Commentary: Taking culture seriously in health research

William W Dressler

Richard Eckersley¹ deserves credit for discussing ‘culture’ seriously as a determinant of health. As he points out, culture is so encompassing, and hence taken for granted, that unless we observe something foreign to our own socialization, it is easy to forget that culture is even there (a fact justifying anthropologists’ insistence on fieldwork outside their own society). Unfortunately, however, Eckersley’s theoretical orientation is problematic in several ways, thus undermining his aim.

Eckersley defines culture as ‘language and accumulated knowledge,’ including ‘beliefs, assumptions, and values,’ and finally ‘a system of meaning.’ This is consistent with what Kuper² refers to as a general model of culture as a ‘collective cast of mind’ of a society. Eckersley then goes on to argue that ‘Western culture’ is a health hazard, in that it is dominated by broad values placed on materialism and individualism that in turn serve to socially isolate people and undermine positive universal values, the end result being loneliness, a constricted sense of self, depression, and disease.

At the outset, it is worth noting that Eckersley’s argument fits what Putnam³ refers to as a ‘declensionist meta-narrative,’ i.e. everything is going to hell in a handbasket, and as such strikes a responsive chord with many of us. This is a time-honoured theme in Western European and North American scholarship and, therefore, has an immediate plausibility. It also has that, to us, vaguely plausible juxtaposition of a rapacious and inhuman modern culture vs a kinder, gentler traditional culture.

Eckersley’s argument is less wrong than grossly oversimplified. For example, with respect to his ‘West versus the rest’ argument, the interested reader should consult Edgerton’s⁴ simplified. For example, with respect to his ‘West versus the rest’ argument, the interested reader should consult Edgerton’s⁴ and distinct from other North American Indians who were ‘Dionysian’ in their intellectual and artistic pursuits, and inhuman modern culture vs a kinder, gentler traditional culture.

Eckersley argues that whole societies could be characterized by one or a few themes dominating the culture, and psychological makeup, of its members. Hence the Pueblo Indians were ‘Appollonian’ in their intellectual and artistic pursuits, and distinct from other North American Indians who were ‘Dionysian’ (violent in their pursuit of experience) in outlook. There is a short step from ‘Dionysian’ to ‘materialist.’ The problem is that these broad characterizations hold a grain—just a

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grain—of truth. But these broad themes are said to uniformly represent the meanings by which thousands—or millions—of people construct an understanding of the world (despite Eckersley’s brief aside regarding potential sources of variation). Such a characterization conflates the aggregate and individual levels of analysis; fails to take into account intracultural diversity, both at the group and individual level; and, at the individual level cannot differentiate the cultural from the social-psychological.

A cognitive theory of culture can resolve these issues.6 From a cognitive orientation, culture is the knowledge one must possess to function in a society (a definition that Eckersley mentions, but does not develop). It is important to reflect on just what that means. For example, from their upbringing, many of my academic colleagues ‘know’ quite a bit about conventional American Protestant Christianity; what they ‘believe’ about that and what their ‘attitudes’ are towards believers are something else altogether. We know far more than we believe, and what we believe forms a subset of our general cultural knowledge. Therefore, culture must be kept distinct from the conventional constructs of social psychology.

While the locus of culture is the individual, culture refers to aggregates, because knowledge is distributed. Each of us has an incomplete understanding of our own culture, and the whole truly is greater than the sum of its parts. As Searle7 has pointed out, even when an individual’s knowledge is incomplete, there is a sense of the collective, of how we ‘do’ things, so that it is not a mysterious experience to have a sense that, yes, we Americans do things a certain way, even though I myself am not quite sure how it is done.

Briefly, a cognitive theory of culture explicitly allocates culture to both the aggregate and the individual; it can explicitly take into account intracultural diversity at the group and the individual level; and, it clearly separates the cultural from the social-psychological. Furthermore, it provides a method for determining: (i) if some domain (e.g. individualism) is salient within a social group; (ii) if understanding of that domain is widely or narrowly shared; and (iii) if variation in group or individual salience of the domain has an impact on other factors, including health.

Theory matters. Using this orientation I have found, in urban Brazil8 and the African American community in the United States,9 that shared cultural models of ‘the good life’ resemble less what Thorstein Veblen10 called ‘conspicuous consumption’ and more what he called ‘a common standard of decency.’ Persons at greatest risk of poor health were those unable to achieve quite modest cultural goals. This is but one example of how a nuanced view of culture as local knowledge can lead to conclusions quite different from a cultural configurationist view.

This is not to say that Eckersley is all wrong. It is to say, however, that his view of cultural influences does not lead us to ask questions like: Is the meaning of materialism (or individualism) broadly shared in a society? How is it distributed within a society? How strong a directive force in individual belief and behaviour is this domain? How does variability in its directive force influence individual adaptation, including health and a sense of well-being? For a refined view of cultural influences on health, these questions must be addressed.

References

6 Dressler WW. What’s cultural about biocultural research? Ethos 2005;33:20–45.