrast, comparisons made by male participants appeared to be contextualised mostly within their roles as providers:

> ...I think [sighs] that's only human, you know? Like, thinking you could do better or get better, you know, and I think if your family, if you're sorta main bread winner in the family, you're always looking to provide for your family, you know? And I think it's only natural that you do that. **(Joe – DC, 41yrs)**

Joe's account is characteristic of the dominant view that was held amongst male participants from both localities that it is 'human nature' for men to compare with others since it acts as a driving force to improve their family's standard of living. As demonstrated in Liam's account, males were acutely aware of their standing in the occupational hierarchy:

> Well, I come from a background [of skilled workers]. All my family are all engineers, all tradesmen, all high up the ladder. I'm semi-skilled, you see. I'm a…cladder by trade…The reason I put myself down [the ladder]…is because I know for a fact if I was a little bit better off and I could afford a bit more… **(Liam – DC, 26yrs)**

Although Liam is aware that his circumstances are better than others, comparisons with other males in his family who are better skilled and thus better paid evokes a sense of relative deprivation.

In addition, whereas designer clothes, shoes and handbags were seen as important status symbols for women, for male participants, having a 'flash' car was perceived to be one of the main status symbols. Even if participants did not personally consider having an expensive car as important, there was still a belief that such comparisons could not be avoided because cars were a common topic for conversations among men. This is evident in Joe's recollection of a golfing weekend that he had recently had with his friends:

> …I must admit, all my friends do well for themselves – they've got good jobs and great families, good salaries and nice cars, and it's funny, the conversations amongst, I mean, there was about fourteen of us…and I know some of my friends will have came away from that golf weekend thinking, 'oh, he's got that car, I have to get something equivalent to that'… **(Joe – DC, 41yrs)**

6.3.4.2 Gender differences within Bearsden

In the main, gender differences within Bearsden were similar to Drumchapel. With regard to females, the local environment was also an important context in which comparisons were made. Interestingly, women seemed acutely aware that these were key spaces in which evaluations took place:

> …I think there's a big acceptance thing you know, it's very much, I'm getting to know you but…you know I get very much, "where is it you stay?" and they get an idea of the house you live in, and "what is it you do, and what is it your husband does?", and...you, very aware that there's this kind of picture being, built. Maybe they're thinking the same, you know is she on an equal par to me…**(Rebecca – BD, 40yrs)**

Rebecca's account is important in illustrating the subtlety with which people tend to acquire important information that allows them to make judgments regarding other people's social standing in relation to their own. Furthermore, although women's occupations were important in their assessment of social standing, Rebecca's account also highlights that their husband's occupation remained a key frame of reference in how they were perceived by others. This was especially apparent amongst long-term female residents of Bearsden, the dominant explanation being that men were still considered to be the main 'breadwinners':

> I think you'd still think of what the husband does. That's the… cos most men are the primary breadwinners, and… I think I only know… my neighbour is the only full-time working mum that I know, so you look at what their husbands do. Uhuh. **(Aileen – BD, 39yrs)**

Although general appearance was also important in how Bearsden females made social comparisons, they nevertheless put less emphasis on expensive clothing and accessories:

> …[my sister in law is]…constantly buying designer handbags and designer clothes. And because, you know, maybe once when I was single and I was, earning good money I could go and do that if I wanted to- now that you're married with a family you've got different priorities you know… it doesn't mean I don't do it occasionally…I'll look at it and I'll think, for a minute, oh," God she's got that Mulberry handbag"… **(Rebecca – BD, 40yrs)**

Unlike Amy from Drumchapel whose comparisons with her friends who could afford designer gear appeared to evoke a sense off relative deprivation, Rebecca dismisses such a comparison as unimportant.

Bearsden male participants, on the other hand, mostly based their comparisons on what they were able to provide for their family:

> …we're competitive, and perhaps asking an academic about this is the wrong person to ask because I'm sitting here in my office, and next door is another senior lecturer, and last year I had so many hundred thousand pounds grant income, and he had ten thousand pounds more, and I'm thinking, "Oh that's terrible." And I'm competitive with him on one level…**(Nathan - BD, 42yrs)**

Nathan's account illustrates that occupation remains an important reference point for men since their ability to provide tends to be assessed on what they do. Further, males demonstrated a keen sense of awareness regarding how their occupation was viewed by others:

> ...I'm not at the top of the ladder but I would say that being a doctor is perceived in society as being a good job, a stable job with respect that you've you know, you're still respected... within the community. **(Cameron – BD, 35yrs)**

Cameron's emphasis on the 'respect' and social prestige associated with being a doctor was typical of most male participants from Bearsden who had professional occupations and were aware that these were highly regarded not only in the wider society but also within their own community.

6.4 Conclusion

There are a number of important issues to draw out from this chapter which provide an important context for the next two chapters.

Firstly, although there was confirmation for the finding that making social comparisons is a pervasive feature of human life (Festinger, 1954; Klein, 1965; Veblen, 1899; Wills, 1981; Wright-Mills, 1956), it is important to emphasise this was most apparent when participants were talking in general terms rather than about themselves personally. This is consistent with Pahl's (2007) findings that people tend to be more comfortable discussing social comparisons in

generalities. This is perhaps not surprising considering making social comparisons was often associated with negative connotations such as envy, jealousy, feelings of personal failure, boastfulness, arrogance, rudeness, and snobbery.

Secondly, although the debate regarding people's reference groups has tended to be polarised between restricted and wider forms of reference, the findings suggest it is much more complex than this. On the one hand, there was support for the idea that people's comparisons have broadened in scope, with participants themselves identifying the rise in consumer culture and growth of the mass media (especially advertising) as the main reasons for this. On the other hand, despite participants' ability to identify a wide range of reference groups, comparisons with 'similar others' like friends, family members, neighbours and work colleagues were still considered to be the most important for self-evaluation.

Lastly, although participants demonstrated a keen sense of awareness of between-area differences (particularly those between Drumchapel and Bearsden), status distinctions within areas appeared to have more salience. Whilst material factors were the most visible basis of comparisons, status differentiations within areas were mostly based on non-material dimensions like accent, social mannerisms, family upbringing, and education since they were believed to be more accurate indicators of people's social standing. This is illuminated further in the next chapter where it is shown, for example, that despite having the economic capital to live in Bearsden, upwardly mobile 'newcomers' often felt or were made to feel inferior because they did not have the culture and etiquette of established middle class residents.

In addition, this focus on within area comparisons revealed females as being more likely to be aware of status distinctions within a neighbourhood-context. That is, whilst there was a general view amongst participants that men were more likely to compare, women appeared to have multiple parameters for making social comparisons because of their roles as mothers, spouses and workers. By contrast, the local neighbourhood appeared to have less importance for males whose comparisons centred mostly around their occupation because of their roles as providers.

7 Social comparisons between and within areas and strategies of stigma management

7.1 Introduction

This chapter focuses on participants' perceptions of class and inequality in contemporary society, which provides an important context for evaluating the significance of social comparisons between and within areas. It is structured into three main parts.

The first part outlines the general perceptions of class and inequality participants believed to exist in society, including: a) their understanding of inequality; b) their views on how society has changed; and c) how they conceptualised social stratification and class identities within contemporary society. An important theme throughout this section is that there were no apparent gender differences and very little area variations in participants' accounts when talking about society and class in general terms, possibly because they were offering 'public' accounts which tend to mirror knowledge that is often influenced by factors such as the media and scientific research. Furthermore, as with social comparisons, it is notable that participants were more comfortable discussing class issues in general terms than personally locating themselves in class categories.

However, area and gender differences are more evident in the second part when exploring participants' everyday experiences of class and inequality in Drumchapel and Bearsden. Two important observations are made here: firstly status distinctions within areas have more relevance for people than differences between socio-economically contrasting proximal areas; secondly, women appear to be more aware of the subtle ways in which distinctions are maintained within neighbourhoods. This part is also framed within the context of whether participants were 'established residents' or 'newcomers' since it was hypothesised that the latter would have a keener sense of awareness of status differences within their area.

The last part looks at stigmatisation of place as evidence for the continuing relevance of class. This is framed within Goffman's (1963) conceptualisation of virtual and actual social identities as represented by class identities. Although recent evidence suggests that class consciousness has weakened (Savage et al., 2001), an important conclusion from this chapter is that people still make comparisons based on class and status.

7.2 Contemporary understandings of class and society

7.2.1 General perceptions of inequality in society

Using the investigator's 'outsider' status of being Zambian proved invaluable in generating data on people's general understandings of inequality.

This method was especially beneficial because it allowed the investigator to describe inequalities that exist between different groups in Zambian society and subsequently question participants about the situation in Scotland. In addition to making social comparisons between low-income countries such as Zambia and Western countries like Scotland/UK, this approach also generated data on participants' understandings of inequalities within Scotland, Glasgow and their own neighbourhoods. In doing so, participants started to differentiate between absolute and relative poverty.

For example, whilst Cameron acknowledged that poverty also existed in Scotland, he cautioned against treating all forms of deprivation as the same as that of low-income countries, where it meant lack of access to the basic necessities of food, water, and shelter:

> Well, I think that's because our definition of poverty is different from the definition of poverty that might exist in other countries, so poverty in Zambia for example, might mean a day to day existence to get food, water you know, a daily struggle to survive. That's not the same poverty that exists in Glasgow...there is poverty of people that cannot afford to go out and buy cars or buy you know, the luxury items that the Western civilisation says are a must you know, and although a lot of people still have their Sky TV, despite… claiming poverty. **(Cameron – BD, 35yrs)**

Thus Cameron distinguishes between what would be classified as absolute poverty and relative poverty which is characteristic of Glasgow. Furthermore, his

account can be interpreted as implying that people's choices are strongly influenced by wider factors such as materialism and the media, which in turn impact on societal norms.

Elliot also distinguished between levels of poverty, indicating that it would be very unlikely to find anyone experiencing genuine poverty in a place like Bearsden because the vast majority of residents had a good standard of living compared to most:

> …it depends what you think is important in life but, if you think having a detached house with two cars is the definition of having made it, in middle class life, then within Bearsden you will find places where people who're living in flats which aren't quite so nice with maybe perhaps, one car or no car at all. Now that's a *relative* change. I don't believe either a person in those situations is particularly deprived. But, you know, one may feel less well off than the other. In which case it's a relative sense of deprivation rather than an *absolute* one. **(Elliot – BD, 41yrs)**

Although participants' understanding of the concepts of absolute and relative poverty complemented academic definitions, Elliot was the only one to explicitly use the terms 'absolute' and 'relative' deprivation in describing inequalities between places. Furthermore, Elliot's assertion that some people 'within Bearsden' may feel relatively deprived despite having a good standard of living provides further support for the salience of within area differences.

For others, like Kirsty, inequalities were most apparent when comparing differences in house prices:

> No [I don't think people are equal]. There is big differences, you see that. I wonder… because I worked for the Council before and it's not a great wage. It's a steady job and it's a steady income, but you couldn't go and buy a flat in the city centre with it, so I was all what kind of jobs do they do that they can have these big million pound flats that sit around there?...**(Kirsty – DC, 31yrs)**

Kirsty's declaration that differences in society are particularly evident in the types of houses and areas that people live in reinforces one of the points raised from the previous chapter that disclosure of area of residence is often seen as providing a more accurate representation of social standing than conspicuous consumption.

7.2.2 Transitions to a consumer-driven society

Whilst making social comparisons was perceived by participants as an integral part of 'human nature', there was a general view that the process had become more pronounced in today's society. As such, it is important to understand accounts within the context of peoples' perceptions of society and class in the past, the present and the future.

7.2.2.1 The past

On the whole, participants generally had fond memories of their childhood and often recalled the society they grew up in as being deep-rooted in traditional values of hard work, being happy with what they had and respect for one another. Interestingly, such views came through irrespective of whether they were from Drumchapel and Bearsden. For example, even those who acknowledged their earlier deprivation spoke of simpler times when they found happiness in the most basic of pleasures:

> Och, I was happy enough. I was a happy enough child. I always had something. Football – I always had a football, so that, I used to play football from when I came home at school tae I went to my bed. And then when I went to school, it was, everything was football. Toys, no very many memories o' toys at all. I had a couple of wee action men and stuff, but nothing, football was always the main thing and that was it...**(Allan – DC, 35yrs)**

Allan's acceptance of his situation was to be framed in the context of poverty in Drumchapel, where most of his friends were in a similar situation of being raised by a single mother. It appears his perception that everyone was in the 'same boat' provided him with reassurance that his life was fairly 'normal'. For instance, whilst he remembered some of his peers as being better-off (due to the clothes they wore), he did not necessarily consider them as wealthier but more a consequence of their parents being in more debt – meaning that they were actually in a financially worse-off situation. Allan's account was typical of Drumchapel participants who seemed to be relatively content with their childhood whereby they made do with the little that they had:

> ...We never really had much. I mean, my dad was a windae cleaner and my mum…she was just like house mum, basically, looking after the family, making sure that we were o' attended tae… in fact, we

> were probably wan o' the poorer families in the street that you would say, I mean, we had plastic sandals, the rest o' them had nice leather wans...but I mean we always had food on the table, an', but it was a good environment to grow up in. It was friendly. Everybody was o' the gether kinda thing…**(Mary – DC, 46yrs)**

Though Mary acknowledges her family's poverty, it is apparent that she also took positives from growing up in such an environment, making her appreciate what she considered to be the basics of life (i.e. food, shelter and clothing). Furthermore, in her assertion that there was a strong sense of togetherness in her area, Mary touches on a theme that emerged strongly amongst participants in Drumchapel; that their hardship had led to an increased 'sense of community'.

Participants from Bearsden also expressed warm recollections of their childhood. However, unlike in Drumchapel, they often spoke of how they had a comfortable childhood because their parents (more so their fathers) had good professional jobs which afforded the family a comfortable lifestyle. As a result, most were unable to recall experiencing any form of deprivation during their childhood:

> Well at that time we lived, my dad worked, my mum didn't work she sort of stayed at home, there was three of us, three children. And it was a very sort of pleasant upbringing I would say. At that time you don't know I suppose if you're having a good upbringing or not but as you look back you realise how good it was probably…we had a very happy childhood **(Wilma – BD, 43yrs)**

Wilma's account is typical of the experiences that most participants from Bearsden had of growing up in a traditional middle class family where the father worked and the mother looked after the children. Furthermore, by stating that she did not realise she had a good upbringing until she looked back on her childhood, Wilma illustrates an important point that participants were to some degree contextualising their upbringing based on their current understanding of inequality in society. This applied equally to Drumchapel participants.

Of the few in Bearsden who recalled any form of hardship, they were often raised outside Bearsden in relatively deprived areas of Glasgow. However, whilst some, like Lewis, saw their childhood as a painful memory of their deprivation, most expressed similar views to Drumchapel participants about being brought up to be 'respectable'.

Thus, the majority of participants in both Drumchapel and Bearsden generally remembered their past in a favourable light. As well as being happy with what they had, there was also a notion that they were safer which allowed them more freedom to play outside without any worries. However, it is quite possible that some participants may have been providing romanticised and biased accounts when reminiscing about what were portrayed as the 'good old days'.

7.2.2.2 Living in today's society

Almost all participants were in agreement that society had become much more materialistic and consumer-driven to the level that people were obsessed with having the latest possessions. For example, there was a strong feeling amongst participants that the ever-present culture of keeping up with the Joneses was leading people to buy consumer goods for the sake of being seen to have rather than needing them.

There was also a sense that society had shifted from one where people worked hard and looked out for each other to one with more emphasis on money and individual gain. Some, like Gavin, cited the impact of the Thatcher-led government in the 1980s as the driving force behind this change to individualism:

> I think, nowadays, it's much more a thing than it used to be. I think it's become a much more money driven society… partly through the sorta Tories in the sorta eighties, going for the sorta, the yuppie, you know, investment bankers and all this kinda stuff, the mobile phone and all this image that was portrayed at that time, as that was what success was, you know?...**(Gavin – DC, 41yrs)**

Gavin clearly viewed the change in government as a significant moment in which material wealth was embraced as a marker of success, the mass media being instrumental in portraying and reinforcing this image. However, whilst some distanced themselves from this mindset of individual gain, others admitted to being very much part of the culture of the Thatcher era. Interestingly, this was often expressed with a sense of embarrassment, and effectively dismissed as nothing more than a phase during early adulthood:

> …I would say, as a young student in London, I embraced Thatcher's ideal of everything is achievable, and I'm not too sad to say it, coz, at that time, I did it because, well, I was a young upstart and I felt it

> was right. I would certainly, maybe not do it now, but there was a drive towards being selfish in your thoughts about your direction…**(Tina – BD, 46yrs)**

Furthermore, as alluded to in Gavin's account, the mass media (particularly advertising) was seen as playing a major role in the creation of a more consumer-driven society:

> I think we're very much in a… materialistic society now. Where you know there, there's so much advertising on television and the radio and the newspapers etc you know every time you, you watch telly or open up a newspaper there's adverts for… the latest gadget …the newest mobile phone or…the best TV. So yeah we're constantly being bombarded by the media…**(Anthony – BD, 43yrs)**

Despite recognising the power of mass media in contemporary society, Anthony, like most participants, distanced himself from being influenced. Nonetheless, some admitted to being influenced as they felt it was difficult to ignore its effects because it was so engrained within modern society. Even if parents themselves did not cave into the pressures of the media, they were nonetheless indirectly affected through their children being more susceptible.

This provided an apparent conflict because, on the one hand, they wanted to teach their children to be thankful for whatever they had; yet on the other hand, they wanted to make sure their children displayed a contemporary and acceptable identity. In this respect, parents were acutely aware that failure to do so might result in their children being bullied or excluded, especially when recalling their own experiences:

> …see when you go into secondary school things are so different tae when you're in primary school. Do you know what I mean it's about who's the biggest, who's the best, who's got the most...it disnae matter I mean how many essays you hand in, I mean if you turn in with the worst bag, or the worst pair of trainers do you know what I mean your life is going to be so much harder…it's better to be following I mean the flock of sheep rather than the standing oot in the cold yourself. **(Catherine – DC, 22yrs)**

Evidently, Catherine saw the school environment as an important setting in which distinctions based on material standing took place, meaning it was more important to fit in than do well. This is evident by her affirmation that life was 'much harder' for those whose possessions were judged as substandard in

comparison to others. Her feelings were particularly common amongst Drumchapel participants, unlike those in Bearsden where it was much more acceptable to do well in school. Participants' accounts of the past constitute important ingredients of their current perceptions of inequality, those in deprived areas being more aware of the negative consequences of their children not fitting in. This is often juxtaposed with academic success as illustrated in Catherine's account, the acquisition of a consumer identity being more important than the long-term benefits of education.

However, though not often made explicit, it could also be argued that it is partly because parents are very much aware that their children are an important reflection of how the family is perceived by others. This may explain why some participants thought parents from working class areas like Clydebank and Drumchapel dressed their babies in the latest designer gear, almost as a statement of their material wealth. Yet it is interesting that this was often interpreted by others (particularly those from Bearsden) as irresponsible and even demonstrating a lack of 'class':

> Yeah. I think the poorer areas, they wear much more expensive named clothes. They do. You do, you see… Nike trainers on babies, I mean, you see tiny babies at Clydebank and they've got Nike trainers on, and… yeah. I think that's where that's important. Here [in Bearsden]…I think people tend to buy trainers because they go running and things like that or play tennis…**(Aileen – BD, 39yrs)**

In recognising that conspicuous material goods may be more important in working class places like Clydebank, Aileen demonstrates that she understands the pressures that people from deprived areas face to conform to a consumer-based identity.

In addition to being associated with people living in deprived areas, obsession with consumer goods was also seen as more common amongst the relatively younger generation (including young parents):

> My son and my daughter-in-law worked, in the first year, when the wee fella was born, and I watched him for a full year…But they werenae gaun …for talking sake, "right well we'll save up and we'll dae that or we'll dae that" – they were getting their monthly wage and they were…[buying him] a seventy pound jacket oan at the age o'

> a year, and I couldnae, for the life o' me, fathom that oot. It's dead important tae them. I don't know why, but it is. **(Mary – DC, 46yrs)**

Like Aileen, Mary was also puzzled as to why people would spend the little money they had buying their child expensive clothes. However, this overlooks the significance that such commodities can have as important markers for displaying success for those living in deprived areas (particularly amongst younger parents).

7.2.2.3 The future

There were mixed views on people's perceptions of society in the future. Participants were asked what society would be like in about 15-20 years when their children had grown up. Views were split between those who felt that it was likely to stay the same and those who believed that society would become even more materialistic.

Those who believed that society was likely to stay the same did so because they did not see how it could get more materialistic and consumer-driven than it was already. Others, however, believed that society would get even more materialistic because it had reached a point of no return:

> Oh I don't think it will be any less materialistic a society. Probably more so if anything. I don't imagine them suddenly going to have an enormous switch from the materialistic to the spiritual in Britain in the next twenty years, by any means. So, yeah I think in general with society, I think will tend to be becoming more materialistic. **(Elliot – BD, 41yrs)**

Elliot's view that Britain was unlikely to transform from a materialistic society to one that is more spiritual illustrates the level of disbelief expressed by participants that society could change direction. It also highlights a moral dilemma: many participants felt powerless in a consumer-driven society even if they did not agree with it.

This dominant view that society had become more materialistic than ever before provides an important context for understanding Drumchapel and Bearsden participants' views of social stratification in today's British society.

7.2.3 Lay perspectives on social stratification in contemporary society

The concept of social stratification was represented in various ways by participants and provides a useful insight into what people base their comparisons on. That is, in recognising different divisions within society, participants began to draw out what they deemed as important factors in creating such distinctions including, family background, speech, social mannerisms and conduct, education level, material wealth, and area of residence. By exploring participants' views within the context of the ongoing debate regarding the extent to which the traditional class system was still in existence (Beck, 1992; Crompton, 2006; Giddens, 1991; Maguire & Stanway, 2008; Pakulski & Waters, 1996), data were generated that provided insight into participants' perspectives on social stratification in today's society.

Some participants' accounts were consistent with Crompton's (2006) view that class was by no means redundant in modern society:

> **I've spoken to some people who've said the...whole class system of working class, middle class, upper class is still very much there, but others have said that...is almost dead and is dying away – I'd like to know your views on that...?**
>
> I don't think that class system will ever die away. I think it will always be, you know, working class people, middle class people and, like, upper class people...it's like a social pecking order that's always been in place, and even though you don't discuss it or it's not, it's always there...**(Alice – BD, 42yrs)**

In holding this viewpoint, it is clear that Alice strongly believes that the traditional class structure remains a powerful force in defining a social hierarchy. This stance was shared by some participants from both Drumchapel and Bearsden who also felt that, although class might not necessarily be as visible or as acknowledged as before, it did not mean that it had disappeared.

A contrasting view was held by others who thought the class system was fading or no longer in existence, their reasoning being that there was more opportunity for social mobility than ever before:

> Well they say that's becoming redundant don't they now, because so many of what were considered working class, like your plumbers and whatnot, especially down in London can sometimes earn more than your, white collar workers... I think it's just the haves and have nots rather- or the haves and have mores, more than actual social class...it's what you have and what you own and what you drive and, where you live you know. **(Rebecca – BD, 40yrs)**

Rebecca's assertion that society is now divided into the 'haves and have nots', or more so the 'haves and have mores' is a subtle observation which can be interpreted as implying that whilst British society has become much wealthier there are still large income disparities.

Irrespective of the extent to which the class system was believed to be in existence, the dominant view amongst participants in both areas was that class was no longer as clear-cut, where people could easily identify with being working class or middle class. In this respect, some argued that this was an oversimplification as it did not take into consideration the 'underclass' and the merging of the working class and middle class:

> I think there still is a class system...certainly I think there's still upper class. I think working class and middle class have kinda merged now, you know, there's no longer a difference between the so-called white collar workers and the manual workers...I still think there's a, the class below that, I mean, whatever you want to call it, the socially deprived or whatever...**(Gavin – DC, 41yrs)**

The 'socially deprived' (i.e. the 'underclass') were often perceived by participants as being at the very bottom of society because they did not work for a living and/or relied on the state and other people for support. The list in this category included asylum seekers, refugees, beggars, homeless, and benefit scammers.

The middle ground was viewed as a combination of working class and middle class that had merged due to uncertainty about criteria for membership. The confusion partly arose because participants' understanding of what defined class was variable. For example, whereas some saw occupation as a major indicator of the class they belonged to, others saw such classifications as potentially misleading:

> I think, in years gone by, people would have probably put teachers into sort of middle class, you know, bank managers and all that sort of thing – but as I've grown up...I now earn significantly more than school teachers and bank managers...I've got a couple of mates that are bank managers...I see that that's no longer really middle class, you know? And I'll refer you back, and I'll say it's now more of just working class people, you know? **(Joe – DC, 41yrs)**

Joe's conceptualisation of income as a measure of class implies that he considers most people to be working class. That is, by comparing his earnings with teachers and bank managers, he effectively demotes their standing in the social hierarchy to working class because of his higher income and yet considers himself to be working class.

Similarly, Elliot held the view that class was now more dependent on income which therefore made it easier to move between classes than was the case before:

> So there isn't a class structure in the sense of an exclusive stratification of society… but it's probably more defined by income, and by choices regarding where you live and what you might wish to spend your money on, as opposed to a class thing. I don't think you're inherently any class. If you are born into a certain income bracket, then you have the opportunity I daresay in your life to move up or down…**(Elliot – BD, 41yrs)**

It is interesting to note the manner by which Elliot's assertion that people's lives are no longer determined by structural factors such as class but more so the 'choices' they make mirrors the 'individualisation' thesis advanced by Beck & Giddens. Elliot went further to caution against classifying people based on occupation alone by arguing that, for example, a builder could mean being 'a brickie or it can be a sort of multi-millionaire businessman'.

However, this view was not shared by everyone because others felt that money on its own was not an adequate indicator of how someone was classified:

> **...one of the things that's talked about is...builders can make a lot of money through businesses and moving to areas such as Bearsden, Milngavie... Do you think they get treated the same…?**
>
> ...You probably would still get treated differently, you know? I think folk who have got a family background of having money or well educated...if you move to Bearsden fae a place like Drumchapel, no

> that you'll get singled out, but you will get noticed, you know, and you will, oh that "he's a Drum Scum that's made a bit of money", you know? **(Johnny – DC, 40yrs)**

It is notable that Johnny is one of the participants who had earlier stated that the class structure was no longer in existence because he felt that income was the determining factor in how people were perceived by others. Yet, he appears to contradict himself by asserting that factors such as education and family background also play a major role. The stigmatising component of class is also apparent in Johnny's declaration that someone from Drumchapel (regardless of their level of income) would never be fully accepted in a place like Bearsden because of where they come from. Class snobbery therefore emerged as a recurrent theme in participants' accounts, including those in Bearsden:

> …I think there's definitely snobs in Bearsden without a shadow of a doubt, they think of themselves as being upper middle class and you meet them at the shops and I mean they would look down their nose at you if you weren't from Bearsden…**(Haley – BD, 42yrs)**

In contrast to the uncertainty regarding what constituted working class and middle class, definitions of upper class provided the highest agreement amongst participants. There was a strong belief that money in itself was not enough to make someone upper class:

> ...you're born into that sort of class society, you know – the likes of the royal family, I mean, that type of thing. Obviously they've got money, but they're obviously on a higher level, as far as, but then you've got guys like footballers that, you know, have got loads of money, but you, I wouldn't class them as upper class, because they don't have the breeding behind it... I think the upper class are more the kinda lords and ladies and people wae titles and all that kinda stuff, and country estates and have been born into it...**(Gavin – DC, 41yrs)**

Gavin's account typifies the view that was held amongst participants that the term 'upper class' was generally associated with people who were 'posh', had aristocratic titles (e.g. 'lord of the manor'), had received private school education, or were inherently wealthy through 'old money'. In this regard, upper class membership could not be bought into with 'new money', hence the reason celebrities were denied access despite being very wealthy.

However, whilst participants had no difficulties discussing class issues in general terms, they were less forthcoming about locating themselves in a particular class. This was especially so amongst Bearsden participants who were often reluctant to claim a middle class identity, consequently dismissing the relevance of class labels. They often distanced themselves from making class comparisons; yet acknowledged that this was something others did. One explanation is that participants were well aware of the negative connotations associated with being middle class (including envy, snobbery and arrogance). This 'unease' regarding being perceived as middle class was explicitly identified by some participants:

> …I don't think…there's still a strong thread in Scottish identity, that people do not have any desire to be called middle class, and have no problem with being called working class, even if someone else, looking at them from the outside, would say "You don't fit the category that describes those things." There's a real, a sort of uneasiness, I think, about being considered to be Middle Class. **(Ben – BD, 35yrs)**

As evident by his assertion that people have no problem being called working class, Ben's discomfort regarding identifying himself as middle class was rooted in a 'strong' Scottish culture that has traditionally embraced working class values of hard work over middle class ideals of culture and taste. Consequently, Bearsden participants often played down their middle class status because of its associated negative connotations.

Drumchapel participants were slightly more forthcoming about identifying themselves as working class. This is because being working class was less about the type of occupation they had than about values that were rooted in working hard for a living rather than having everything given to them without trying. This belief was more evident amongst male participants, some identifying famous figureheads like Alan Sugar as encapsulating working class pride:

> ...a lot of working class people that are mega rich don't like to be thought of a snobs or upper class, you know, they prefer to think of themselves as working class that's worked their way up to this level and, you know, the likes of what's his face on, Alan Sugar guy, you know, he never says he's upper class, he's always working class, but he could buy and sell most of the toffs in the country... **(Gavin – DC, 41yrs)**

Interestingly, this view was also shared by Bearsden participants who had originally come from traditionally working class backgrounds. That is, they were more likely to identify themselves as working class despite objectively qualifying as middle class due to their residential area, occupations, level of education and lifestyles. However, as discussed later when looking at class stigma, this was partly because upwardly mobile participants did not want to be seen as the poor relations of the 'proper' Bearsden residents (i.e. established middle class residents).

7.3 Everyday experiences of class and inequality in proximal localities

Whilst there were no major area and gender differences in participants' public accounts, these variations began to emerge from data on participants' personal experiences of class and inequality. This is discussed within the context of the relative importance of between and within area (class) differences.

7.3.1 Comparisons between areas

Though participants were able to draw on comparisons between deprived areas such as Clydebank, Maryhill, Possil, and the East End of Glasgow and more affluent areas like Milngavie, Newton Mearns, and West End of Glasgow, not surprisingly, those between Drumchapel and Bearsden were by far the most recognised by participants. Whilst factors such as the mass media and reports of scientific research played a role in making participants aware of the stark differences between the two areas, the close proximity was nonetheless more important in reinforcing these inequalities:

> No I wouldn't [say things are equal in society]…just a couple of miles down the road in Drumchapel there are people living in poverty. …so no I don't, I mean when you think two minutes drive from here and you drive down the road and there are people living in some pretty horrible places, no I don't think it is particularly equal. No. **(Grace – BD, 47yrs)**

It is striking to note the manner in which Grace locates major disparities between Drumchapel and Bearsden as direct proof of inequality. Her assertion that Drumchapel is only 'two minutes drive from here' emphasises the proximity

of the comparison which can be seen in the following photograph showing the socio-economic differences between Drumchapel and Bearsden (see Figure 7.1).

Figure 7.1 Image taken from the Bearsden side of the boarder overlooking Drumchapel

Although the Bearsden side of the boarder was considered to be a lower middle class neighbourhood, differences are still apparent in that Bearsden is characterised by detached and semi-detached housing while Drumchapel is comprised mainly of tenement buildings and high-rise flats.

The picture therefore provides an important context in which to understand participants accounts and explains why participants often emphasised the closeness between Drumchapel and Bearsden with phrases such as ‘down the road’, ‘up the road’, ‘two minutes away’, or as Mary’s saw it, ‘literally a stone’s throw’:

> …I had an aunt, God forgive me, I’ve still got her… they bought a house in Bearsden, just, and I mean literally a stone’s throw fae Drumchapel – fantastic hoose and aw the rest o’ it, but that was a point in time where I felt like the poor relative, because my aunty had three girls – one was the same age as me…and when there was family get-togethers and stuff like that, it was, “oh, smelly ones fae Drumchapel”, you know and aw this kinda stuff… But I mean, definitely no. I’ll go by her, I think class, definitely, Bearsden is, I

> wouldnae think that they would class their self the same as the people fae Drumchapel or even like them. **(Mary – DC, 46yrs)**

Mary's assertion that people in Bearsden would not class themselves as equal to those in Drumchapel is important since it makes explicit the significance of place as a proxy for class. Thus, participants were not simply recognising differences between two geographical areas but also differences between working class and middle class. That this goes beyond economic differences is well established by Charlie:

> …one of the things that I've always joked about, it's like that, like I say em…, we're a Bearsden family, we just can't afford to stay there (laughing) so it makes me feel, certainly, a wee bit better off as a human, sort of you know, as a person being able to go about, when people don't expect me to be from this area because I don't sound the same and I don't act the same and things...**(Charlie – DC, 33yrs)**

Though Charlie does not explicitly use class terminology, it is clear that he is referring to class differences through his declaration that his family 'sounds' and 'acts' more like people in Bearsden than Drumchapel. Interestingly, his account demonstrates both between and within area comparisons. Using Bearsden as the reference point, he takes pride in his community membership that is outside the 'norm' in Drumchapel. In effect, this allows him to align himself to a 'respectable' working class identity.

It is clear that participants had an acute awareness of class differences between Drumchapel and Bearsden. However, these were not necessarily the most salient, status distinctions within areas appearing to have more significance for participants than differences between areas.

7.3.2 Comparisons within areas

Participants' experiential accounts of inequality provided an important set of data on status distinctions within areas. These data were generated in a number of ways including asking participants whether they were better-off, similar or worse-off than others around them when growing up and how their own family compared to others in the neighbourhoods they were currently living in.

7.3.2.1 Claiming 'respectability' in Drumchapel

There was strong support for Plowman et al's (1962) assertion that a particular feature of working class areas is the concern people have with being 'respectable' since it is the highest claim to status within this class. As found in earlier community studies (Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Stacey, 1960; Wight, 1993), Drumchapel participants were often keen to distinguish themselves from the 'rough' by claiming 'respectability':

> **…I think it was a point you made early on that some people in your family are like that in the sense that they wanted people to know that they were doing okay, can you tell me a bit more about what kind of things you mean by like 'doing okay'?**
>
> … like my mum an' like aw my aunts….they were always, like they always went tae their work an' they always made sure that they were smartly dressed an' they were clean…because sometimes you'd see people walkin' aboot an' they'll just look filthy an' they're smellin' an' stuff like that and they were always polite when they're speakin' tae people, didnae really matter like who they were, an' just tryin' tae kinda like, still bein' down tae earth obviously, an' like being proud of bein' from Drumchapel 'cause we were, but still bein' as if like, how can I say it, like you know, I'm still a respectable person, like kinda lookin' respectable an'…like we're a respectable family. **(Alicia – DC, 22yrs)**

Alicia evidently recalls her immediate and extended family as being respectable because they always maintained a high standard of cleanliness, they worked in good steady jobs and raised their children to be well-mannered and respectful of others unlike the rough who were 'filthy', did not work, and were vulgar in their speech and mannerisms. Her assertion that her family were still proud of being from Drumchapel reiterates the point that, unlike Charlie, most participants had no ambitions of moving up a class but rather to maintain their respectable status in a nicer part of Drumchapel. Although Alicia explicitly used the term 'respectable' in describing her family, the great majority of Drumchapel participants had their own ways of distinguishing themselves, which appeared to follow different gradations of respectability.

The highest status group (i.e. the 'upper respectables') differentiated themselves from others on the grounds that they did not speak in a slang accent, were polite, had well-paid occupations (e.g. pharmacists, engineers, and

builders) and lived in more affluent neighbourhoods of Drumchapel that often comprised detached and semi-detached houses (see for example Figure 7.2).

Figure 7.2 An example of higher socioeconomic neighbourhood of Drumchapel

This group consisted mostly of affluent ‘newcomers’ like Joe, Caroline, and Gavin who could afford to buy property in the more expensive neighbourhoods which were on the outskirts of Drumchapel. Thus, the ‘upper respectables’ also distanced themselves from the rough based on the type of accommodation they resided in since the rough were believed to be of lower status because they lived in relatively deprived neighbourhoods of Drumchapel (see for example Figure 7.3)

Figure 7.3 Relatively deprived area of Drumchapel

The middle group consisted mostly of ‘established residents’ like Alicia, Sandra, Sarah, Charlie, Johnny, Allan, and Kirsty who, despite living in rented accommodation, were able claim respectability on the grounds that they were not like the ‘type of people’ found in the worst neighbourhoods of Drumchapel. As evident in the following accounts by Charlie and Kirsty, Drumchapel shopping centre and nearby areas (including those in high-rise flats) emerged as the most commonly used forms of distinction because these spaces were important reference points for categorising the rough:

> ...if you were to go down to Drumchapel Shopping Centre, any day of the week, there’s a lot of people that I would consider to be at the bottom of the ladder, you know, who have no job...who live on benefits, who have no interest in working, who are poorly educated...and just don’t aspire to anything. They may well live in a house that might be full of violence...a lot of drinking problems...drug takers and things like that...that’s people, in my mind, who would be at the bottom of that ladder, who are, I suppose it’s not fair to say you’re lower down the social scale than me, just because I have a job and I have a nice house and I’ve got a nice car and things, you know? But it’s, those are people that, if I was in their situation, I would feel as if I was pretty low on the, you know, on the ladder scale... **(Charlie - DC, 33yrs)**

> I suppose because there is, when you go down the shopping centre you see vandalism and mess and all the people drunk and all the drug addicts sitting about the front of the shopping centre. That's what you see at the main bit of Drumchapel, the shopping centre, that's where they all hang about. Doesn't mean everybody in Drumchapel's like that. **(Kirsty – DC, 31yrs)**

Both Charlie and Kirsty create a clear division of 'them' and 'us' by making it clear that they are not in the same category as the drug addicts, alcoholics and vandals commonly found at the shopping centre or nearby areas. As can be seen in Figure 7.4, the rundown nature of the shopping centre meant it was often deserted during the day, although participants advised that it would often get populated with underage drinkers, alcoholics and drug users during the evenings.

Figure 7.4 Interior of Drumchapel shopping centre

The lower respectables consisted of the second group of 'newcomers' like Liam, Catherine, and Amy who lived in well-recognised rough areas but claimed respectability by identifying themselves as 'nice people' and 'good folk' unlike the 'bad element' or 'silly folk' in their area. As illustrated below, Amy went a step further by making it explicit that she was not 'rough' despite acknowledging that she lived in a rough area:

> …There is other parts of Drumchapel that is really nice, but not, like, no everybody in the rough areas are rough – like this part, I'm not (laughs). **(Amy – DC, 20yrs)**

Amy's account also highlights an important point that newcomers were more likely to be aware of status distinctions within Drumchapel, possibly because geographical mobility leads people to have an acute sense of awareness regarding their social standing in relation to others (Bott, 1954).

It is of interest that the significance of distinctions within Drumchapel was more strongly expressed by females. In addition to maintaining high standards of domestic and personal hygiene, women appeared to have greater responsibility in making sure that their family acted, spoke and dressed in a respectable manner. This lends support to the argument that maintaining standards of respectable behaviour tends to have greater salience for women (Wight, 1993) since they are often seen as 'protectors' of their families' respectability (Pahl, 1984). This was also a recurrent theme in Bearsden with women were being far more articulate in recognising the status distinctions within their locality.

7.3.2.2 'Old' and 'new' money distinctions in Bearsden

The most common forms of distinctions within Bearsden were those between 'old' and 'new' money. Those considered as 'old money' were generally held to be the long-term established residents who spoke in a 'posh' accent, had a long history and family background of wealth and were educated in private school. In contrast, 'new money' was seen as consisting mostly of upwardly mobile 'newcomers' who had acquired the economic capital to move into Bearsden but lacked the middle class standards of culture and taste.

Though most participants had their own terminology for making such status distinctions, Tina was explicit in identifying the main divisions within Bearsden as between 'old money' and 'new money':

> **And when you say, like, you noticed a social pecking order in Bearsden…Was that based on the areas that people lived in, as well?**
>
> Och, I think it's a bit of old money and new money. …I think it's comparisons, again, but this time it's comparisons of wealth, and you

> know, you wouldn't have to be an estate agent to work out that house values in Bearsden can vary enormously – so, subsequently, your own personal wealth does as well. But I would like to think that I mix with people who, I mean, my friends are very varied – I mean, one of my best friends, and I would rate [name omitted] as a terrific best friend, but we have friends whose, her husband's a top surgeon, but she's still the same person to us – and so is he. I mean, they would live in a house which was possibly three times the value of my home, but it doesn't make the slightest jot – but it is there. **(Tina – BD, 46)**

Tina clearly sees status distinctions within Bearsden as being most apparent in differences in 'house values' since she considers it a good indicator of personal wealth and the type of occupation one does. This view was also echoed by male participants like Nathan:

> ...where I live...is a very prestigious address, supposedly – there are maybe thirty or forty houses in the street, and the house prices will run from two to three million pounds, down to maybe four or five hundred thousand pounds, something like that, maybe even less, I'm not sure – about that, but quite a gradation and people will desperately try to buy the house they can afford in there...because when they put on their envelopes that that's their address, whether they've only paid four hundred thousand pounds for the house, maybe someone will think they have a three million pounds house, and it's just that, so this is a psyche **(Nathan – BD, 42yrs)**

Support for Tina and Nathan's argument can be seen from Figure 7.5 and Figure 7.6, which shows the level of contrast in types of houses in Bearsden:

Figure 7.5 A picture of the types of houses that were found in upmarket neighbourhoods of Bearsden

Figure 7.6 A picture showing tenement housing in a relatively deprived neighbourhood of Bearsden

Tina and Nathan's keen sense of awareness regarding one's own social status was particularly characteristic of 'newcomers' who often had to tread carefully

regarding identifying themselves as being from Bearsden. As Rebecca explained, this was mostly to avoid being seen as the ‘poor relations from Bearsden’:

> ...if they were to say to you “where is it you live?” and you said, “oh Bearsden” and they’ll say “whereabouts?” And you would say “[road in Westerton]”, they would say, “but that’s Westerton”. There’s a set kind of divide, you know that it works kind of both ways. So you would rather think I stay in Westerton and I’m happy to stay in the village of Westerton rather than (laughing) be the poor relations from Bearsden. You know it’s like, “ah but it’s not really Bearsden is it?” …I think up in Bearsden...you know my- oldest daughter went to a nursery...which is right on Bearsden Cross because she couldn’t get into the partnership nursery, and I just didn’t feel comfortable- I went to the Open Day and I spoke fine...but… I think they have a whole different value system...**(Rebecca – BD, 40yrs)**

There are three main issues to draw out from Rebecca’s account. Firstly, and most importantly, her assertion that she did not feel comfortable at her daughter’s nursery in Bearsden Cross despite the fact that she ‘spoke fine’, highlights the central role that differences in non-material factors like speech, cultural tastes, and family upbringing played in the creation and maintenance of social distinctions within Bearsden. Secondly, as was common with most newcomers who had been upwardly mobile, Rebecca creates an obvious division between herself and the higher status group of Bearsden. This is evident in her frequent use of ‘they’ to describe the established middle class (i.e. ‘old money’), who she sees as judgemental and condescending. Lastly, her mention of Bearsden Cross is significant in highlighting that this was a major reference point for defining ‘old money’ since it was considered to be one of the most prestigious neighbourhoods within the locality, particularly because it was in the ‘heart of Bearsden’. Furthermore, unlike Drumchapel shopping centre which was quite rundown, the shopping centre at Bearsden Cross was maintained to a very high standard and thus attracted many different groups of people (especially families). The calibre of shops at Bearsden Cross was often commented upon with participants believing that shops such as Marks and Spencer added to the ‘posh’ element of the centre (see for example Figure 7.7).

Figure 7.7 Marks and Spencer shop at Bearsden Cross

Female participants in particular appeared to be more likely to notice the more subtle distinctions of status. This is elaborated on in Haley's account who, like many female participants, saw Bearsden Cross as a space in which one was likely to encounter people who looked down on others based on the manner in which someone spoke:

> I think if you were to go to Bearsden Cross, yeah you would see quite a lot of people that talk with marbles in their mouths and maybe think they're superior. **(Haley – BD, 42yrs)**

Haley's account provides evidence that, paradoxically, 'old money' was often associated with negative connotations such as snobbery. This may explain why some long-term residents were subtle in how they differentiated themselves from the 'problematic' neighbourhoods of Bearsden.

Long-term established residents also seemed less aware of status distinctions within Bearsden since most of their life had been spent in neighbourhoods where everyone was of similar standing:

> …[Bearsden]'s a sort of middle class area. There's a variety of occupations I daresay. There are a few doctors about the place

> because certainly across the road, but there are lawyers and you know armed forces, I mean all the usual sort of financial services people, so yeah. A mixture of occupations but of similar social strata, if you want to use that term. **(Elliot – BD, 41yrs)**

Despite recognising the variety of occupations that people have in his neighbourhood, Elliot played down status distinctions within Bearsden because the majority of people in his neighbourhood appeared to be of a 'similar strata'.

7.3.3 'Place' stigmatisation

Arguably the strongest evidence that class remains relevant in contemporary society concerned data relating to stigma. This is shown below using Goffman's (1963) conceptualisation of virtual and actual social identities to reflect class identities.

7.3.3.1 Virtual class identity

Participants from both Drumchapel and Bearsden exhibited a keen awareness of how others perceived them. Interestingly, their accounts were consistent with media perceptions as demonstrated through media analysis. For example, those from Drumchapel felt that others had an extremely negative image of their area and thus commonly stereotyped it as a 'ghetto' characterised by violence, crime, drug addicts, alcoholics, and scroungers who were happy to live off the state:

> …people from the so-called council areas, they're all stereotyped as unemployed or no wanting to work or drug addicts or alcoholics...it's just the way Glasgow is – it's stereotyped everywhere...someone that lives in, like, Newton Mearns or something like that could have a drinking problem. He wouldnae be classed as an alcoholic – he'd be classed as a business man that likes a drink, you know, whereas if it was someone that lived in Drumchapel, if he drank every day, he'd be classed as an alcoholic. I think that's the way people look at it. **(Allan – DC, 35yrs)**

In making distinctions between the manner in which people from different socioeconomic areas are perceived, Allan highlights the detrimental effects of being negatively stereotyped (i.e. stigmatised). Using the example of drinking, he suggests there is little difference between people in deprived and affluent areas. Instead, he views the stereotype of living in a disadvantaged area as the

reason why people from Drumchapel will always be judged negatively by society. In most cases, participants' perceptions were often confirmed by their experiences of how others reacted towards them:

> …A lot of the time, especially when I went to uni and I spoke tae somebody, and they were shocked that somebody fae Drumchapel could even go to university because they must've thought we were just a bunch of plebs… that we're like uneducated an' just kinda hung aboot the street tryin' tae stab people, 'cause that's what a lot of people think and it must be the same for Easterhouse and Castlemilk as well. **(Alicia – DC, 22yrs)**

Whilst Alicia's account implies that people stigmatised her for being from Drumchapel (i.e. enacted stigma), it is also the case that her experiences were clouded by felt stigma due to her awareness that people tend to hold negative views about Drumchapel. This distinction resonated throughout discussions and though participants did not use these exact terminologies, they nonetheless struggled with their own understandings of whether the stigma was real or in their minds. For example:

> **And you say...you felt uncomfortable, was it like you felt uncomfortable or they made you feel uncomfortable?**
>
> …I don't know, that maybe…it's me that's thinking I don't fit in rather than them actually making any judgment on it, maybe I am just presuming that…and you go to Bearsden and they have their ski-ing holidays... So you don't really have that… I suppose that much in common... I don't know if it's them or me…**(Rebecca – BD, 40yrs)**

It is evident from Rebecca's account that felt stigma partly arises from not feeling she fits in with the culture of Bearsden, perhaps amplified by the fact of coming from a deprived area of Glasgow. Rebecca also faced an additional stigma attached to living in a relatively poorer locality in Bearsden because such places were often considered by others (including residents of Bearsden itself) as the rough neighbourhoods of Bearsden:

> There's trouble, down in Westerton there's parts of Bearsden and Baljafray you get kids out drinking in the parks and things up there. You know there can be a lot of trouble and the same down at Westerton as well, there is gangs...you know people getting beaten up in the street and stuff and about Baljafray I've got a friend as well, a girl I used to work with, she'd a park opposite her and there was always things going on there. Boys hanging about at night or, you

> know she didn't let her children out to play in the swing park cos it wasn't safe. **(Grace – BD, 47yrs)**

Grace's account is typical of those who lived in central Bearsden as there was a general perception that the peripheral neighbourhoods (including areas such as Westerton which are adjacent to Drumchapel) were more prone to antisocial behaviour.

Nevertheless, Bearsden as a whole was generally perceived as being comprised of people with enormous wealth and thus lived in 'mansions' and drove big expensive cars. Furthermore, they were often stereotyped as 'snobbish' people who looked down on others deemed to be of inferior status. Again, such labels and stereotypes were recognised by residents themselves:

> …Well folk do think it is a bit of a snobby area… that people are a bit snobby, people have got a lot of money. And it's quite a well off area. People's general reaction. And when you're younger you know I think I said to you before, when you're younger and you go to the pantomime and all that and they get folk up on the stage if you said Bearsden they all went 'ooh' like this…**(Wilma – BD, 43yrs)**

Wilma's account highlights an important point that participants from Drumchapel and Bearsden were often made aware at a young age that they were different because of the labels attached to their areas. As such, they learned early on not to draw attention to themselves for fear of being ridiculed as such stereotypes were so well established it was difficult to escape regardless of what part of Scotland participants found themselves in:

> We were on holiday to a caravan park and it was down the south of Scotland, and they made a joke about people stealing cars in Drumchapel, and that was another part of Scotland completely, talking about Drumchapel still being a deprived area that the comedian at the holiday park makes a joke about it. We were sorta… oh, right. We'll not say we're from Drumchapel...**(Kirsty – DC, 31yrs)**

By choosing to conceal where they were from, Kirsty and her family use what Goffman's refers to as 'information management'. While this allowed them to avoid being discredited as devalued members of society, it nonetheless reinforced their felt stigma.

Furthermore, media portrayal and participants' own views of their adjacent area also served to validate the virtual class identities of Drumchapel and Bearsden. For instance, the role of mass media in reaffirming stereotypes was often recognised by participants:

> …once again, the media is partly to blame – every time life expectancy rates come out... they take their camera to...Bearsden, and then they pan the camera down to Drumchapel, and they have some poor girl in Drumchapel who's life expectancy is seventy-six or something, and then they'll pan up to, you know, some middle class mother sitting at home, who's gave up her job as a lawyer to have two children and her husband's a lawyer, and everything's sitting cushy. So that reaffirms in people's minds, when they're watching TV that night, and I just think (screams) stop it!...**(Tina – BD, 46yrs)**

Tina's account implies that the mass media may influence residents of Drumchapel and Bearsden to make comparisons with each other based on portrayed images rather than any experiential knowledge. Furthermore, it was common for participants to complain about the media for portraying their area negatively, only to demonstrate that they themselves made judgments on other areas based on similar depictions:

> …a council estate in Drumchapel would have maybe twenty-five percent drug users, I think The Gorbals are probably up there at seventy-five percent drug users…But then again, I could be wrong…I don't know. I'm just going, judging by what I see on TV and what I read in the papers and stuff **(Allan – DC, 35yrs)**.

Similarly, participants contradicted themselves by denying negative perceptions about their area, only to label and stereotype their neighbouring locality on the same basis. This can be seen from the extract from Johnny:

> … it was always "och, it's folk fae Bearsden, snobs with too much money." ...Just saying about the difference when we were growing up with folk fae Bearsden, they always looked doon at their nose at you and that as if they were better-off…**(Johnny – DC, 40yrs)**

Despite views expressed earlier that it was unjust that everyone in Drumchapel was stereotyped negatively, Johnny's account demonstrates that he also generalises people from Bearsden as wealthy 'snobs' who look down on others. The opposite situation also occurred amongst participants from Bearsden:

> …not far down the road from here you'll have Drumchapel which is where my mum came from and it's literally two or three minutes drive from where we- we are at the moment, probably the type of housing that they would stay in, you know they might be council owned. You know quite possibly the way they dress…that's unfair because some people might be wearing expensive stuff but it's probably the way they wear it. And probably the types of cars that they drive…**(Lisa - BD, 37yrs)**

Evidently, Lisa identifies differences in the type of housing, cars and dress sense as some of the main factors distinguishing people from Drumchapel and Bearsden. Her frequent use of 'they' when describing residents of Drumchapel could be interpreted as one way of differentiating and creating a clear boundary between 'them' and 'us' (i.e. people from Bearsden).

7.3.3.2 Actual class identity

Participants from both Drumchapel and Bearsden sought ways to distance themselves from the negative stereotypes attached to their areas and themselves (i.e. virtual class identities). Importantly, the manner in which they created distance depended on the extent to which they believed the associated stereotypes were accurate representations of their areas and themselves (i.e. actual class identities).

For example, participants who believed that the labels attached to their area were largely inaccurate, and therefore unjust, tended to exclude themselves and most people in their locality from the negative connotations. In Drumchapel, this was often achieved by participants' assertion that the majority of residents were 'good people' who were just like everyone else in trying to achieve the best for their families. As such, the negative stereotypes were blamed on the selected few who tended to 'spoil' it for everyone else:

> …Drumchapel's got a lot of good families but it's spoiled by the ones that don't care, but there's a lot of good people in Drumchapel…**(Sarah - DC, 35yrs)**

This view was echoed by others in Drumchapel, including Johnny, who felt that the area was getting better:

> Aye. I would say it's nearer the… you know, three quarters of the way up, cos it's… it might have had its stigmatisms, but… certainly as I've said, [wife] and I have said, the neighbours here are good, people are good and, you know, aye, it's fine, aye, I'm happy staying here.
> **(Johnny – DC, 40yrs)**

It is apparent that both Sarah and Johnny challenge the labels and stereotypes ascribed to Drumchapel by emphasising its positive attributes which they feel are often overlooked by those who perceive the area negatively. Likewise, participants from Bearsden also distanced themselves and their area from what they felt were false representations. Instead, they emphasised that most residents of Bearsden were hard working people who faced the same problems as the rest of society:

> ...people do talk about Bearsden as if it's something, and it's not I mean people are working hard, you know you just, you don't know what goes on behind closed doors there'll be the same problems here as you will get down there [in Drumchapel]…**(Grace – BD, 47yrs)**

It is interesting to note Grace's use of the phrase 'what goes on behind closed doors' because this implies that Bearsden residents often portray an image that is consistent with a more public account of it being a perfect middle class area although it is not always an accurate representation of private reality. In addition, by highlighting that people in Bearsden work hard for what they have, Grace attempts to remove what she considers to be a misplaced conception that people in Bearsden get everything handed to them.

Nonetheless, whilst the majority of participants from Drumchapel and Bearsden refuted the stereotype attached to their area (consequently distancing themselves and their area as a whole), some accepted the stereotype as an accurate general representation. However, these participants distanced themselves from the negative stereotypes associated with their area whilst acknowledging it as a true depiction of others in their area.

7.3.3.3 Stigma management

Irrespective of whether participants experienced enacted or felt stigma, managing this stigma was vital in their attempts to avoid being discredited. As will be demonstrated, this was often achieved by (re)balancing discrepancies

between virtual class identity and actual class identity. This included approaches such as: confronting stigma (verbally and/or physically); careful use of speech (i.e. those from Drumchapel avoided sounding colloquial, those from Bearsden avoiding sounding 'posh'); deliberately ignoring negative perceptions on the basis that it did not relate to them; normalisation of circumstances (i.e. statements such as every place has its 'good families and bad families'; and, avoidance of contact with others in the same stigmatised group. In some cases, participants even acknowledged their calculated attempts to conceal aspects about themselves so as not to be pigeon-holed:

> And I probably found that I was much more, hesitant, about my background...a few girls have said to me, "oh we never really knew much, you know, you were always an enigma, we never knew"- I don't think they could work out, whether you were rich or poor or what you were, you know probably cause that time I had a part-time job and I was always very clothes-conscious, and I always dressed well and, I don't really think they knew that much about me...you just let you know the information you wanted out and kept the rest-secret.
> **(Rebecca – BD, 40yrs)**

It is interesting to note the lengths Rebecca went to in order to avoid being seen as of lower class to her friends. It would appear that Rebecca's need to conceal her background through dressing well and carefully managed information is indicative of her levels of insecurity and inferiority that she felt about growing up in a deprived area of Glasgow.

Similar processes of information management emerged among participants who came from deprived areas of Glasgow and were now living in relatively deprived neighbourhoods of Bearsden. This is demonstrated by Lisa who revealed different strategies for describing where she is from which are largely dependent on where the recipient is from:

> I would probably say just outside Glasgow, because it's East Dunbartonshire. But if they were from Glasgow I would probably say Westerton before I said Bearsden, because I don't want somebody to think I'm a snob or something and I come from Bearsden, even though it does fall within Bearsden. It's just because I've probably heard people say before, "oh those that live in Westerton think they're from Bearsden"…**(Lisa – BD, 37yrs)**

Lisa appears to disassociate herself from Bearsden for two reasons. Firstly, she is keen to avoid being seen as a 'snob' who looks down on others. Secondly, she does not want people to think that she is attaching herself to Bearsden because she is acutely aware that some people (especially 'old money') do not consider her neighbourhood to be part of Bearsden. Interestingly, those who lived in areas perceived as inferior parts of Bearsden provided accounts of stigmas associated with both poverty and wealth.

Female participants from Bearsden faced additional stereotypes of the 'snobbish, Bearsden housewife' (Rebecca – BD, 40yrs) who had everything easy because of inherited wealth or marrying a wealthy husband. Interestingly, such labels extended even to those living in affluent parts of Bearsden:

> …they thought we had oodles of money you know and you must be dead rich coming from there and all this...We weren't. You know we just I don't know. And my dad worked really hard and we all worked hard...I didn't tell people where I came from... I just used to say oh I come from North Glasgow and people didn't ask and I didn't tell them where I went to …[private school] either so I was a bit vague about that…**(Grace - BD, 47yrs)**

Thus Grace avoids the stigma associated with wealth by not revealing she came from Bearsden and attended a private school. Through being vague and describing her area of residence as 'North Glasgow', Grace makes it particularly difficult for people to categorise her class.

Strategies of stigma management were also commonly used by Drumchapel participants, some like Amy, avoiding being discredited by remaining detached from the area:

> **And if you're in such a situation and you get judged because you're from the area...what are your views on how that makes people feel?**
>
> I just say I'm not from here, just, I live here. I say I'm from [neighbouring locality]. It probably does make people feel bad, because they're getting, like, obviously everybody's different – so like, I don't do drugs and I'm not out fighting every weekend, so when people are saying "Oh, you're from Drumchapel," they're just basically thinking I'm the same as what everybody else is…**(Amy - DC, 20yrs)**

By informing people that she is not from Drumchapel but just lives there, Amy attempts to separate herself from the stereotypes associated with the area by implying that her stay is merely temporary. Instead, she feels more comfortable aligning her identity with the area she grew up in because it is perceived to be nicer.

However, unlike Amy who had only lived in Drucmhapel for less than one year, the more established residents (especially those had who lived in the area from childhood) were more likely to emphasise that Drumchapel had a lot good people with strong community togetherness:

> It's Drumchapel, it's that bad stigmatism when we were, when I was growing up specially it was always, you know, oh, oh, you said you come fae Drumchapel, everybody used to cringe, you know? But, been here 32 years and it's never done me any harm, there's never been any problems, you know? It's just fine. It's just a good community, you know? When stuff needs done, people will do it, you know what I mean? People will rally round… It's like…there's an old lady of 98 along the road, you know? Nobody knows how long she's been in Drumchapel, she gets a wee bit senile, but all the kids go to the shops for her. Cos that's just out of respect…**(Johnny - DC, 40yrs)**

Johnny uses a form of stigma management that rejects the negative labels associated with Drumchapel by emphasising the positive sides of the area, including a 'good community' of people that are willing to go the extra mile for one another and youth who respect their elders. Additionally, in stating that he has lived in the area for 32 years and it has never did him 'any harm', Johnny draws on his own experiences as a way of dispelling what he considers to be misinformed stereotypes.

7.3.3.4 Reporting and acting on stigma

Though participants attempted to distance themselves and their area from public perceptions (i.e. virtual class identity), data from their own experiences demonstrated that the manner in which they reported and acted on the associated stigma suggested that participants often held similar prejudices. It was therefore common for participants from Drumchapel and Bearsden to report views that were consistent with public perceptions of their areas. For instance,

despite earlier refuting the stereotype of Bearsden snobs, Rhona's recollections of when she first arrived in the area suggested otherwise:

> …there's quite a lot of snobbery, I think around this area …when I first moved here…I didn't know many people around here, but when I had children and I got to know people going to…things like mother and toddler groups… they'll say 'Oh whereabouts do you stay? 'and then think…What road is that? What kind of house is that?', I think there's a lot of snobbery around here like that. And, and I think at first that that kind of bothered me, but you get used to it… **(Rhona - BD, 37yrs)**

In addition to confirming the existence of snobbery in Bearsden, Rhona also highlights that it is a very common occurrence. Interestingly, she also acknowledges the subtle manner by which this is achieved: by ascertaining where someone lives and the type of house they have, people can compare with their own situation and determine whether they are better-off or worse-off.

Others contradicted themselves by responding to the stigma associated with their area. This was particularly the case in Drumchapel. While participants rejected the commonly held stereotypes about their area, they often reported avoiding their local shopping centre because of the condition it was in and the type of people it attracted:

> I know where like aw the kinda troublespots...like the Drumchapel Shopping Centre there's cameras there and there's constantly police goin' aboot because there's that many fights an' it's like… that's where aw the kinda like young ones hang aboot that are like fourteen, fifteen that are aw drunk and it's where aw the addicts hang aboot as well because aw the dealers, they're in there, so I wouldn't go anywhere near there... **(Alicia - DC, 22yrs)**

Like Alicia, most Drumchapel participants avoided their local supermarket, preferring to shop in other areas like Bearsden, Clydebank and Knightswood. In doing so, participants were validating public perceptions regarding their localities.

Some of the most robust evidence that participants were influenced by the stereotypes attributed to their area came from data generated through the SES and area rung ladders. These rankings are summarised and presented in Table 7.1.

	Placed self higher than area	Placed self same as area	Placed self lower than area
Drumchapel	10	2	4
Bearsden	1	3	13

Table 7.1: SES and Area Ladder Rankings for Participants in Drumchapel and Bearsden

The results show that participants from Drumchapel tended to rate themselves as being higher than their area, whereas those from Bearsden rated themselves lower than their area. This suggests that there was gravitation towards the middle, possibly as a result of Drumchapel participants ‘playing up’ their social standing, whilst those from Bearsden ‘played it down’ as a form of stigma management. Although caution is warranted in making this interpretation because of the small sample size and self-selection for the study, the view taken by this author is that this is indicative of stigma management.

To expand, by rating themselves as being above their area the implication is that participants from Drumchapel were to some degree distancing themselves from the stereotype of people associated with their area (including drug users, alcoholics, gang members, and benefit scammers). It may be no coincidence that all four participants who rated themselves lower than their area lived in detached/semi-detached houses in more affluent parts of Drumchapel (including two from the more upmarket Old Drumchapel). Hence, they may have had a more positive view of the people in their area than those who were surrounded by higher levels of deprivation.

In contrast, the majority of participants from Bearsden rated themselves as being lower than their area. This may be explained as a result of their awareness that Bearsden is perceived to be one of the best places to live in the country and thus for them to rate themselves as higher than their area would imply they considered themselves to be better-off than the more affluent and higher classes of Bearsden. Alternatively, it could simply be a result of participants distancing themselves from the stereotype of being ‘posh’.

7.4 Conclusion

There are a number of important issues to draw out from this chapter which provide an important framework for evaluating the significance of social comparisons between and within areas.

To start with, participants' accounts must be understood within a prevailing view that that society has become much more materialistic and thus very different to the society they grew up in. Growth of the mass media and the Thatcher-led Government were usually cited as contributing to the increase in consumer culture. Interestingly, consistent with the late modernity argument (Beck, 1992; Giddens, 1991), some interpreted this rise in consumerism as suggesting that class had become redundant. However, others were less convinced and remained adamant that the class structure remains a powerful force in defining people's social standing in society.

Whilst participants showed no difficulties discussing class matters in general terms, they seemed less able to locate themselves in particular class categories. This is partly because the class structure was no longer seen as clear-cut where people could easily identify themselves as being working class or middle class. It is also because, as with making social comparisons, discussing class on a personal level was usually perceived to be socially undesirable. This may explain why Bearsden participants in particular often dismissed the relevance of class labels, some affirming that there was a level of 'unease' with being called middle class because of their belief that Scottish culture (especially in the West of Scotland) is still engrained within working class values of hard work and modesty. Interestingly, there was some support for this view from Drumchapel participants who were more likely to identify themselves as working class, some (especially males) embracing it with a sense of pride.

Arguably the most convincing evidence that class is still relevant, however, was revealed when examining data relating to stigma. Distinctions were made between participants' virtual class identity (i.e. participants understanding of how their area and/or residents were perceived by others) and their actual class identity (i.e. their own perception of their area and themselves). The former was often manifested by negative reactions from others which participants

sometimes struggled to comprehend whether they were actually being stigmatised (i.e. enacted stigma) or if it was felt stigma.

In rejecting their virtual class identity, participants often employed a number of strategies as a way of managing their 'spoiled' identity. This included verbally and/or physically confronting stigma (i.e. spoiled identity by association with area and residents); careful use of speech; ignoring other people's negative comments on the basis that it did not relate to them personally; normalisation of circumstances; avoidance of contact with others in the same stigmatised group; and, information management by concealing personal details like family background, area of residence, type of occupation and school attended (i.e. whether private or state school). The outcome of employing these strategies of stigma management is that there was gravitation to the middle, Drumchapel participants often 'playing up' their social standing whilst those in Bearsden 'played it down'. This provides some support for Savage's view that British society seems driven by a desire to appear 'ordinary' (Savage, 2000; Savage et al., 2001).

These lay understandings of inequality and class in late modern society provided an important context for investigating the relative importance of between and within area comparisons, with the latter shown as more salient. Expectedly, participants demonstrated a keen awareness of the huge class differences between Drumchapel and Bearsden, the close proximity of the two localities (together with the media and scientific research) being central in reinforcing these differences. Yet despite this awareness, such comparisons were usually disregarded as unhelpful for self-evaluation because they were considered too divergent from their own circumstances.

Instead, those from Drumchapel appeared more concerned with claiming and maintaining 'respectability' by distancing themselves from the 'rough' whilst Bearsden was characterised by distinctions between 'old' and 'new' money. In addition, the hypothesis that 'newcomers' are more likely to make social comparisons since upward/downward mobility often leads to greater awareness of social standing was supported. The importance of within area comparisons was especially marked among female participants who were more likely to be

aware of the subtle ways in which status distinctions are made and maintained within a neighbourhood-context.

The evidence in this chapter shows that people continue to have a strong sense of class and inequality in late modern society. It might be expected, then, that this would extend to their understanding of health inequalities and the role of social comparisons in causing such inequalities. This is the focus of the next chapter.

8 Lay explanations of health inequalities and consequences for health and wellbeing

8.1 Introduction

The previous chapter provided a detailed examination of participants' understanding of class and inequality. The purpose of this chapter is to shift the focus to health; specifically i) lay understandings of health inequalities in Drumchapel and Bearsden and ii) the significance people attach to social comparisons and how this might impact on health and wellbeing. In the first part, lay accounts are contextualised against the background of the two main explanations of health inequalities deriving from the Black report (specifically, the cultural/behavioural and materialist/structural explanations) together with Wilkinson's psychosocial hypothesis.

In the second part, the analysis moves on to take a closer examination of whether participants believed social comparisons can impact on health and wellbeing. As previously, participants' accounts are interpreted within the context of the socially undesirable nature of making social comparisons. This is because despite almost all participants asserting that social comparisons can impact on health and wellbeing (especially mental health), none believed that it could affect them personally. As a way of disentangling this apparent contradiction, a different perspective on the issue is provided from data generated from participants' accounts of: a) their children and how this related to biographies of their own childhood and, b) their personal experiences, each providing evidence that 'some' participants may have been susceptible to the same effects of social comparisons they felt only others were at risk from.

Cornwell's (1984) conceptualisation of public and private accounts is relevant here. The former refers to participants' views about shared and accepted knowledge, the latter the meanings participants attached to personal experiences which revealed less approved views. These data regarding the extent to which social comparisons might impact on an individual has particular significance in this study since Wilkinson's psychosocial mechanism is hypothesised as impacting at an individual level (Wilkinson, 1996).

In exploring the extent to which social comparisons might impact on people's health and wellbeing, this chapter examines both the direction of comparisons (e.g. upward or downward), how people interpret the comparisons they make, and the frequency with which these are made. Traditional social comparison theory states that making upward comparisons with those more fortunate can lead to negative consequences on people's wellbeing (Festinger, 1954), while downward comparisons with the less fortunate can enhance subjective wellbeing (Wills, 1981). By contrast, others argue that how the comparison is interpreted (Buunk et al., 1990; Buunk et al., 2003; White et al., 2006) and the frequency with which people engage in social comparisons also impact on subjective wellbeing (White et al., 2006).

8.2 Lay understandings of inequalities in health in Drumchapel and Bearsden

As discussed in chapter three, the evidence regarding lay understanding of health inequalities remains mixed. Most studies suggest that those most exposed to inequalities tend to be least likely to accept the existence of health disparities within society (Blaxter, 1997; Macintyre et al., 2005b; Popay et al., 2003a; Popay et al., 2003b). When accounting for health inequalities, the more disadvantaged tend to focus on lifestyle choices, including diet, exercise, alcohol consumption and smoking rather than material and structural factors. Paradoxically, the more affluent are more likely to recognise factors such as income, occupation and the environment as explanations for health inequalities (Blaxter, 1997; Macintyre et al., 2005b). However, Davidson (2003) found individuals from more deprived areas were more likely to recognise health inequalities and offer structural explanations by emphasising that where people live can affect their health. In contrast, the more affluent tended to focus on behavioural explanations.

In this study, data on lay understandings of health inequalities were generated by explicitly questioning participants whether: a) they believed inequalities in society had any effects on health and b) what they considered to be the main explanations for health inequalities.

With regard to the first question, there was an overwhelming acceptance amongst participants that health inequalities existed and this was irrespective of gender or whether participants were from Drumchapel or Bearsden. In addition to being informed through the media, particularly stories about differential life expectancies, the adjacency of Drumchapel and Bearsden made participants more aware of health differentials; some asserting that these differences were visible to the naked eye:

> **…do you think that [inequalities] can have any effects on health?**
>
> …I think, for Bearsden and Drumchapel, for being so close, there's a huge, you know, a huge divide of health issues. It's literally, you could just draw a line round where Bearsden ends and Drumchapel starts, it's like where all the problems start…They look unwell, you know? They've got a terrible complexion, more often than not they're, you know, overweight, not working, young kids, you know? It's just a big, vicious circle for them. **(Alice – BD, 42yrs)**

As evident in Alice's account, the close proximity of the two areas made health inequalities even more apparent because it was revealed in people's appearance; residents in Bearsden 'looking' much healthier than those in Drumchapel. Interestingly, in addition to being a common view amongst Bearsden participants, this belief that health inequalities were obvious by looking and comparing people from different socioeconomic backgrounds was also shared by some participants from Drumchapel:

> Yes…in that you can sort of stand two people together and say well I can see that that ones, that's the rich one 'cos they look better…**(Lauren – DC, 50yrs)**

However, whilst there was a general acceptance of the existence of health disparities, there was less agreement between participants from the two areas on the explanations. In this respect, there were no noticeable gender differences within both areas.

8.2.1 A Drumchapel perspective on health inequalities

On the whole, participants from Drumchapel appeared to put more weight on material and structural causes of health inequalities rather than cultural behavioural explanations. These included factors such as differences in income,

occupation, quality of housing, and the general environment. For example, some felt differences in income affected the ability to take holidays which in turn bestowed differential health effects via stress:

> …I can't afford holidays all the time…to get a holiday, get away, get relaxed…I think things like, emotionally, mentally, I think stress, to de-stress, I think sometimes you have to get away from…your normal routine… And I think, for, for people with less money, they don't, they're not able to get away as much, and I think that stops them from recharging….**(Lauren – DC, 50yrs)**

Lauren's views about her own situation extended to include residents in Drumchapel who struggled to go on foreign holidays because of financial constraints. As a result, making comparisons with others who could afford such luxuries served only to reinforce their belief of the impact material disadvantage had on health:

> …if you've got money you go on holiday, I mean that's got to improve your health…when you've got friends that are gaun on holiday like twice or even once a year and you've no been on holiday, ever, ever in your life…that gets to me, my friend and my sister are both going on holiday this year…and I'm happy for them…but then there, there is a part inside of me that feels that, 'well it's going to be a long time before I get to go abroad on holiday'. **(Catherine – DC, 22yrs)**

Making upward social comparisons appears to evoke feelings of envy for Catherine because of her inability to afford foreign holidays. The fact that she is comparing with her sister and friend appears to heighten her feelings of inferiority due to the salience of the reference groups.

In addition, disparities in healthcare also emerged as an important theme, the affluent being regarded as healthier because they had the means to buy quicker and better quality care through going private:

> Well, the higher up the ladder you go, you can afford private care, you can afford to buy yourself into BUPA. If you've got a problem with your body or something, you just ring them up, right, get you in the next day. But the [further] down the ladder…you've got to go to the NHS so you've got to go on a waiting list…**(Liam – DC, 26yrs)**

Although Liam's view that private healthcare is a superior service was a dominant view amongst Drumchapel participants, there were some, like Johnny,

who saw little difference in the care provided between the NHS and the private sector:

> …A lot of the wealthier folk are using the private hospitals you know? …I mean I know a guy who stays up in Milngavie who goes…private, you know? We've got the NHS, it's just, it's good enough for me…If I had the money it'd be good, you know, but would I pay it? I don't think so, you know what I mean? It's just that wee bit of inequality with it there…**(Johnny – DC, 40yrs)**

Though Johnny acknowledged that there was inequality in the type of healthcare the rich and poor can access, he made it very clear that he would not go private even if he had the money. This justification in his account is important because it acts as a way of demonstrating he does not consider himself to be inferior because of his inability to afford private healthcare. Rather, he chooses to use the NHS because it is 'good enough' for him. It is also interesting to note the number of times he uses the phrase 'you know', almost as if seeking reassurance that his view about private healthcare being a waste of money is correct and 'shared' knowledge.

One possible explanation for Drumchapel participants' emphasis on structural and material factors, compared with cultural and behavioural factors, as the underlying causes of health inequalities is that it justifies the situation as beyond their control. In doing so, participants were able to reject the charge that health was a matter of individual responsibility, a charge they felt was commonly portrayed by the media.

Even when some Drumchapel participants acknowledged cultural and individual behaviours as impacting on health, structural and material factors were still seen as the underlying causes of health inequalities. This was particularly the case when accounts referred to how social inequalities impacted on their own health and/or that of their children.

> …I try to gie him a balanced diet, do you know what I mean, like fruit and veg and o' the rest of it…I'm on benefits…[so]…I cannae afford to buy a wide variety …I wouldnae like to be giving [son] maist o' the time chicken nuggets and chips, do you know what I mean or turkey buggers or pizzas…but that's aw I can afford…**(Catherine – DC, 22yrs)**

By stating that she feeds her son 'junk' food, Catherine acknowledges the public perception that people in Drumchapel generally tend to have a poor diet. However, she disputes the view that her actions are a result of ignorance and irresponsible parenthood, attributing it instead to material disadvantage.

8.2.2 A Bearsden perspective on health inequalities

Bearsden participants' views on the causes of inequalities in health were mixed, about half of them citing general lifestyle and health-damaging behaviours such as smoking, excess alcohol consumption, drug abuse, lack of exercise, and poor diet as the main reasons. For example:

> Oh, yeah, without a doubt [inequalities do matter for health]. Completely. Yeah, I think… down to diet. Ignorance and… lack of food, lack of proper… I mean, diet, smoking… that's the thing. You go to Clydebank shopping centre, well, before they stopped being allowed to smoke, and every second person smoked…I don't know anyone that smokes here…**(Aileen – BD, 39yrs)**

The manner in which Aileen sees health inequalities to be a consequence of ignorance and poor individual choices by people from deprived areas such as Clydebank testifies to a view which places major emphasis on individuals taking responsibility for their own health. Furthermore, in her assertion that she does not know anyone who smokes in Bearsden, she locates her area as the reference point by which other areas should be measured for healthy lifestyles.

However, the other half of Bearsden participants emphasised a multi-factorial explanation whereby people's general lifestyle was influenced by other factors including material and structural factors. This is evident in Alice's account which emphasises the view that working class people are not only disadvantaged in economic and behavioural terms but also lack the education and knowledge with which to articulate their health problems:

> Definitely, without a shadow of a doubt, definitely [inequalities do impact on health]…if you are sorta working class, lower class, and you're in a different area, you might be in a manual job, poorly paid income, you might smoke, drink, do drugs at the weekend, your health will suffer, you'll suffer from, maybe, depression, drug related, drink related incidences when you're out on the town…you'll probably die well before you should, for different reasons. Also, if you haven't, I believe, have a decent enough education, you won't know

> the questions to ask when you go to the doctor…Whereas, if you are upper class or, like, middle class/upper class, you'll be able to articulate, you know, your health, how you're feeling, you know, and professional bodies will maybe take you more seriously…**(Alice – BD, 42yrs)**

Importantly, unlike Aileen who was an 'established' resident of Bearsden, this group was made up mostly of upwardly mobile 'newcomers'. This may explain why their emphasis on material disadvantage as the major explanation of health inequalities was similar to the prevailing view in Drumchapel. Alice's account was typical of participants who came from relatively deprived backgrounds.

In addition, and similar to some participants in Drumchapel, Nathan and Haley viewed differences in their ability to afford private healthcare as putting them in a much more advantageous position:

> …I'm better-off than more than ninety-nine percent of the people in the world…If I fell ill tomorrow, and I had to wait for two or three weeks, or two or three months to go for an operation, I would have a choice to go and have the operation done privately. You know, for a lot of people, if you go to the United States of America, there are a lot of people there who can't afford, even if it's very serious surgery, they can't afford to pay for it…**(Nathan – BD, 42yrs)**

Nathan clearly views his level of wealth as important in affording him the choice to access private healthcare in the case of an emergency. Furthermore, it is interesting to note his comparison with people in America who do not have any healthcare available to them. In making this downward comparison, Nathan seeks to highlight how fortunate he is, which may enhance his own subjective wellbeing.

However, as evident in Haley's account, making such downward comparisons did not always produce these positive emotions:

> …about three months ago [my son] came home from school and he had lost the power in his right leg…so I took him to the doctor and she had thought he'd had a stroke and sent us straight to casualty.…they said "yes he has to be seen by somebody but he can't be seen today. Go away home and they'll give you an appointment". So by the Wednesday I was beside myself with worry. And I'm ashamed to say I got him seen privately…it turned out [it was nothing serious]…and I thought if I hadn't been able to do that, and it made me feel for people that have to just go with the system…**(Haley – BD, 42yrs)**

Unlike Nathan, Haley's downward comparison with those less fortunate appeared to have the opposite effect by bringing out feelings of shame. That is, rather than having a positive effect on her wellbeing, it seemed to bring negative feelings through her empathy with people less well-off. This illustrates the limitation of a model based only on the direction of comparisons and points to the importance of its interpretation and context.

8.3 A psychosocial explanation

8.3.1 Public perceptions

In order to address one of the main research questions, participants were openly questioned whether they thought making social comparisons could impact on health and wellbeing. Interestingly, participants' accounts varied depending on whether they were referring to mental or physical health.

There was an overwhelming belief that social comparisons could have an impact on mental health and wellbeing by evoking feelings of inferiority, worthlessness, and low-self esteem – which were believed to lead to conditions such as depression. Furthermore, this was a view shared by participants from both Drumchapel and Bearsden:

> **I mean, this idea of people comparing themselves with others, do you think it's something that…can…have any effects on health?**
>
> …Yeah, I think it depends on the degree. I think if you do too much, I know it gets, I think it can have an effect on mental health, I think, how you feel about yourself…it depends, again, as I said before, on the amount you do it, and if you constantly compare yourself to something you maybe can't achieve, but it's just like, yeah, too big a discrepancy…**(Caroline - DC, 37yrs)**

In Caroline's case, it is not simply the process of comparing with those higher up the socioeconomic hierarchy that she believes can produce feelings of inadequacy but also how regularly people compare, those who 'constantly compare' being most vulnerable.

Rachel also believed that social comparisons could have negative effects on mental health if people placed too much emphasis on how they compared with others as the basis for self-evaluation.

> I think if you focused on other people too much instead of yourself and to the positive sides of what you do have instead of what you don't have, yes it could obviously affect you…well, it would affect your happiness because you would be bound to become quite kind of bitter about the whole thing, that you don't have and why don't you have, all this kind of stuff, and ultimately could become quite depressing…so I think it could affect your health, yes. **(Rachel – BD, 44yrs)**

Evidently, Rachel viewed the manner in which people interpret social comparisons as an important factor which can impact on mental state, those who take a more positive outlook on life regarding what they have in relation to others being less likely to suffer the harmful effects of comparing with others. In this respect, although some recognised that social comparisons could 'either motivate you or else it could depress you' (Alicia – DC, 22yrs), most participants emphasised negative outcomes of social comparisons. It was often only after prompting that participants mentioned positive aspects of comparing with others, a common expression of which was that it could act as a driving factor in inspiring people to better their lives. In Joe's case, he held the view that social comparisons could motivate people to lose weight:

> **...we've talked about, the issue of comparisons…do you think it can have any positive effects on people's health…?**
>
> I would say the negatives far outweigh the positives. There may be someone who's particularly, might be a bit overweight or something, and then they work that bit harder to lose the weight and they may become healthier. I think it's more of a mental health thing, you know?…**(Joe – DC, 41yrs)**

Joe's assertion that the negative effects of social comparisons far outweigh the positives is important in providing further insight as to why social comparisons were generally regarded as socially undesirable. In fact, not everyone was convinced that there could be any positive effects derived from comparing with others. For example, Liam saw the whole process as flawed because it would always lead to feelings of inferiority since there are always people who are better-off. Likewise, Wilma did not believe that social comparisons could have

any positive effects on mental health, a view she expanded by indicating that the process in itself was 'very unhealthy' irrespective of the direction of the comparison:

> …I think it is a very unhealthy thing to make comparisons with those either what you would count above your social standing and those below so that it's not a, it would almost I think in some ways be seen as greed to even compare yourself and I think you know I don't think it's a healthy emotion to have really to be honest. But whether it would actually physically affect your health or not I'm not sure…**(Wilma – BD, 43yrs)**

Wilma's account highlights an important point. That is, whilst there was an overriding view that social comparisons could impact on mental health and wellbeing (positively and/or negatively), there was less agreement on how this could affect people's physical health, some participants struggling to articulate how such a mechanism would operate:

> On their health? I think it can affect their mental health. I think they can get so wrapped up in it that you know, you can drive yourself down because you're just getting so worried about what everyone thinks about yourself… Does that have an effect on your physical health? I can't immediately see how it would. I can't see physical health. **(Cameron – BD, 35yrs)**

Despite this, more than half of the participants in both Drumchapel and Bearsden asserted that social comparisons could have an effect on physical health. Interestingly, stress was often posited as the mediating factor. This can be seen from the following extract where Gavin identifies the pressure and anxiety of not being able to keep up with society as having damaging consequences on people's physical health:

> I just think they're getting stressed over something they don't need to…they're worried about, oh, I don't have the latest phone, you know, and they're getting stressed…it can give all the symptoms of stress, you know, it can put their blood pressure up, increase their heart rate, all that kinda stuff – make them take up smoking, coz they think that relieves the stress, you know?...**(Gavin – DC, 41yrs)**

It is interesting to note the manner in which Gavin's recognition of the 'symptoms of stress' mirrors scientific research. Not only does he recognise cardiovascular diseases as possible indirect outcomes of consumerism, he also

identifies the harmful coping behaviours (i.e. smoking) that those most susceptible utilise as means to relieve stress.

Debt was also identified as one of the main mechanisms by which social comparisons could impact on health. A common view amongst participants from both areas was that the pressure of keeping up with others could lead to people getting themselves into debt, consequently having a negative impact on physical health via stress and anxiety:

> In Bearsden, if you wanted to match somebody's holiday, you probably could because you're in an affluent area with disposable income…If push came to shove, and my friends said, "you know, I'm going [on] this seven grand holiday", if I really wanted to, I could go the same holiday as her, but I don't. However, if I lived in Drumchapel and my pal came in and says "I'm going this two grand holiday to this nice resort,"…I might be the type of person that might say, "right, I might go to a loan shark…and get into debt to get this holiday, to feel a bit better,"… what happens is you cannae pay the loan off, cannae pay the money back, you get depressed, you know? You've no got enough money for your food, you've no got enough to eat during the week, and this is just, goes on and on and on, so definitely. **(Alice – BD, 42yrs)**

Using herself as a reference point, as someone who is careful with money despite having the financial capacity, Alice appears to question Drumchapel resident's ability to make responsible decisions. She feels they are far more likely to get themselves into serious debt (sometimes with dangerous repercussions) to try and live a life that is beyond their means simply to 'feel a bit better' about themselves. Alice also identifies the indirect impact of social comparisons on physical health through the knock on effects this might have on people's capability to afford basic necessities such as food.

This trade-off between the negative effects of consumerism and a healthy diet was recognised by participants from both Drumchapel and Bearsden as one of the main mechanisms by which social comparisons impacted on health:

> …you see people, maybe gaun oot to buy their shopping or whatever, and maybe they're no even buying shopping because the wean needs to get these ninety pound or a hundred pound trainers…so we'll just no bother buying stew or mince or, we'll just buy whatever crap comes ootta the freezer shop that's the cheapest o' the cheap. **(Mary – DC, 46yrs)**

Social comparisons were also said to impact on physical health via people working long hours in order to deal with the pressures of a consumerist society:

> …They can't relax, it's 'cos they always feel pressure to well, 'I've gotta get a new this and I've got to get whatever, in a need to..' So they're working harder hours, longer hours and whatever to try in, and I think physically that just drains people. **(Lauren - DC, 50yrs)**

Lauren's account can be interpreted as implying that today's materialistic society has created a vicious cycle whereby people are pressured to achieve a lifestyle that is almost unachievable due to the constant changing nature of what is considered fashionable. Lauren's view was echoed by participants from Bearsden, like Ben, who believed that people who felt unsuccessful were more likely to work long hours that were mentally and physically demanding on their health:

> Yeah, I mean, certainly people stress themselves out… if they feel that they're not successful enough, it's easy for them to think to themselves, "Well I can work more, I can work harder because there's more opportunity to do more work outwith the normal working hours," sort of thing – so I think people can feel under more pressure, or they can be made to feel under more pressure. **(Ben - BD, 35yrs)**

Ben's account suggests that the pressure for people to show they are successful is two fold. Firstly, there is pressure from within whereby feelings of failure arise as a consequence of comparing with others in more advantageous positions. Secondly, his declaration that people can be 'made to feel', implies that there is also pressure from outside factors like peers, the wider society and the media.

However, it is important to highlight that whilst participants acknowledged that social comparisons can impact on health and wellbeing, they did not necessarily consider it to be more important than the cultural/behavioural and material/structural explanations discussed earlier. This can be illustrated in the following extract from the paired interview with Graham and Linda:

> **Do you think it's something that can affect people's health in any way?...**
>
> **Linda:** Well it could… I don't- it would probably affect your health if you didn't have what you wanted and you could see people who did

> have, and you didn't have any way to get there. I can't see it ever affecting our health, comparing with other people…
>
> **Graham:** I think probably the bigger, I think bigger factors would be things like good housing …could have an impact on health…
>
> **Linda** (overtalking): I don't think solely comparing-
>
> **Graham:** …I don't [think] comparing yourself to others would have a massive, impact on your health. I think lifestyle probably has a lot, more in terms of your health, in terms of how you exercise and what you eat. And how much you smoke and how much you drink, are things that probably have a much bigger impact on your health than where you see yourself, personally. But I don't know, I don't know. **(Linda & Graham – BD, mid 30s)**

Though Linda begins by stating that making upward social comparisons could 'probably' have an effect on health, it is downplayed by Graham whose account more strongly emphasises differences in lifestyle and structural factors. Further, she makes it very clear that it does not affect her and her husband's health.

Although the analysis provides compelling evidence that participants believed social comparisons could impact on health and wellbeing (especially mental health), it is difficult to know what status to accord their accounts which were often expressed at an abstract level, some explicitly saying their accounts were largely hypothetical.

8.3.2 Personal relevance of social comparisons

Despite almost all participants asserting that social comparisons could impact on mental health and more than half that it could also affect physical health, none (including Graham and Linda as illustrated above) actually admitted that such comparisons affected their own health and wellbeing. Instead, participants from both Drumchapel and Bearsden often cited factors such as their personality, upbringing and the social environment in which they grew up as reasons why they were not susceptible to the negative effects of social comparisons they believed to affect others. This emphasis on being 'strong' character provides insight into why participants may have denied that social comparisons could affect their health and wellbeing. It poses a moral dilemma because to admit to being susceptible was almost seen as an admission of being 'weak' minded.

This contradiction is illustrated in the following extract from a discussion with Sandra:

> **…this issue we're talking about where people compare themselves with others – do you think it's something that can affect health in any way?**
>
> Yeah, actually, I do. I've got a friend that's anorexic, really badly, and the reason why she's anorexic is because she gets bogged down wi' things that are happening that she can't control – you know, images in the media, wanting to be skinny, and that obviously affects her health…
>
> **I mean, is it [something]…that could affect [you] in any way?**
>
> No, I don't feel that way at all, no. I don't, I'm a kinda, like, unless you can do something about it, don't get depressed about it. I'm a cup half full – I'm not a cup half empty kinda person, and I never have been…I think that's a lot to do with the way that I've been brought up with my mum...She's always taught us…just concentrate on the things that make you happy…I don't feel, I mean, I don't get stressed in a bad way. If I get stressed, it kinda makes me work harder…Stress doesn't make me sick. I don't get ill, really, you know, I don't have, like, any nervous disorders or anything, you know? **(Sandra – DC, 29yrs)**

It is interesting to note the shift in Sandra's views when referring to the effects social comparisons can have on others and when relating to her own health. She makes it clear right from the outset that, unlike her friend who gets 'bogged' down by media comparisons, she does not feel the need to compare herself with others. Even when explicitly asked, she is firm in her declaration that social comparisons do not affect her personally because she was brought up to focus on the positives instead of dwelling on the negatives. Furthermore, her assertion that she never gets sick from stress because it only makes her work harder appears to have the main purpose of highlighting her strong mentality.

As a way of disentangling this apparent contradiction between participants public and private accounts, a different perspective on the issue is provided by data generated by from participants accounts of: a) their children and how this related to biographies of their own childhood and, b) their personal experiences, each providing evidence that 'some' participants may have been susceptible to

the same effects of social comparisons they thought only others were at risk from.

8.3.2.1 Participants' accounts of their children and their own biographies as children

One way of ascertaining the extent to which participants' public accounts may have related to their personal accounts involved triangulating between participants' accounts of their children and their own biography as a child. For example, in relation to the former, Sarah asserted that comparing with others who were better-off could make people feel worthless and possibly lead to depression:

> **…we've talked a bit about this idea of people comparing themselves with others, do you think it's something that can affect people's health in any way?**
>
> Oh, uh-huh…you can be lookin' at people and think that you're no worth anythin' because these people have got the better clothes, the better job, the better money…but I think people could…get really depressed I suppose you know, because they're comparin' therselves an… tae other people…**(Sarah – DC, 35yrs)**

Although Sarah did not think that social comparisons could impact on her own health, her biographical account demonstrates that comparisons with her friends who were better-off may have evoked a sense of relative deprivation during her childhood:

> **And how did that make you feel [seeing that other people were better-off]?**
>
> Aye, well, well, when I was younger …in my eyes it wisnae fair and I felt hard done by but obviously when you grow up and you realise… I didnae loss anythin' by no getting' they roller skates, or no getting' a bike …but when you were younger, it was, it was hard tae see your pals goin' oot on bikes and rollerskates and see them getting' things that you didnae have yerself and couldnae get, you know. **(Sarah – DC, 35yrs)**

Interestingly, despite stating that she 'felt hard done by' for not having the material goods her friends had when she was younger, Sarah nonetheless dismissed this experience as unimportant for her current health. Yet, when

talking about her son, she stated that she felt guilty for being unable to provide him with what his peers had:

> **...can you tell me a bit about why you feel guilty?**
>
> Why, why dae I feel guilty? … I don't know why, maybe because I feel that when I was younger, I felt left oot if I didnae have, the same as like your friends and… and I don't want [son] tae feel left oot, so that's probably how I feel guilty. **(Sarah – DC, 35yrs)**

Sarah is clearly relating her own difficult upbringing to her son, which may explain why she does not want him to feel left out. Thus, despite denying that social comparisons had any effects on her own health and wellbeing, evidence suggests she may have been vulnerable to the indirect effects, especially since she stated earlier that comparing with others can lead to feelings of inferiority and possibly depression.

There was also evidence to suggest that Bearsden participants may have been equally vulnerable to the same effects they thought to affect others. This can be seen in the discussion with Aileen who affirmed that she felt pressure to ensure her daughter was involved in the same activities as her friends:

> …a lot of [daughter]'s friends were joining the local ski club and, I mean, I joined her…and she'll ask to do something and I find I'm giving her money just so that she keeps up… she doesn't get left behind. Uhuh, definitely, yeah. I think to a certain extent you have an obligation, because some children want to stand out, but the majority want to blend in and do what everybody else does...**(Aileen – BD, 39yrs)**

In Aileen's case, making sure her children fitted in with their peers was not so much a choice but an 'obligation' as a parent. However, in contrast to Sarah who focused on material possessions, Aileen seemed to be under more pressure to make sure her children were involved in similar after school activities as their friends. As can be seen in the following account, parents who failed to do so were perceived to be failing their children:

> …as a parent now I think it's more, it's more competitive, you know, how many… things can you get your children into and the children don't do activities, a 'what kind of parent are you?' kind of attitude, but you know, they've got to be doing drama and dancing and it's so busy…**(Aileen – BD, 39yrs)**

Aileen's account suggests that it was as much about her as a parent fitting in (or specifically, keeping up) with the other parents as it was about her children not being left behind.

Thus, the indirect effects of social comparisons are such that, in trying to provide for the children what their peers have, parents may put themselves under stress to obtain or maintain a lifestyle based on keeping up with others, which can subsequently have negative consequences for their own health and wellbeing.

8.3.2.2 Personal experiences

A second way of ascertaining the extent to which participants' public accounts may have impacted on them personally involved a closer examination of their own experiences of making social comparisons.

This can be shown by illustrating discrepancies within Anthony's accounts. He recognised stress as an important mediating factor in leading to ill health when overtly questioned:

> **…in your views do you think that [comparing with others]…can have any implications on health…?**
>
> I think yeah, yeah there's, there's a good chance that you know they'll potentially feel under pressure…pressure, stress I think you know the, the two are related… So I would think yeah there probably could quite well be a link between you know keeping up with the Jones' and people being under stress…**(Anthony – BD, 43yrs)**

Though Anthony made a link between pressures resulting from keeping up with others and stress, he nonetheless distanced himself by referring to susceptible individuals with general descriptions such as 'they'll' and 'people'. However, there was some evidence that one of the reasons he moved to his current neighbourhood was because he had previously felt similar pressure when his friends and neighbours had moved to more upmarket localities within Bearsden:

> …if you go back to the scenario when we moved into the last house that we were in prior to this one, and then a lot of folk started to, to move away from, from these, these houses to bigger properties at that point I probably felt under you know maybe a wee bit of pressure

> that well you know we should be doing that as well, we should be moving. And, and maybe you know comparing ourselves to others at that point in time. **(Anthony – BD, 43yrs)**

In stating that he felt pressure to move because his peers were moving up the hierarchy, it is reasonable to assume that he also felt stressed since he acknowledged this as one link by which social comparisons may impact on health. However, despite this affirmation that he previously felt pressure, there was little evidence that this was still the case. As with Johnny above, he expressed contentment with his circumstances since he had achieved his goals of moving to a nicer neighbourhood within Bearsden.

The private school setting was another environment where the negative effects of social comparisons were evident. Although, in the main, participants who sent their children to private school seemed reasonably happy with their decision because they wanted them to obtain an all-round education, for some, it brought out insecurities about their own standing in the social hierarchy. For example, whilst Mary was delighted that her son had got a scholarship to attend private school, it also evoked feelings of inferiority because she did not feel she was ‘good enough’ to be in the company of the more affluent parents at the school:

> I feel dead intimidated when I’m at his school. I know it sounds dead, dead childish for somebody nearly forty-six, but when I go in, I’m always dead, dead anxious because I’m always frightened …I cannae go aboot speaking in a posh voice. I mean, I can be a wee bit polite occasionally, but I just can’t do the posh voice thing, and I always kinda worry that I’m gonna let him doon, if you know what I mean? Wance I’m there, I’m always fine, but before I go, I’m always an absolute bag o’ nerves. No wae the teachers, but like wae the other parents kinda thing, because I always feel kinda inferior tae them do you know what I mean. …I feel kind o’ a, like, no good enough to be there if you know what I mean. I feel as though I’m, that’s when I feel that lower doon the ladder… **(Mary – DC, 46yrs)**

As with other participants, Mary had earlier denied that social comparisons had any effects on her wellbeing because she was content with her life, especially when compared to most people in Drumchapel. In fact, Mary was one of the four Drumchapel participants who rated her area as higher than her own SES. Yet her account clearly illustrates that making upward comparisons with middle class parents at her son’s private school produced strong feelings of anxiety,

inferiority, worthlessness, shame and embarrassment. In contrast to the way indirect effects may impact on health, Mary's feelings were a direct consequence of personally feeling she did not 'belong' since she could not dress, speak and act like the more affluent middle class parents.

Interestingly, such feelings of inferiority were also expressed by participants from Bearsden:

> I wouldn't like to go because I would feel I went to a parents' night and I was, I felt intimidated. Not intimidated that's not the right word. I felt I was scared to speak in case I used the wrong grammar (laugh). Which I occasionally do and they were uh huh, I did, I did feel yeah I did feel a bit inferior I suppose is the word you would use.
> **(Haley – BD, 42yrs)**

Evidently, Haley's anxiety about the private school environment is less a reflection of material factors but on other dimensions of status such as level of education, general conduct, and how she speaks. Haley's and Mary's accounts illustrate that whilst sending children to private schools can have great benefits, it may also bring out negative feelings about the self because such settings may force people to look at their own standing both within and between class and possibly lead to negative effects on their health and wellbeing.

In this regard, it is perhaps not surprising that stigma emerged as an important route by which social comparisons can impact on health and wellbeing, especially the stress involved in stigma management. As demonstrated in the previous chapter, social comparisons play an integral role in how stigma is generated and perpetuated in society. Interestingly, the effects of stigma were recognised by participants themselves as one way by which comparing with others could affect health:

> **…do you think comparing with other people can affect health in any way?**
>
> Aye, I think it can, like, if you were someone that you felt someone was looking down on you it's, you could feel down about yourself, you could, you know, be depressed about yourself and if you think too much into it, thinking, oh these people think I'm, like, i.e., for me, staying in Drumchapel, and them somebody staying in Newton Mearns, I could think "oh these people don't know me, but they think I'm

> scum." That could affect a lot of people's mental health, but for me, personally, no…**(Allan – DC, 35yrs)**

Although Allan distanced himself from being personally affected by social comparisons, evidence from his own experience of working in an affluent area as a maintenance worker demonstrated that he had been faced with a similar situation described in his account above:

> **…do you get treated any differently…being from Drumchapel?**
>
> …I have had instances where, maybe the old, we've got an older club that comes in here – an old pensioners club, and they'll say "oh he's a nice wee boy," and stuff, and then one of the ladies said to me "where is it you stay?" And I said "Drumchapel" and kinda, she looked at her pal…as if to say, "oh he's from Drumchapel." And she never really spoke to me after that… I dunno if her views had changed on me because she'd heard where I stayed, but that's the feeling I got at the time, so aye…**(Allan – DC, 35yrs)**

The fact that Allan had earlier acknowledged that the effects of social comparisons on mental health are worse when people are thought of as 'scum' by others who do not even know them would suggest that he might have also felt depressed since he was faced with a similar situation at the pensioners club. Hence, the effects of stigma may be more pronounced when people are made to feel inferior.

Another way in which public accounts may also reflect personal experiences refers to participants' use of collective terms such as 'people like us', 'people like yourself', or 'people like me' to describe their peer groups (e.g. friends, neighbours, and work colleagues) and family members.

For example, when questioned whether social comparisons could impact on people's health and wellbeing, Johnny identified his brother as being especially vulnerable to the negative consequences of social comparisons:

> **…if people are comparing themselves, do you think it's something that can affect health in any way?**
>
> It could well be, you know what I mean? …I find a lot of folk get stressed aboot stuff…worry aboot money…worry aboot their housing situation…It can put a lot of stress on people. You know, my young brother, he stays in quite a kinda run-down area of Drumchapel that's

> not been developed. And he, I find him so worried sick aboot it, you know, that he does get stressed and he gets really upset, you know? He's in quite a bad area and there's a couple of gangs roond his area…they're not, you know they're not targeting him. It's just because of where he's living and what he can afford to live in and what he can afford to do, he's getting worried aboot it, you know, and he's got, you know, you say to yourself he's due for a heart attack any minute. Cos he gets his self riled up…**(Johnny – DC, 40yrs)**

In addition to the experience of living in hardship, comparing with others in a better situation seems to act both as the driving force for Johnny's brother's wish to move out of his area as well as heightening his feelings of inferiority. These feelings were worsened by the belief that he was failing his children:

> ...he compares his self, he's seen other folk and how they're getting on and he's thinking he's just stagnant and he's thinking I'm still stuck in here, I'm better than this...I want my kids oot of there. It'll make my kid's life a bit better…I'll get peace, you know peace of mind peace of everything you know?...**(Johnny – DC, 40yrs)**

Hence the realities of not being able to provide the best for his children may have served as a painful reminder of Johnny's brother's relative lower standing in society. Interestingly, triangulating Johnny's view of his brother with his own experiences of previously living in a deprived neighbourhood of Drumchapel demonstrates that Johnny's account was a reflection of the feelings he went through himself when he was faced with a similar situation:

> *Even us*, we were in our last place for nine, ten years and there was a great change…when we moved in we knew everybody and we were friends with everybody and, but as the years came over…it was different folk and from different areas that never spoke to you…it was just that shut your door mentality, you know? "Stay out my road, you know, and don't give me any bother." Whereas here, kids are jumping over fences and you know, they're in and oot hooses… We're all ok[here], whereas, you know, previous areas, you know, you get stressed, you get worried, you're thinking about alcoholics, kids taking drugs…**(Johnny – DC, 40yrs)**

In recollecting his previous experiences of living in a deprived neighbourhood, Johnny recounts that he also experienced similar stresses and anxieties his brother was currently going through. Like his brother, Johnny's feelings and/or realities of deprivation were compounded by comparing with neighbours who had moved to better areas. However, there was no indication this was still the case as Johnny appeared to be genuinely content with his current situation

because he felt he had moved up the ladder by living in one of the better areas of Drumchapel. Consequently, this seemed to minimise his need to constantly assess his relative standing. Johnny's accounts highlight an important point that accounts relating to collective terms such as 'people like me' tended to emphasise the role of within area (class) differences as being more important than between areas.

8.4 Conclusion

There are a number of important findings from this chapter which raise wider questions regarding the role of social comparisons in impacting on health and wellbeing.

Firstly, none of the participants spontaneously suggested perceptions of place in the social hierarchy as an explanation for health inequalities. Instead, Drumchapel participants tended to emphasis material/structural explanations, including differences in income, occupation, quality of housing, access to healthcare and the general environment. One possibility for this emphasis in Drumchapel is that it justifies the situation as beyond people's control, subsequently allowing them to reject the individual responsibility they felt was commonly advanced by society and the media. The views of Bearsden participants were mixed, upwardly mobile newcomers usually placing a similar emphasis on material/structural causes as those from deprived areas whilst long-term established residents commonly suggested differences in general lifestyle and health-damaging behaviours (including, smoking, excess alcohol consumption, drug abuse, lack of exercise, and poor diet).

Secondly, although almost all participants asserted that social comparisons could impact on health (particularly mental health) when elicited, this was prompted and it was notable that these discussions were usually at an abstract or hypothetical level. Crucially, none believed making social comparisons could affect them personally when directly questioned. Lastly, and most importantly, whilst a closer examination of the data relating to participants' accounts of their children and how this related to biographies of their own childhood, together with their personal experiences, revealed that some participants may have been at risk from the negative effects of social comparisons they thought only

affected others, these effects were reported to be experienced at particular periods in their lives. It proved difficult to establish who is more likely to suffer health effects of social comparisons since Bearsden participants also provided accounts which revealed they may have been vulnerable at certain episodes in their lives (including pressure to move because their peers had moved to better neighbourhood within Bearsden and feeling stigmatised because the lacked the etiquettes of middle class culture). Importantly, participants' accounts usually emphasised the role of within area differences as being more important than between areas.

The concluding chapter considers the implications of these findings in relation to the wider debates on health inequalities and Wilkinson's psychosocial hypothesis.

9 Discussion and conclusion

9.1 Introduction

The aim of this final chapter is to bring together the main findings of this study within the context of the original research questions and wider debates discussed in chapters' two to four. The strengths and limitations of the study, recommendations for future research and concluding remarks are also detailed.

Although making social comparisons has long been recognised as a pervasive social phenomenon (Klein, 1965; Runciman, 1966; Wright-Mills, 1956), recent debates have included the idea that social comparisons may be more exaggerated in late modern society than ever before because of factors such as globalisation, rise in consumer culture and growth of the mass media (Beck, 1992; Beck, 2007; Giddens, 1991; Hamilton, 2003; Schor, 1998). Central to this late modernity argument is the view that traditional structures like class have fragmented to the point that 'reflexive' individuals have greater opportunities to shape their own biographies (Beck, 1992; Beck, 2007; Giddens, 1991). In this 'individualisation' model, people's reference groups are believed to be broader because of increased exposure to a wide range of lifestyles they see on, for example, digital media and the Internet (Hamilton, 2003; Schor, 1998).

However, whilst there can be no doubt that society has undergone major changes in recent decades, there must be caution in interpreting this transition as an indication that class is no longer relevant (Crompton, 2006). As it was hypothesised that place is likely to play a key role in the reproduction of class and class differences, this thesis drew particularly on evidence from earlier British community studies where class was conceptualised as a neighbourhood-context (see chapter two for a detailed discussion). In doing so, it highlighted a number of limitations to the late modernity argument.

Firstly, the most important concerns the manner in which the individual is often removed from their immediate social context. By diminishing the importance of place, late modernity theorists tend to overlook the possibility that status distinctions may still reflect area, and therefore, class differences. Related to this is that comparisons within areas tend to have more salience than those

between areas (Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Stacey, 1960; Wight, 1993). Evidence concerning social mobility is particularly relevant here since it indicates that newcomers are more likely to be aware of status differentiations within their area than long-term established residents because upward/downward mobility often leads to people having an acute sense of awareness regarding their social standing in relation to others (Bott, 1954).

Secondly, whilst it is acknowledged that social comparisons may be more exaggerated in late modern society, it is does not necessarily imply that people's reference groups have widened since restricted comparisons with neighbours, friends, family members, and work colleagues may still have validity. Lastly, by focusing on material dimensions of people's comparisons (mainly through its emphasis on consumer culture), the late modernity argument overlooks the significance that non-material factors like accent, taste, family upbringing, respectability, and education can play in increasing an individual's prestige and social honour in their own eyes and that of others (Pitt-Rivers, 1966; Turner, 1988; Weber, 1948).

It is within this wider context that Wilkinson's psychosocial explanation of health inequalities has been examined. This thesis was contextualised within his earlier work where comparisons between proximal neighbourhoods were hypothesised as being the most important (Wilkinson, 1997a). Wilkinson's main argument was that, in developed countries, perceptions of place in the socioeconomic hierarchy was a psychosocial risk factor related to poor health (Wilkinson, 1992; Wilkinson, 1996). Although there has been a notable shift in Wilkinson's argument whereby his focus seems to be on wider reference groups, he does not appear to be persuaded by the late modernity view that class has fragmented. His focus is still on between-class comparisons, albeit with an emphasis on wider reference groups.

Nevertheless, his approach remains largely suggestive with no clear conceptualisation of the exact pathways by which feelings of relative deprivation lead to poor health. Arguably the most important limitation concerns the lack of attention given to the process of social comparisons despite being implied as the central mechanism in the psychosocial pathway. Furthermore, as Wilkinson has relied extensively on large scale epidemiological data to make

inferences at an individual level, there has been a major gap in studies that have employed a qualitative approach to understand the dimensions of social comparisons and how this may be linked to health and wellbeing.

The overall aim of this study was therefore to investigate the scope and nature of social comparisons amongst people living in proximal socio-economically contrasting neighbourhoods, their perceptions of class and inequality and how this might impact on health and wellbeing. This was investigated through the following research questions:

1. What is the nature of social comparisons that people make, who do they compare themselves with and what do they base their comparisons on?

2. What are people's perceptions of class and inequality in contemporary society?

3. What is the relative importance of between and within area comparisons?

4. What are lay theories of health inequalities and to what extent do people perceive making social comparisons as impacting on health and wellbeing?

5. Are there consistent differences between proximal neighbourhoods and are there gender differences within areas?

These research questions were investigated using in-depth interviewing as the main methodology, which was supplemented with media analysis and participant observation to gain an understanding of the study areas. A total of 33 interviews were conducted with parents from Drumchapel and Bearsden. These areas were chosen because they were important class contexts, Drumchapel representing a working class area and Bearsden a middle class area. As Wilkinson focuses on between-class comparisons, the selection of these proximal neighbourhoods provided a good opportunity to investigate the extent to which people make comparisons between classes. In addition, parents were deemed more likely to be aware of where they stood in the social hierarchy since their standing was also likely to be dependent on what they could provide for their children.

9.2 Summary of main findings

In relation to the first research question, as expected, there was strong confirmation for the sociological (Klein, 1965; Wright-Mills, 1956) and social psychology (Buunk et al., 1990; Festinger, 1954; Wills, 1981) finding that making social comparisons is a common social occurrence. It was seen as ‘human nature’ to compare with others, with factors such as the mass media and consumer culture frequently identified as increasing the pressure to ‘keep up with the Joneses’. In particular, parents were viewed as being especially prone to making social comparisons because of pressures from their children to keep up with their peers. This confirms the importance of selecting parents as key participants in this study. However, whilst participants talked with ease when discussing social comparisons in general terms, they were typically more uncomfortable when referring to themselves. The socially undesirable nature in which social comparisons were discussed provided an important context for understanding the data. The importance of teasing out discrepancies in participants’ accounts is discussed in greater detail below when outlining the strengths of this study.

The focus of the first research question was also to explore the issue of reference groups and basis of people’s comparisons. With respect to the former, even though participants were able to identify a broad range of reference groups (including celebrities, people living in different countries and homeless people), there was strong evidence to suggest that comparisons with ‘similar others’ like friends, neighbours, work colleagues and family members remain more important. However, whilst this finding of restricted reference groups has often been interpreted as suggesting that people remain unaware of the full extent of inequality (Pahl et al., 2007; Runciman, 1966), participants in this study showed an acute awareness of inequalities across different spatial scales (from the most global places like New York and African countries to local places like Drumchapel and Bearsden and within these neighbourhoods). This was especially illuminated by participants’ frequent references to the mass media (especially reality TV programmes, documentaries and the news) as making them more aware of inequalities in society.

In fitting with a Weberian perspective, the basis of people's comparisons was highly complex and multi-dimensional. That is, participants often utilised multiple hierarchies that included both material and non-material factors to make distinctions between and within areas. Whilst material-dimensions were the most visible, non-material factors appeared to be more important. For example, despite having the economic capital to live in Bearsden, upwardly mobile newcomers were often looked down upon by long-term established residents because they did not have the accent, tastes, social mannerisms and family background that was associated with the traditional middle class identity of Bearsden. Consistent with expectations, it is not surprising that newcomers in both areas generally seemed more likely to make social comparisons because they often faced more situations where they had to evaluate their social standing in relation to others like having new neighbours, making new friends, and taking children to a new school.

With regard to the second research question, not only did participants demonstrate a keen sense of awareness of inequalities across different spatial scales; importantly, the manner in which they differentiated between different forms of inequality showed an understanding of the concepts of absolute and relative poverty. That is, whilst they acknowledged that there was abject poverty in low-income countries like Zambia, the level of deprivation within Scotland/Glasgow/Drumchapel/Bearsden was believed to be relative. In addition, there was an overwhelming belief that society had become much more materialistic and consumer-driven than ever before and thus very different to the 'traditional' society participants grew up in. As well as the media (particularly advertising), the Thatcher-led Government was also cited as contributing to the rise in consumer culture.

This dominant view that society had become much more materialistic provided an important context for understanding participants' views of social stratification in contemporary British society. Interestingly, participants' accounts seemed to mirror academic debates regarding the changing nature of class (Beck, 1992; Beck, 2007; Crompton, 2006; Giddens, 1991; Pakulski & Waters, 1996). On the one hand, there was support for Crompton's (2006) view that class was still relevant, some participants asserting that it will never die away because it remains a powerful force in defining a social hierarchy. On the

other hand, some views were consistent with the ‘late’ modernity argument that the relevance of class was diminishing (Beck, 1992; Giddens, 1991).

However, although participants had no apparent difficulties discussing class matters in general terms, they seemed less able to locate themselves in particular class categories. In addition to the dominant view that the class structure was no longer clear-cut where people could easily identify themselves as being working class or middle class, it was also apparent that discussing class on a personal level tended to be perceived as socially undesirable. This was especially evident amongst Bearsden participants who tended to dismiss the significance of class labels, some explaining this ‘unease’ with identifying themselves as middle class because of their awareness that Scottish culture has traditionally been embedded within working class values of hard work and modesty. By contrast, Drumchapel participants tended to be ‘slightly’ more forthcoming regarding identifying themselves as working class, males being more likely to embrace it with a sense of pride.

Perhaps the most convincing evidence that class was still relevant in late modern society concerned data relating to stigma. As Drumchapel and Bearsden were conceptualised as representing class contexts, distinctions were made by this author between participants’ virtual class identity (i.e. their understanding of how people in their area were perceived by others) and actual class identity (i.e. their own perception of their area and themselves). Importantly, the manner in which they rejected their virtual class identity provided the strongest evidence that they were making comparisons based on class and status. This is because participants often employed a number of strategies in order to manage their ‘spoiled’ identity, including careful use of speech and concealing important information like family background, school attended (whether private or state school), type of occupation and area of residence. While it was expected that these strategies would be commonly used amongst Drumchapel participants to ‘play up’ their social standing, surprisingly these techniques were also utilised by Bearsden participants to ‘play down’ their social position. This was particularly the case amongst female participants as they were keen not to be labelled as ‘snobbish Bearsden housewives’.

With respect to the third research question, participants across the sample showed an acute awareness of major class differences between Drumchapel and Bearsden. Whilst factors such as the influence of mass media and scientific research were apparent in their perceptions, these differences were particularly reinforced because of the close proximity of the two localities, participants often emphasising the closeness with phrases such as ‘down the road’, ‘up the road’, ‘two minutes away’, or ‘literally a stone’s throw’. However, although this keen awareness amongst participants is consistent with the selection of Drumchapel and Bearsen to highlight between-class differences, status distinctions within areas nevertheless emerged as more important. This is because comparisons between Drumchapel and Bearsden were often dismissed as unrealistic or unhelpful for social evaluation, one participant describing it as comparing between a premiership and division one football team.

Instead, Drumchapel participants seemed more concerned with claiming and maintaining their ‘respectable’ status by distancing themselves from the ‘rough’. Participants usually cited their high standard of cleanliness, ability to keep a good steady job, and the way in which they raised their children to be well-mannered and respectful of others unlike the ‘rough’ who were ‘filthy’, did not work, and were vulgar in their speech and mannerisms. In Bearsden, distinctions between ‘old’ and ‘new’ money were the more dominant feature. ‘Old money’ was usually reserved for long-term established residents who spoke in a ‘posh’ accent, had a long history and family background of wealth and were educated in a private school whilst ‘new money’ was viewed as consisting mostly of upwardly mobile ‘newcomers’ who lacked the middle class standards of culture and taste despite their economic capital.

In relation to research question four, there was overwhelming acceptance amongst participants from Drumchapel and Bearsden that inequalities in health exist in society. The significance of the proximity of these areas for people’s awareness of health inequalities was evidenced by participants’ assertions that the contrasts in health profiles were visible in how people looked, those in Bearsden simply looking healthier than those in Drumchapel. With regard to their explanations of health inequalities, this study found people in more deprived areas to be most likely to identify material and structural explanations, including differences in income, occupation, quality of housing, access to

healthcare and the general environment. It is possible that this focus on macro factors functions as a justification, allowing them to reject individual responsibility they felt was commonly advanced by wider society and the media. By contrast, the views of Bearsden participants were differentiated between those of mainly long-term established residents who tended to cite differences in general lifestyle and health-damaging behaviours (including, smoking, excess alcohol consumption, drug abuse, lack of exercise, and poor diet) and those of upwardly mobile newcomers whose emphasis on material and structural factors was similar to Drumchapel participants.

These lay explanations of health inequalities provided an important context for understanding data relating to participants' accounts on the association between social comparisons and health. To begin with, despite the evidence for social comparisons, there was scarce evidence to suggest this extended to people's health and wellbeing because none of the participants spontaneously suggested perceptions of place in the social hierarchy as an explanation. It was only after prompting that almost all of the participants were able to conceptualise that social comparisons could have possible effects on health (especially mental health). When elicited, participants' views tended to mirror Wilkinson's psychosocial hypothesis, some even recognising stress and stigma. It must be stressed, however, that this was often discussed at an abstract or hypothetical level. Importantly, none thought that social comparisons could have any effects on their own health and wellbeing when overtly questioned.

In order to tease out these inconsistencies, a different perspective on the issue was provided by data generated from participants' accounts of their children and how this related to biographies of their own childhood together with other personal experiences (e.g. not fitting in at school, lacking the cultural capital to fit into middle/upper environments, seeing significant others move to better neighbourhoods). Although these data provided evidence to suggest that 'some' participants may have been susceptible to the same negative effects of social comparisons they felt only others were at risk from, these effects appeared to be experienced only during particular periods in their lives rather than being persistent effects.

The last research question addresses the extent to which there were consistent differences between Drumchapel and Bearsden. First, there were no apparent differences regarding participants' accounts of social comparisons and reference groups since the dominant view across the sample was that making social comparisons is a common social occurrence and that restricted comparisons with 'similar others' are more important for self-evaluation.

There were notable differences, however, in relation to the material dimensions of people's comparisons. That is, whilst Drumchapel participants tended to give prominence to lifestyle and conspicuous consumption, those in Bearsden were more likely to emphasise factors such as housing and after school activities. However, as participants in Drumchapel revealed, the relevance of conspicuous consumption as a form of social distinction tends to have particular significance in working class areas. One interpretation of this is that, as working class areas tend to be comprised mostly of undifferentiated tenement housing, it becomes more important to display relative affluence in the most visible forms like flash cars, designer clothing, expensive gadgets, widescreen televisions and satellite dishes. By contrast, in middle class areas like Bearsden, this very emphasis on conspicuous consumption is often seen as 'tacky' or demonstrating a lack of class. Instead, residents in these areas place more emphasis on material factors like housing, specific residential area, and ability to afford private school education for their children. This would suggest that the economic security of the middle class allows them to reject a consumer identity, which was evidenced by Bearsden participants' preference for cheap goods with no recognisable brands, which acted as a form of social distinction in itself.

Second, as discussed in relation to research question two, there were no major differences regarding participants' perceptions of inequality and class. The only notable difference was that Drumchapel participants were more forthcoming in identifying themselves with working class identity, whilst those in Bearsden often rejected their middle class identity.

Third, although the main status distinctions within the two areas were different, distinctions between 'respectable' and 'rough' in Drumchapel appeared to be as equally important as those between 'old' and 'new' money in Bearsden. This reiterates the point that participants seemed more concerned with their relative

standing within their area than how they compared with those in Drumchapel/Bearsden. Interestingly, female participants within each area appeared to be more likely to recognise the subtle ways in which status differentiations were made, suggesting that women may be more likely to compare within a neighbourhood context. Thus, unlike men whose comparisons were centred mostly on their occupations because of their roles as providers, women seemed to have multiple parameters for making social comparisons because of their roles as mothers, spouses and workers.

Fourth, as outlined above in relation to research question four, although there were differences regarding participants' explanations of health inequalities (i.e. Drumchapel participants being more likely to draw on material and structural causes whilst those in Bearsden often cited behavioural/cultural explanations), there were no noticeable differences regarding their views on possible psychosocial effects since none of the participants believed it could impact on their own health and wellbeing. Even data suggesting that some people may be vulnerable at particular points in their lives provided no indication that this was likely to be in one area over another.

Interestingly, in answering research question five, the strong suggestion is that there were more similarities than differences between Drumchapel and Bearsden.

9.3 Situating the findings

The findings in this study raise several important questions which cast doubt about the relevance of social comparisons as a possible explanation for the well-established social gradient in health (Macintyre et al., 2005a).

To begin with, this study found little support for Wilkinson's more recent emphasis on wider reference groups; that is, that people have become more concerned with comparing with the rich and famous (Wilkinson & Pickett, 2009b). Instead, the evidence strongly suggests that Runciman's (1966) theory of restricted comparisons still has validity in late modern society.

However, rather than interpret this finding as suggesting that people remain unaware of the full extent of inequalities in society, the view taken by this author is that it is likely that people tend to carefully select who they compare themselves with because they have a 'self-serving bias' which enables them to preserve a positive self-image (Myres, 2008). Hence people may compare with a small sample that is similar in, for example, education, family background and economic terms because it is safer and can make them feel more successful than they really are, a concept known as the 'better-than-average effect' (Alicke et al., 1995). This explanation fits better with the evidence that people are becoming increasingly aware of inequalities in society. This is an important criticism of Wilkinson's theory because, not only can social comparisons act as a motivating factor, it also suggests that this process may actually work as a protective mechanism rather than a risk to health and wellbeing.

Furthermore, although people are acutely aware of differences between classes (which tend to be reinforced by the close proximity between areas, the mass media and reports of scientific research), it is quite remarkable the extent to which people in working class areas like Drumchapel and middle class areas like Bearsden still draw upon status distinctions within areas as being more important: specifically between 'rough' and 'respectable' together with old' and 'new' money. This contradicts Wilkinson's argument that 'the inequalities that matter would all be between, not within, neighbourhoods' (Wilkinson, 1997a: 1727). Wilkinson's focus remains on between-class comparisons, despite the wealth of sociological and anthropological data pointing up the significance of within class differences (Hoggart, 1957; Klein, 1965; Plowman et al., 1962; Stacey, 1960; Wight, 1993). This is because within an epidemiological model class is typically treated as an individual attribute measured by individual characteristics like occupation, income, education, housing, and deprivation. However, a major criticism of conceptualising class in this manner is that it leads to the separation of class from its area-context, consequently leading to distinctions between 'contextual' versus 'compositional' effects which Macintyre and Ellaway (2003) view as artificial because people cannot be removed from their neighbourhood-context. This view was well supported in this study.

Wilkinson's view that stigma tends to be experienced mostly by people lower down their hierarchy (Wilkinson, 2005) also found limited support in this study.

In addition to poverty-related stigma that Drumchapel participants experienced, there was also convincing evidence that those from Bearsden were also likely to experience stigma because of the negative connotations associated with being middle class. Thus, findings suggest that this process is much more complex and multidimensional than Wilkinson's hypothesis implies.

Furthermore, the overwhelming acceptance amongst participants from both Drumchapel and Bearsden that inequalities in health exist in society contrasts with previous studies where this has either only been found amongst the more affluent (Blaxter, 1997; Macintyre et al., 2005b) or the more deprived (Davidson, 2003). Whilst there was no support for Blaxter's assertion that people are uneasy about acknowledging inequalities, it is important to understand the data within the context they are derived (Popay et al., 2003a). Thus, it is likely that inequalities in health may be more apparent in proximal socio-economically contrasting localities because differences in health between people are so much more immediate and visible. With regard to explanations of health inequalities, this study challenges previous findings that very few people recognise macro level factors and those that do tend to be from affluent backgrounds (Blaxter, 1997; Macintyre et al., 2005b). Instead, there is support for Davidson's (2003) finding that people in more deprived areas are most likely to recognise material and structural explanations whilst those from affluent areas tend to draw on behavioural/cultural explanations.

These findings regarding lay theories of health inequalities provided an important framework in which to locate Wilkinson's psychosocial hypothesis. Firstly, there was no evidence to suggest that this explanation is at the forefront of people's minds as an explanation of health inequalities. Secondly, even though there was some indication that 'some' people may be vulnerable to the same negative effects of social comparisons they perceived as impacting on others (including anxiety, stress, pressure and depressive state), the role of social comparisons as an explanation for health inequalities appears to be very minimal. To expand, unlike circumstances of material disadvantage (e.g. damp housing and occupational hazards) or health-damaging effects like smoking and lack of exercise that can impact on health through long-term exposure, effects of social comparisons are unlikely to be long-term but rather limited to specific episodes in people's lives.

A further complexity of social comparisons is that it depends on many factors including direction (upward/downward), interpretation and frequency with which comparisons are made. For example, there was little support for Wilkinson's argument that lower classes are more likely to make upward social comparisons, nor to perceive the negative health effects. Evidence in this study was mixed, with some support for the sociological finding that higher classes are more likely to make comparisons than those from the lower classes (Klein, 1965; Wright-Mills, 1956).

Insofar as lay understandings map onto the psychosocial versus neo-material effects (Lynch et al., 2000b; Wilkinson, 2000a), the findings may be interpreted as indicating more support for the neo-material argument that health inequalities result from accumulation of material disadvantage (Lynch et al., 2000b) than Wilkinson's (2000a) emphasis on perceptions of place in the social hierarchy. However, when viewed broadly, both of these hypotheses can be said to be limited since they are framed within a neo-Marxist perspective that implies a single hierarchy underpinned by material differences (i.e. income) whereby status is understood as superstructure. Not only does the study confirm that people draw on multiple hierarchies when making social comparisons (Bourdieu, 1984; Campbell, 1966; Cutileiro, 1971; Davis, 1969; Peristiany, 1966; Pitt-Rivers, 1966; Stirling, 1966; Weber, 1948), but non-material dimensions of comparisons like accent, speech, taste, social mannerisms, family upbringing, and education were more important for social distinction.

9.4 Limitations and strengths of the study

9.4.1 Limitations

There are some important limitations to this study that must be considered. Firstly, the sample may have been biased due to self-selection of participants via an opt-in approach. This might have had an impact on the data generated as the study could have attracted those who had an interest in issues concerning class and inequalities in society, meaning they may have had stronger views on the subject matter than those who did not participate. Nevertheless, as mentioned earlier, efforts were made to increase the diversity of the sample by

utilising a combination of different procedures in order to allow residents the maximum opportunity to take part, consequently minimising selection bias.

Furthermore, despite numerous efforts to maximise proximity of residence between the two areas, it proved extremely difficult to recruit people closest to the Drumchapel and Bearsden border as originally planned. For example, door-to-door distribution of recruitment leaflets to approximately 200 households near the border provided only three responses, all of which were from Bearsden with none fitting the selection criteria (since they did not have children under the age of 18 years). Whilst an optimisation of proximity was hypothesised as the best way to highlight between-area comparisons, it did not appear to greatly affect participants' awareness of the stark differences between Drumchapel and Bearsden. Despite this awareness, however, status distinctions within areas were viewed as being more salient.

Secondly, although efforts were made to recruit equal numbers of male and female participants, the final sample included more women because men proved much more difficult to recruit. Since the study was qualitative, this is off little or no significance because such research is not concerned with the frequency of accounts but with the diversity of views generated (Lewis & Ritchie, 2003).

Thirdly, another limitation was the lack of representation of ethnic minorities since it could be argued that these groups may be more vulnerable to any potential effects of social comparisons because they are likely to be more aware of their social standing as a result of multiple stigmas. However, the sample was reflective of the ethnic status of the research areas in the last 2001 census data, meaning a targeted approach would have been required to increase participation of ethnic minorities.

Lastly, a further limitation concerns the extent to which the findings from this study can be generalised. As Lewis & Ritchie suggest, researchers must acknowledge the factors and circumstances that can influence 'the range of views, experiences, outcomes, or other phenomena under study' (Lewis & Ritchie, 2003: 269). In this regard, participants' accounts must first be understood within a time of relative prosperity because this study was carried out before the economic recession. The findings must be contextualised within a

West of Scotland culture where people tend to be modest regarding their social standing. This was evidenced by an apparent gravitation to the middle, Bearsden participants often ‘playing down’ their social standing whilst Drumchapel participants usually ‘played it up’.

9.4.2 Strengths

There are a number of key strengths to this study. Use of the investigator’s ‘outsider’ status (especially in relation to his Zambian nationality and black African ethnicity) proved invaluable for two important reasons. Firstly, it allowed the investigator to act ‘naïve’ and ask for further elaboration and clarification of what might have otherwise been hidden as shared knowledge. In doing so, the investigator was able to gain insight into more private accounts that participants themselves admitted they did not normally share with others. Secondly, by detailing inequalities that exist between different groups in Zambian society and subsequently questioning participants about the situation in Scotland, the investigator was able to draw out participants’ understanding of inequalities in different societies (including between low-income countries such as Zambia and Western countries like Scotland/UK, between proximal neighbourhoods like Drumchapel and Bearsden, and within their own neighbourhoods). Importantly, this underscored the significance of focusing on relative poverty in this study since participants were able to differentiate between absolute and relative poverty.

Arguably the most important strength of this study is its originality. To the author’s knowledge, no previous studies have explicitly questioned people whether they believe social comparisons can impact on health and wellbeing (including their own). This study thus makes an important contribution to the psychosocial debate since it goes a step further by exploring the extent to which social comparisons may matter for the individual. As making social comparisons was generally seen as socially undesirable, the use of different lines of questioning proved invaluable for generating data on both ‘public’ and, more importantly, ‘private’ accounts (Cornwell, 1984). The value of this approach was highlighted by the apparent contradiction that, despite almost all participants asserting that social comparisons could affect health and wellbeing (especially mental health), none thought it could affect them personally. Closer

examination of the data relating to participants' personal experiences and biographical accounts, however, showed how it was possible that some participants may have been vulnerable to similar negative effects they believed only affected others. Although it is possible that participants may have been putting on a front by offering justifications and excuses (Scott & Lyman, 1968), the view taken by this author is similar to that of West (1990) that private accounts are more likely reflect an experienced reality.

Using a Framework approach to data analysis was another major strength of this study as it allowed for the facilitation of rigorous and transparent data management whereby all the main stages of the analysis were carried out systematically to gain a more in-depth understanding of the subject matter.

In addition, the study provides a more comprehensive picture by drawing on literature from a variety of disciplines including sociology, anthropology, psychology, social psychology, epidemiology, health geography and physiology, thereby providing a broader understanding about how social comparisons might impact on health. In particular, sociological and anthropological evidence relating to earlier British community studies was invaluable in providing a framework for conceptualising class as a neighbourhood-context, consequently enabling the analyst to explore the relative importance of between and within area comparisons.

9.4.3 Methodological reflections

It is important to be reflexive about what could have been carried out differently given the opportunity to conduct the study again. Firstly, although the supplementation of participant observation and media analysis were useful in providing a good understanding of the study areas, had time allowed, it would have been beneficial to have integrated them more fully into the study. For example, rather than simply observing that some participants' lifestyle appeared to contradict their assertions that they were not materialistic, this could have been probed further in the interview by asking what influenced their decision to buy the type of car they had, or why some had a big wide-screen plasma television. In doing so, it could have provided greater insight into the truth of accounts offered.

Secondly, a more directive questioning approach could have been taken to explore why participants' public accounts were such a major contrast to their private accounts. For example, despite referencing factors such as their upbringing, social environment and personality as the reasons they believed social comparisons had no effects on them (which could have been interpreted as justifications), participants could have been probed further to explore why they perceived other people to be negatively affected by making social comparisons and not themselves. However, it is important not to overlook the fact that people can hold inconsistent views on issues.

Thirdly, whilst differences within areas have been interpreted as lending support to the view that status distinctions are more important than differences between classes, it is acknowledged that an opposite view could be taken. For example, differences within Bearsden between relatively deprived neighbourhoods like Westerton and affluent ones like Bearsden Cross could be viewed as evidence for between-class variation. From an epidemiological perspective, these differences might be explained by occupational-based measures of social class: for example, social class I (which includes people with professional occupations like doctors, lawyers, and accountants) and social class II (which includes intermediate non-manual occupations like teachers and managers). However, such an interpretation overlooks the fact that status is not limited to occupation but extends to multiple hierarchies of honour, including moral respectability, gender, sexuality (especially the control of women's sexuality by men), accent, taste, family upbringing, and education attainment can all contribute increase one's status in the eyes of others (Pitt-Rivers, 1966; Turner, 1988; Weber, 1948).

Lastly, while the view taken by this author that his 'outsider' status was advantageous in generating elaborated accounts which would normally be taken for granted as common knowledge, it is possible that the opposite may have occurred where he may have been viewed as an 'insider'. That is, Drumchapel residents may have provided accounts with the assumption that the investigator knew what it was like to live in poverty since he originated from a deprived background himself. Likewise, Bearsden residents may have identified with the investigator on the basis of his educational qualifications and professional capacity, meaning their accounts may have been offered on the premise that he

understood what it was like to have high ambitions in life. Nevertheless, for the most part, the investigator's 'outsider' status appeared to have major benefits in the data that was generated.

9.5 Recommendations for future studies

In making a contribution to understanding psychosocial mechanisms, this study also highlights some important research areas that require particular attention.

There is scope for more qualitative research to investigate the dimensions of social comparisons amongst different groups in society like disabled people, lesbian, gay, bisexual and transgender groups, and ethnic minorities since social comparisons may be more significant for these groups. There is also scope to extend this focus to young people since participants often recalled the issue of social comparisons to be more relevant for them when they were younger. It is only through generating data on personal accounts from different groups of people in society and at different life stages that a more complete understanding of the possible association between social comparisons and health will become clearer.

Whilst this study provides evidence to suggest that some people may be susceptible to similar negative effects of social comparisons they believe can affect others, it is recognised that no firm conclusions can be drawn from this since qualitative studies cannot determine causality. To do so requires a quantitative study with a longitudinal design. As mentioned earlier, most of the studies that have attempted to test relative deprivation at a local level (Boyle et al., 2004b; Cox et al., 2007; Gatrell, 1997) are cross-sectional and open to criticism for using pre-existing datasets that do not contain data on who people compare themselves with and what they base their social comparisons on.

Thus, in addition to collecting data on class (which should include area as well as individual measures) and health (via self-rated measures of both mental and physical health with greater focus on conditions like hypertension, diabetes, and depression which are thought to be associated with biological stress responses), it is essential to collect data on social comparisons. This might be collected through the use of vignettes which asked, for example, who people compare

themselves with, what they base their comparisons on and why they believe social comparisons can impact on other people's health and wellbeing but not their own. Data on social comparisons might also be collected by asking participants who they compared to when marking themselves on the 'ladder' and why. It might also be important to explore the significance of virtual communities as the increased popularity of social networking sites like Facebook and Twitter may provide important spaces in which comparisons are made. Furthermore, as highlighted in this study, it would also be important to collect data on stigma (including felt and enacted stigma, strategies people employ to manage stigma etc) because it may be an important route in leading to poor psychosocial health.

9.6 Concluding remarks

There is no doubt that Wilkinson's psychosocial theory has been one of the most influential contributions to the health inequalities debate. However, in exploring the association between social comparisons and health and wellbeing, this study did not find convincing evidence to suggest that how people compare in relation to others is of major concern to them personally to the point it might affect their health and wellbeing. Of the little evidence there was to suggest that some people may be susceptible to the same negative effects they believe only affect others, the indication is that such effects are likely to be experienced only at particular periods in people's lives.

It is acknowledged, however, that this study captures social phenomena at a relatively affluent time (i.e. before the economic recession). It could be argued that the recent media focus on, for example, bank bonuses and the MP scandals may have made these major inequalities more personally relevant. Nevertheless, this would overlook evidence which suggests that, even in the most unequal societies, people tend to make comparisons with 'people like themselves' since it is safer and less threatening (Alicke et al., 1995; Myres, 2008).

As this study was set up to determine one possible mechanism by which a psychosocial mechanism might operate, the main conclusion is that the role of social comparisons may have been exaggerated.

Appendices

Appendix 1: Participant information sheet

Society, Neighbourhoods and Health Research
Participation Information Sheet – Interviews

What is the study about?
We would like to conduct a study with people in your area about their views on the society we live in today and their health. This is part of a study being carried out by the Medical Research Council into the health effects of living in different areas in Glasgow.

Do I have to take part?
Although your help would be much appreciated, participation in this study is entirely voluntary. You do not have to answer any questions you do not wish to and you can withdraw from the interview at any point without providing a reason.

What will happen if I decide to take part?
If you would like to participate, please contact me by telephone or email and I will arrange a convenient time and place for the interview to take place. The interview will last approximately one hour and will be tape recorded to make sure I have an accurate record of what was said. At the beginning of the session, you will be asked to sign a consent form to indicate that you agree to take part. You will also be given a £20 gift voucher in appreciation of your time and reimbursed travelling expenses if required.

Will the information I provide be kept confidential?
The Medical Research Council has strict rules on confidentiality. Only the research team and the professional company transcribing (typing up) the audio tapes will listen to or read the interview. Your name will be removed from anything written down so that no one outside the research team will be able to identify you from what we discuss.

What will happen to the results of the research study?
The information collected from the discussion will be written up as a PhD research study. It is hoped that the results will be published in scientific journals as well as being presented at academic conferences. A summary of the research findings will be available on the MRC SPHSU website (see below) and you can request a copy to be sent to you.

For further information: Thank you for taking the time to read this information sheet. Please contact Kalonde Kasengele (PhD student) if you require further information. If you have any concerns about the research study, please contact Dr Anne Ellaway, the project supervisor.

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A Research Unit supported by the Medical Research Council and the Chief Scientist Office of the Scottish Government Health Directorates, at the University of Glasgow

Appendix 2: Consent form

Society, Neighbourhoods and Health Research
Consent form – Interviews

Please tick as appropriate:

☐ I have read and I understand the nature of the research project as described in the information sheet and I am willing to be interviewed.

☐ I understand that I do not have to answer a question if I do not want to, and I can withdraw from the interview at any point without providing a reason.

☐ I agree to the interview being tape recorded. I also understand that the recording will be stored in a secure place by the researchers at the MRC Social and Public Health Sciences Unit along with a transcript (a typed version of the recording that does not include the name of the person being interviewed) made by professional transcribers. No one outside the research team will have access to these.

☐ I understand that the researchers may quote some extracts of what I say from the tape in their reports but they will never use my name, or in any other way identify me as the interviewee. I understand that the taped interviews will become the property of MRC Social and Public Health Sciences Unit.

I hereby consent to take part in the study and agree that my participation has been fully explained to me.

Signed…………………………………………………………………………………

Date……………………………………………………………………………………

Name (Block capitals please)……………………………………………………………...………………

MRC Social & Public Health Sciences Unit, 4 Lilybank Gardens, Glasgow, G12 8RZ

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A Research Unit supported by the Medical Research Council and the Chief Scientist Office of the Scottish Government Health Directorates, at the University of Glasgow

Appendix 3: Fieldwork notes from outing on 12th July 2007

12th July 2007 (11am – 4pm) – Took pictures and spoke to workers in Drumchapel and Bearsden

Drumchapel

There are different parts to Drumchapel which include the following:

Drumchapel park

According to Mr A, Drumchapel Park has undergone a lot of change in the last 5 – 6 years. Mr A, advised me that the park is very peaceful during the day as it is mostly occupied by families. This was apparent in how the play area consisted predominantly of women and children.

However, Mr A informed me that evenings and weekends are usually occupied by young people who spend most of their time drinking in the park. Despite this, Mr A stated that there is hardly any trouble which has been a drastic change since he started. Mr A felt that one of the main reasons that young people indulge in drinking is that there is not much to do for them. Aside from an outside bowling park, which is mainly for the older age groups, there is a tennis court that is only ever used around the time of Wimbledon. Thus, Mr A strongly feels that there should be investment into a 5-aside football pitch that will engage more young people in the area.

Drumchapel Shopping Centre

Only the shops on the main road of Kinfauns Drive are open for business as most of the inside shops are closed and have been vandalised. The people are also very different in their appearance in that most look unhealthy and appear to be drug addicts. I also spoke to Mr B at the local job centre who informed me that the majority of people are on benefits and make little attempt to look for employment. Mr B also advised me that one of the major obstacles is that there are very few jobs in Drumchapel. He further suggested that this was mainly due to the cut-down of jobs from a local whisky company of the Addington group.

Drumchapel Health Centre

This contains a Health Improvement and Inequalities Team Unit, which covers West Glasgow Community Health and Care Partnership (CHCP).

Achamore Road

Although it is just off Kinfauns Road, which is fairly run down, Achamore road comprises of a number of nicely built semi-detached houses. This is a sharp contrast to some of the nearby high-rise flats. I spoke to Mr C, a resident of this neighbourhood, who advised me that most of the houses were bought or rented from Cernach Housing Association.

The Donald Dewar Sports and Leisure Centre (220 Garscadden Road)

Although the leisure complex is in Drumchapel, I was advised by Ms D that the people who use the facilities are mixed in that they come from Drumchapel, Bearsden and Clydebank. Ms D felt that this may be mainly because it is in very good condition and cheaper than the sports complex in Bearsden. Furthermore, as the Donald Dewar Sports and Leisure Centre is part of the Glasgow council club, it means that members can use any of the other council leisure centres in Glasgow.

Caring Over Peoples Emotions (C.O.P.E)

I spoke to Ms E from C.O.P.E who advised me that they deal with mental health. As well as offering counselling services, they also provide training courses which are free to local people and are aimed empowering people to work in the community.

Bearsden

Local business

I spoke to Ms Z and Ms Y, who informed me that although Drumchapel has some nice houses which are in good areas, one of the major drawbacks for those with kids is that they have to be put themselves on a waiting list for schools in, for example, Bearsden. Therefore, some may opt to pay more in areas of Bearsden simply because their children will be guaranteed to go to a good school.

Thus from the study perspective, it would be interesting to hear the views of families staying close to either side of the Drumchapel/Bearsden border on how they compare to each other. For example, do the schools play a major factor in where they prefer to live?

In their view, the women felt that one of the major problems was that the benefits system was too kind. They expressed their dissatisfaction that those living in Drumchapel could potentially make more money than them simply by claiming benefits as separate parents rather than whole families.

Therefore, if this is the case, it may be that there will be more parents in separate accommodation but not necessarily separated in order to claim more benefits. Furthermore, the relationship may not be as straightforward as those looking down on people in Drumchapel will feel better because they live in Bearsden. It may also be that despite being in a better area, some in Bearsden may have an element of frustration and resentment to those they feel are 'getting a free ride' off the government whilst the help fund it with their hard earned tax payers money. This was the view expressed by Ms Z.

Appendix 4: Recruitment leaflet

We Would Like Your Views!

Society, Neighbourhoods and Health Research

My name is Kalonde Kasengele. I am currently researching the health effects of living in different areas of ***North-West Glasgow*** and ***surrounding areas***.

I would like to conduct a study with ***people*** in ***your area*** about ***their views on the society*** we live in today ***and their well-being***.

Participation: is entirely voluntary and you must be over 18 years old.

What is involved: either an informal interview or a small discussion group that will last approximately one hour.

Confidentiality: everything discussed with you will be kept strictly confidential. All interview data will be anonymised so that no one outside the research team will be able to identify who took part and what was discussed.

Expenses: in appreciation of your time you will be given a £20 gift voucher and reimbursed travelling expenses if required.

To take part: please telephone or email me and I can arrange a convenient time and place for the interview/discussion group.

More information: If you would like further information please contact me on the details provided below. The project is being supervised by Dr Anne Ellaway.

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Appendix 5: Interview topic guide

Introduction

Aim: To introduce the research and set the context for the interview

Introduce myself and the MRC

- The main aim of the study is to explore the health effects of living in different areas of Glasgow. I am part of the MRC which aims to promote health through the study of social and environmental influences on health.
- Explain that I'm interested in their experiences and views so there are no right or wrong answers
- Advise that the interview will last approximately 1 hour
- Advise participation is voluntary and that participant does not have to answer any questions they do not wish to. They can take a break or withdraw from the discussion at anytime.
- Advise that everything discussed will be kept confidential and anonymous
- Ask ***permission to record*** the interview
- Ask if participants have any questions
- Get consent forms signed

Background information

Aim: To introduce participant and get an idea of key background information that may influence their views on social comparisons

I would like to start by asking you a bit about your background…

- Could you please tell me a bit about your background in terms of where you grew up and what you have been doing up until now?
- Number of people in the household (explore household circumstances – e.g. whether couple or lone parents)
- Day to day activities (whether employed or not)?
- Partner's occupation
- What brought you to the area? If they have always lived there, ask why they chose to remain in the area?
- Type of tenure

Exploring participant's views on inequality and health

I will start off by telling you a bit about why I became interested in conducting this study. I come from Zambia in Africa where there is a lot of inequalities between people in that you have people with very little and there are also some who are very wealthy and enjoy a very good standard of living. What about here in the UK/Scotland: would you say society is more or less equal?

- Take note of possible follow up prompts. If they say it is unequal, ask in what way is it unequal?
- ***Does that matter for health?***

Society and class

Some people that I have spoken to have said that society is still very much divided by class system (e.g. working class, middle class, and upper class); whilst others say the class system is near enough gone – I would like to know you views on that?

Society in the future

What kind of society do you think your children will be living in about say 20 years?

Social Comparisons

Explore further if any of these points have not been addressed

- Do you think people compare themselves with others?
- If so, what do you think leads to people comparing with others?
- What do you think people base these comparisons on?
- What about you, do you compare yourself with others? If so, who?
- Do you think people feel comfortable talking about comparing with others?

Explore if making social comparisons 'really' matters for health?

Health and wellbeing

Aim: *Explore possible links between social comparisons and health*

We have talked a bit about people comparing themselves with others.

- I would like to get your views on whether you think comparing yourself with others can affect health in any way?
- ***Is it something that affects your health?***
- If response is about negative effects, explore if participant feels there can be positive effects and vice versa.

Exploring SES using rung ladder

Aim: Try to find out participant's subjective SES

Provide participant the SES ladder and explain what they have to do. Ask participant to place themselves on the ladder.

- Can you please tell me what kind of things you thought about in deciding where to place yourself on the ladder (*keep a note of comparisons being made*)
- Can you tell me about what kind of people you think are at the top of the ladder?
- Can you tell me about what kind of people you think are at the bottom of the ladder?
- Explore whether participant made any social comparisons with others in deciding where to place themselves on the ladder?

Area of residence

Aim: To explore the importance of area of residence in how people compare with others

Provide participant with the area ladder and explain what they have to do. Ask participant to place their area on the ladder.

- Can you please tell me what kind of things you thought about in deciding where to place the area you live in on the ladder (*keep a note of comparisons being made*)
- Can you tell me about what kind of areas you think are at the top of the ladder?
- Can you tell me about what kind of areas you think are at the bottom of the ladder?

Find out where participant placed their area on the ladder

- Do you think other people in Drumchapel/Bearsden compare themselves with people in your area?

- What is good/bad about the area?

Bring it back to social comparisons again

We have talked a lot about this aspect of people comparing themselves with others. I would like to get your views on whether you think it matters? Do you think it's something that people concern themselves with?

At what point does it affect people's health?

Additional topics to be explored if participant does not bring them up or is unresponsive

- **Education** – *Show participant the headline about the importance of catchment areas for schools and explore their views*
- **Explore role of the media and other influencing factors** – *Explore further if any of these points have not been addressed*

Appendix 6: Conceptual framework

1 Biography
1.1 Family history/place of birth/ marital status
1.2 Household composition/age (own and children)/number of children
1.3 Hobbies
1.4 Other

2 Employment
2.1 Day-to-day activities
2.2 Employment status/occupation (own/partner/parents/neighbours)
2.3 Mentioning of specific occupations
2.4 Problems of unemployment/anxiety of work
2.5 Benefits system (e.g. cheating the system, unfairness of the system)
2.6 Voluntary work
2.7 Other

3 Area
3.1 Current area of residence/reason for moving (staying) in the area/incomer/established
3.2 Geographical boundaries (knowledge/awareness of surrounding areas)
3.3 Attachment to place raised/distancing self to place raised/community spirit
3.4 Experience of living in other areas (within Scotland/UK/World)
3.5 Type of environment (physical and social)/Type of property (e.g. rented/owned, significance of garden)
3.6 Perceptions of other areas
3.7 Significant places
3.8 Other

4 Parenthood
4.1 Upbringing (social and physical environment)/Parent-child relationship/parental values/work ethic
4.2 Pressure to keep up (linked with theme on materialism and consumerism)
4.3 Barriers/child safety
4.4 Other

5 Schooling (self and children) [Education may be more appropriate]
5.1 Local/placement/private schools
5.2 Reasons for type of school/quality of schools
5.3 Peer groups /experience at school/expectations
5.4 Educational attainment
5.5 Other

6 Stigma
6.1 Stigmatisation of poverty/wealth/postcode stigma
6.2 Snobbery/stereotypes/reputation/perceptions
6.3 Discrimination
6.4 Appearance/manner/strategic concealment/shifting blame on others

7 Inequality
7.1 Awareness of inequality
7.2 Finances

7.3 Class divisions/have and have nots
7.4 Poverty (apparent/hidden poverty)/wealth (deserved/undeserved wealth)
7.5 Hierarchies (SES ladder/area ladder/work hierarchy/community hierarchy)
7.6 Society (past/present/future)
7.7 Other

8 Social comparisons

8.1 Making/frequency/basis of social comparisons
8.2 Comfort in admitting to making social comparisons
8.3 Comparing like with like/across the hierarchy
8.4 Reference group/relevance and importance of reference groups
8.5 Factors influencing how social comparisons are interpreted
8.6 Contentment/(un)happiness
8.7 Expectations/achievements (realistic/unrealistic)
8.8 Possible outcomes/emotions evoked (negative/positive/no effects)
8.9 Other

9 Materialism and consumerism

9.1 Material goods/(non)brand names/valuation of material goods in different areas
9.2 Status symbol/keeping up with others/pressure from self/others
9.3 Media influence
9.4 Debt/credit crunch
9.5 Other

10 Health and wellbeing

10.1 Personal health/diet/sport and exercise
10.2 Healthcare
10.3 Mental Health (depression/ anxiety/self-esteem)
10.4 Stress

11 Other key issues (not covered above)

11.1 Religion
11.2 Politics
11.3 Control
11.4 Knowledge of health research literature
11.5 Nature of topic/Discomfort
11.6 Effects of researcher as ‘outsider’
11.7 significant life changing experiences
11.8 Justifications/excuses/contradictions
11.9 Self perceived identity/distancing self from others
11.10 Antisocial behaviour (perceived/actual/young people)
11.11 Other

Appendix 7: Example of thematic charting

	A	C	D	E	F	G	H	I	J	K
1	ART	Well-being								
2									2.1	2.6
3	Order	Name	Gender	Age	Marital status	No# of children & age	**Social mobility** Established/Settled Necomer/Newcomer *(inc place where grew up & level of*	Scs	**Inequality and health**	**Scs impacting on health**
21	29	**Johnny**	M	40	M	3 (2 boys - 14 & 13yrs, girl -	Est Grew up East End DC since 8yrs Aware that a lot of ppl say bad things about it but happy in DC cos ppl r nice & has ***sense of community***. Q (p5-7).	*Denied (used to until ilness)*	M/S - Inequality matters in 'a lot of ways'. E.g. ppl with more money can afford ***private health*** care so get seen quicker. Still wouldn't use private if he had money cos ***NHS is good enough for him*** (p9).	Y - Mental and physical health
22	19	**Gavin**	M	41	M	2 (boys - 9 & 4yrs)	S-NC Grew up Whiteinch, lived various places. Old DC 14yrs Likes his area cos has ***good neighbours***, nice garden so kids can ***play safely*** (p26-29).	*Denied (happy with life)*	C/B - Ppl in BD hav a ***'healthy living lifestyle'*** where there's approx 'eighty-odd percent' of children r 'breast feed for the first six weeks' cmprd to 'twenty percent' in DC. Also, ***ppl smoke at an earlier age & die young in cmprsn to BD*** (p29-30).	Y - Mental and Phsyical health. Not healthy to be 'constantly looking over your shoulder' It's a combination of ***personality*** & ***upbringing*** whether scs affects ppl Q (p21-3).
	24	**Aileen**	F	39	M	3 (11, 9 and 7yrs)	Est Born Bishopbriggs, moved to BD aged 3yrs. Now in MG ***Lived in BD/MG most of her life*** so	*Admits*	*C/B & M/S.* ***Inequality matters*** - it's down to ***'ignorance'***, ***diet***, (i.e. lack of proper food), & ppl ***smoking*** (e.g. sees a lot of ppl smoking wen at CB	Y - Mental and physical health - Ppl who r poorer hav less time to think about wat others hav cos hav ***'real worries'*** (p11-2).

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