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'Cultural fraud': the role of culture in drug abuse

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Abstract

The research literature on the social determinants of health focuses on socio-economic inequalities and disadvantage. 'Culture' is usually seen as part of this picture of difference - associated with minority status, ethnicity or race. But we also need to address the role of dominant or mainstream cultures in health and wellbeing. Cultures provide the underlying assumptions of an entire way of life, allowing us to make sense of the world and our lives. This paper argues that aspects of modern Western culture are a potent and under-estimated social factor behind drug use and abuse. It draws on a wide range of evidence from different disciplines to suggest that Western culture's emphasis on the material and the individual, in particular, amounts to 'cultural fraud': the promotion of images and ideals of life that do not meet human needs or reflect social realities. This failure is conducive to diminished wellbeing, including addiction to drug use or other behaviours.

Introduction

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

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

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

Scientific and political interest in the effects of the social environment on health has surged in the past two decades. Recent reports [1-3], and other papers in this issue, discuss the social, or structural, determinants of health with regard to drug use, establishing the links between drug abuse and other psychosocial problems, and showing that these problems share common social determinants.

The focus of attention in this 'social determinants' literature has been on socio-economic disadvantage and inequality, especially income inequality. However, recent research challenges this narrow focus [4-7]. Instead, the research shows that population health is the product of a complex interaction of history, culture, politics and economics, and between broad social conditions and individual risk factors. This recognition opens the way for a greater examination of cultural influences, as does a second recent research development: a general acceptance that psychosocial factors are a significant pathway by which inequality and other social determinants affect health, and that perceptions and emotions are important to health outcomes [4,5].

This position is now common ground between those who believe that sources of health inequalities are primarily, or fundamentally, material - resulting from differences in material exposures and experiences - and those who argue their sources are psychosocial - stemming from people's position in the social hierarchy and their perceptions of relative disadvantage [5]. Once we allow a role in health for psychosocial factors and for

perceptions, expectations and emotions, then cultural factors have to be considered because culture powerfully influences these things. Psychosocial processes involve interactions between social conditions and individual psychology and behaviour, and are associated with (in their negative forms) depression, anxiety, isolation, insecurity, hostility and lack of control over one's life [8,9]. Psychosocial factors can affect health via direct effects on the neuroendocrine and immune systems and through health-related behaviours.

The social determinants research understands 'culture' mainly in terms of 'subcultures' or 'difference', especially ethnic and racial difference, and so, usually, as one dimension of socio-economic status [10,11,12]. However, culture also needs to be assessed in the broader sense of a system of meanings and symbols that shape how people see the world and their place in it and give meaning to personal and collective experience [11,12]. This view of culture as a critical and defining aspect of all societies has been given scant attention in the recent social determinants literature. Of the many books and reports on the subject published over the past two decades, only a few give mainstream or dominant cultural factors more than a passing mention. (The exceptions include the works of Corin [11,12] on culture in general, and of this author on modern Western culture in particular [13,14]. The recent reports on drug use cited above [1-3] also mention mainstream cultural factors, drawing mainly on this author's writing.)

Generally speaking, the influence of culture (in this broad sense) on health and wellbeing has been seen as distal and diffuse, pervasive but unspecified. Yet it seems plausible, if not self-evident, that cultural characteristics can have as important an impact on psychosocial factors such as social support and personal control as socio-economic inequality – perhaps even more important. Marmot and Wilkinson, in noting the relationship between income inequality and social affiliation, suggest there is a 'culture of inequality' that is more aggressive, less connected, more violent and less trusting [9]. A culture of materialism and individualism, this paper suggests, could also be all these things – and more.

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

So, for example, the human genome research has identified genes 'for' addiction, anxiety and depression (that is, genes that are associated with an increased risk of these problems) [14]. This work helps us to understand individual differences in susceptibility, but it does not explain the adverse trends in the rates of some health problems, which are too rapid to be due to genetic changes and the causes of which are clearly environmental. Furthermore, as the genome research also shows, the social environment interacts with

the biological in producing health outcomes; people's experiences influence how their genes are expressed. This is something we need always to keep in mind given the undoubted potential of this research to lead to better, or better-targeted, treatments. We cannot just treat as diseases and disorders of individuals what are fundamentally social problems.

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

Culture's role in providing meaning and the qualities that contribute to it – autonomy, competence, purpose, direction, balance, identity and belonging – is particularly important to young people because these attributes are the destinations of the developmental journeys they are undertaking. And it is among the young that the rise in psychosocial problems, including drug abuse, has been marked over recent decades [14,15].

The need to take a broad social perspective on population health - and not just to focus on individual factors - has been underscored by the work of Rose [16]. This has shown that the causes of individual differences in disease or disorder – for example, why one person and not another becomes addicted to drugs - can be different from the causes of differences between populations - what explains patterns and trends in drug addiction. Rose also noted that there was a relation between the mean of a characteristic in a population and the prevalence of 'deviance', or more extreme forms of that characteristic. Furthermore, the way risk was distributed in a population meant that a large number of people at small risk could give rise to more cases of disease or disorder than the small number at high risk. Accordingly, a small reduction in risk across the entire population would yield the greatest health gains. Rose favoured interventions that addressed the more distal social causes of disease because of their preventative potential, even though these causes were often less scientifically certain. Cultural change fits squarely into this category of intervention.

Materialism and individualism

There are many 'isms' by which we can characterise modern Western culture, but two of the most important and best researched are materialism (widely expressed as consumerism) and individualism [13,14]. They are also becoming more global in their influence. Even with these cultural qualities, however, the evidence of their health effects often consists of correlations, not causal associations, or depends of making connections between different lines of inquiry.

Research shows that materialism - the pursuit of money and possessions, of a lifestyle based on the consumption of market goods and services – seems to breed not happiness but dissatisfaction, depression, anxiety, anger, isolation and alienation [17]. People for whom ‘extrinsic goals’ such as fame, fortune and glamour are a priority in life tend to experience more anxiety and depression and lower overall wellbeing than people oriented towards ‘intrinsic goals’ of close relationships, personal growth and self-understanding, and contributing to the community. In short, the more materialistic we are, the poorer our quality of life.

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

Individualism, which places the self at the centre of a framework of values and beliefs and celebrates personal freedom, is supposed to be about freeing us to live the lives we want. It may in fact be doing the opposite. Researchers describe the downsides in different ways: a loss of social cohesion; a heightened sense of risk, uncertainty and insecurity; a lack of clear frames of reference; increased personal expectations (making failure more likely); a tyranny of excessive choice; the perception that the onus of success lies with the individual, regardless of the social realities of disadvantage or privilege [18-20].

One aspect of Western individualism that may be particularly problematic is its expression of autonomy as independence or separateness [21]. Autonomy is a matter of volition, the ability to act according to our internalised values and desires. Its opposite is not dependence, but heteronomy, where we feel our actions are controlled by external forces regardless of our own values and interests. Extending this argument, confusing autonomy with independence may not only reduce belonging or relatedness, it could also reduce our sense of control over our lives by encouraging a perception that we are separate from others and the environment in which we live, and so from the very things that influence our lives [14]. There is also a second mechanism by which individualism might reduce personal control: independent individuals require high self-esteem, and one way to maintain that self-esteem is to believe that the things that threaten it are beyond our control [22].

This creation of a ‘separate self’ could be a major dynamic in modern life, impacting on everything from citizenship and social trust, cohesion and engagement, to the intimacy of friendships and the quality of family life [14]. It is no accident that the most popular drugs today are those - like alcohol and party drugs such as ecstasy - that dissolve the

boundaries of the self and induce a sense of belonging, a merging with others, which eases the pain of isolation.

An important means by which cultural qualities such as individualism and materialism affect wellbeing is through their influence on values [13,14]. Values provide the framework for deciding what is important, true, right and good, and have a central role in defining relationships and meanings, and so wellbeing. Most societies have tended to reinforce values that emphasise social obligations and self-restraint and discourage those that promote self-indulgence and anti-social behaviour. Virtues are concerned with building and maintaining strong, harmonious personal relationships and social attachments, and the strength to endure adversity. Vices, on the other hand, are about the unrestrained satisfaction of individual wants and desires, or the capitulation to human weaknesses.

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

Social perspectives on population health must also take personality into account because new research shows that our personalities are changing in ways that may impact on the psychosocial pathways between social conditions and health. For example, a series of studies by Twenge and her colleagues drawing on psychological tests conducted with American children and college students over periods of up to sixty years has found increases in trait anxiety (or neuroticism), self-esteem, extraversion and, in women, assertiveness, while sense of control over life had declined (that is, locus of control had become more external) [14,22-27]. The studies link most of these trends to rising individualism and freedom. Economic factors such as unemployment and poverty seem not to be involved.

Trait anxiety and reduced control have been associated with a range of poor health outcomes including depression, and, in the case of anxiety, alcohol and drug abuse [22,23]. Even in the case of the seemingly positive shifts, the benefits of high self-esteem are now being challenged and, as noted above, it may work against personal control. And while extraversion is associated with higher wellbeing, its combination with the other personality changes could lead to a more narcissistic or 'contingent' self-esteem, which requires constant external validation to be sustained – in other words, an extrinsic orientation that is associated with lower wellbeing [14].

The cultural perspective presented here is consistent with the conclusions of a major international review in 1995 of the evidence on trends in psychosocial problems such as depression, drug abuse, suicidal behaviour and crime among young people in Western

nations [15]. It concluded that social disadvantage and inequality were unlikely explanations for the increases in psychosocial disorders. Amongst its recommendations, the study called for further investigation of the theory that shifts in moral concepts and values were among the causes - in particular, 'the shift towards individualistic values, the increasing emphasis on self-realisation and fulfilment, and the consequent rise in expectations' (p 807).

The review's conclusions have been supported by several recent studies that have found population (or ecological) effects of culture on health, specifically, associations between individualism and suicide and crime [28-30]. For example, a cross-country analysis found strong and positive correlations between national youth suicide rates, especially among men, and several different national indicators of individualism, including a measure of young people's perceived freedom of choice and control over their lives (but which is probably measuring independence, as argued above) - but not between suicide and socio-economic factors including per capita income, poverty, youth unemployment, inequality and divorce [29]. Such findings point to the value of undertaking similar research into the cultural correlates of population measures of drug use.

The need to look beyond socio-economic disadvantage in explaining recent patterns and trends in psychosocial disorder in young people has been reinforced by recent American studies that suggest that children in affluent families, although usually seen as being at lower risk, may in fact be more likely than other children to suffer substance use problems, anxiety and depression [31]. Two factors appear to be implicated: excessive pressures to achieve and isolation from parents (both physical and emotional). These possible causes can be seen as consequences of materialism and individualism, as well as affluence.

The arguments presented here are broadly consistent with the analysis of Alexander [32]. Writing in the field of drug research, Alexander has argued that modern, free-market societies systematically discourage psychosocial integration – the individual's experience of belonging, and being accepted and understood – which makes life bearable, even joyful. Instead they promoted its opposite, and 'dislocate' individuals from traditional sources of psychological, social and spiritual support. Dislocated people struggled to find or restore psychosocial integration – to somehow 'get a life' – and eventually constructed lifestyles that substituted for it, he said. Substitute lifestyles frequently centred on addiction, in which our lives were given over to one or a few pursuits to the detriment of a broader, more balanced life. '(A)ddiction to drug use or to other substitute lifestyles within western societies is not the pathological state of the few, but, to a greater or lesser degree, the general condition.'

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

Hollywood-style celebrities, whose glamour, fame and wealth are so often a glittering veneer over deep insecurities, addictions and self-absorption.

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

Redefining Western culture

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

The apparent harm caused by individualism and materialism raises the question of why they persist and even intensify. Both have conferred benefits to health and wellbeing in the past, but appear now to have passed a threshold where rising costs exceed diminishing benefits. Various forms of institutional practice encourage this cultural 'overshoot'. Government policy gives priority to sustained economic growth but leaves the content of growth largely to individuals, whose personal consumption makes the largest contribution to economic growth [14].

This ever-increasing consumption is not natural or inevitable, but culturally 'manufactured' by a massive and growing media-marketing complex. For example, big business in the United States spends over US\$1000 billion dollars a year on marketing – about twice what Americans spend annually on education, private and public, from kindergarten through graduate school [33]. This spending includes 'macromarketing', the management of the social environment, particularly public policy, to suit the interests of business.

Psychologists who have studied cults and mind control warn that even the brightest and best of us can be recruited or seduced by social situations and conditions to behave in ways contrary to our values and dispositions, to engage in actions that are immoral, illegal, irrational and self-destructive [34]. As Zimbardo has said, many agents of mind control 'ply their trade daily on all of us behind many faces and fronts'; we need to learn how to resist them and to weaken their dominance [34].

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

because they are contrary to our own ethical and social ideals, they are a powerful source of dissonance that is also harmful to health and wellbeing.

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

The larger social task requires a conceptual shift from the dominant paradigm of material progress, which regards economic growth as paramount because it creates the wealth to increase personal freedoms and opportunities and to address social and environmental problems, including drug abuse [14]. In public policy terms, economic growth means more revenue, bigger budget surpluses, and so more money to spend on more or bigger programs. But if, in creating wealth, we do more damage to the health of the population, the fabric of society and the state of the natural environment than we can repair with the extra wealth, it means we are going backwards in terms of quality of life, even while we grow richer.

Furthermore, it is doubtful that we can ever totally compensate for the costs of growth in this way. The costs are not just material or structural – social inequality, less secure work or environmental degradation, for example – but also cultural or ethical. In other words, material progress depends on the pursuit of individual and material self-interest that, morally, cannot be quarantined from other areas of our personal and social lives.

As a result of these costs and concerns, material progress is being challenged by a new view of the world based on sustainable development, which does not accord economic growth overriding priority. Instead, it seeks a better balance and integration of social, environmental and economic goals and objectives to produce a high, equitable and durable quality of life. Our growing understanding of the social basis of health and wellbeing can make an important contribution to working towards sustainability. It provides a means of integrating different priorities by allowing them to be measured against a common goal or benchmark – improving human health and wellbeing.

Traditionally, the key challenge of sustainable development has been seen as reconciling the requirement of the economy – growth – with the requirement of the environment – sustainability. Making health, not wealth, the bottom line of progress gets around this dilemma and takes us deeper into questions of quality of life: how well a society provides the social, economic, cultural and environmental conditions that are conducive to total wellbeing – physical, mental, social, spiritual.

This shift in worldviews is not just a utopian dream. Societies and cultures can be changed for the better. The current situation offers promise as well as peril. The promise is probably not a return to institutionalised, collective forms of meaning, but a different

sort of individualism: an enlarged, socially connected individuality that offers us the opportunity to become truly moral beings, perhaps for the first time in history. As Bauman has pointed out, people today are forced to stand face-to-face with their moral autonomy, and so also with their moral responsibility [35]. ‘This is the cause of moral agony. This is also the chance the moral selves never confronted before.’ Beck has said these new orientations create ‘something like a cooperative or altruistic individualism’ [36]. ‘Thinking of oneself and living for others at the same time, once considered a contradiction in terms, is revealed as an internal, substantive connection. Living alone means living socially.’

This paper has argued the need to undertake more research into the ways in which modern Western culture – especially its defining qualities of materialism and individualism – may be contributing to drug abuse and other psychosocial problems among youth and young adults. There are at least two pathways by which such research may help to address these problems: by allowing better interventions, such as educational programs, to counter harmful cultural messages; and by informing a much wider public and political debate about social priorities and directions.

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

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