



Dependency denied: Health inequalities in the neo-liberal era



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ABSTRACT

The ways in which inequality generates particular population health outcomes remains a major source of dispute within social epidemiology and medical sociology. Wilkinson and Pickett's *The Spirit Level* (2009), undoubtedly galvanised thinking across the disciplines, with its emphasis on how income inequality shapes the distribution of health and social problems. In this paper, we argue that their focus on income inequality, whilst important, understates the role of neoliberal discourses and practises in making sense of contemporary inequality and its health-related consequences. Many quantitative studies have demonstrated that more neoliberal countries have poorer health compared to less neoliberal countries, but there are few qualitative studies which explore how neoliberal discourses shape accounts and experiences and what protections and resources might be available to people. This article uses findings from a qualitative *psycho-social* study employing biographical-narrative interviews with women in Salford (England) to understand experiences of inequality as posited in *The Spirit Level*. We found evidence for the sorts of damages resulting from inequality as proposed in *The Spirit Level*. However, in addition to these, the most striking finding was the repeated articulation of a discourse which we have termed “no legitimate dependency”. This was something both painful and damaging, where dependency of almost any sort was disavowed and responsibility was assumed by the self or “othered” in various ways. *No legitimate dependency*, we propose, is a partial (and problematic) internalisation of neoliberal discourses which becomes naturalised and unquestioned at the individual level. We speculate that these sorts of discourses in conjunction with a destruction of protective resources (both material and discursive), lead to an increase in strain and account in part for well-known damages consequent on life in an unequal society. We conclude that integrating understandings of neoliberalism into theorising about inequality enriches sociological perspectives in this area.

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1. Introduction

Since its publication in 2009, Wilkinson and Pickett's (from here-on W&P) “*The Spirit Level*” (from here-on TSL) has stimulated popular and academic debate on the subject of inequality in a way that is probably without precedent, at least in the UK. TSL's central argument – that unequal societies have an excess of ill-health (and social problems) and that it is income inequality *per se* that is the underlying cause – was reinforced by the findings from the Strategic Review of Health Inequalities in England (widely known as the Marmot Review) in 2010. In the years following publication of TSL, subsequent work by others provided robust support for the relationship between inequality and health that W&P describe (De Vogli, 2011; NEF, 2011; OECD, 2011; Rowlingson, 2011).

One of the novel features of TSL was that it looked beyond the empiricism of much social epidemiology and entered the more epistemologically challenging domains of medical sociology and health psychology. It sought to extend the authors “psychosocial” explanatory framework linking population health with income inequality, as well as proposing a set of mechanisms which (they believe) mediated this relationship. These mechanisms, they argue, include “low social status, lack of friends and stress in early life. All have been shown ... to be seriously detrimental to health and longevity” (TSL p39). The study we report on here explored one aspect of this explanatory framework – the experience of shame and social comparison which they believe flows from being of ‘low social status’ and which forms a backdrop to life in an unequal society (with consequences, of course, for health and well-being). A key finding from our study, set in Salford (in north-west England), highlighted a linked, but rather different finding from W&P's hypothesis – the extent to which neoliberal discourses concerning individual responsibility appeared to have been internalised in

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women's accounts of life in an unequal society. Furthermore, it was also apparent that neoliberal discourses seemed to shape agency and resistance in the face of inequality and the associated strains of everyday life – and it is these aspects that we discuss in this paper.

We recognise that incorporating wider political projects and their attendant discourses in the area of health inequalities is epistemologically demanding, but there is a growing body of quantitative evidence exploring the negative impacts of neoliberalism on health which we argue require qualitative exploration. Coburn (2000), for example, in a well-known debate with Wilkinson (2000) made the case for, “go[ing] beyond the income inequality hypothesis towards a consideration of a broader set of the social determinants of health” (p41). This entailed evaluating how more unequal societies get to be more unequal, and in particular, how to integrate class and the neoliberal project into explanations for health inequalities. Coburn argued that political decisions and attendant discourses legitimised high levels of inequality, demonstrating empirically that neoliberal societies had more invidious consequences for health and well-being than more social democratic ones. These issues merit qualitative exploration given the historical expansion of the neoliberal project and in the context of the increasing evidence for the toxic nature of neoliberalism for health (De Vogli, 2011; Hall & Taylor in, Hall and Lamont, 2009; Collins and MacCartney, 2011).

Indeed, there have been relatively few sociologically informed qualitative studies exploring the processes which TSL authors' argue are the ways that inequality gets “under the skin”, (Dolan, 2007; Gibson, 2007; Davidson et al., 2008). There are even fewer studies that begin to explore the close-grained detail of what might underpin the finding from epidemiological studies which show that population health trends are different in more (and less) neoliberal societies (De Vogli, 2011; Collins and MacCartney, 2011). Similarly, there has been little exploration of what resources might be drawn upon to resist health damaging discourses in neo-liberal societies (Hall and Lamont, 2009; Peacock, 2012; Scambler, 2013).

We argue that empirically examining the ideas Wilkinson and Pickett (2009) propose in TSL (in this case, shame and social comparison), can shed light on the discourses, practices and processes by which inequality, shaped by neoliberalism, is manifesting itself in England. In particular, we focus on a particularly prominent and damaging discourse that we identified in the accounts of our participants and which we termed “no legitimate dependency”. This was unanticipated in that we did not set out to explore this, but it emerged as a core finding and can be described as a discourse where (virtually) all forms of dependency were disavowed and disproportionate amounts of personal responsibility were assumed for aspects of life that we would argue are not reducible to the personal agency of an individual. In addition, “othering” was used by many participants as a response to protect the self from some of the stigmatised identities that have become a feature of contemporary neoliberalism (Jones, 2011). In the discussion, we go on to speculate how the no legitimate dependency discourse might figure in the spectrum of our understandings of neoliberalism and population health and link this with similar findings from other areas of social policy (Hoggett et al., 2013). Before describing the methods used, we expand on key debates in the literature.

2. Perspectives on neoliberalism, inequality and health

The central contention of TSL is that it is inequality (the size of the income gap) that is the key to determining population health. One of the consequences of this widening gap is an increase in stressors due to what they describe as shaming or invidious social comparisons:

“Greater inequality seems to heighten people's social evaluation anxieties by increasing the importance of social status. Instead of accepting each other as equals on the basis of our common humanity as we might in more equal settings, getting the measure of each other becomes more important as status differences widen ... If inequalities are bigger, so that some people seem to count for almost everything and others for practically nothing, where each one of us is placed becomes more important” (2009, p43–44).

However it is not clear that those of “low social status” actually experience themselves as such, and there may be discursive and practical resources which can be drawn upon to protect the self and deflect at least in part, the damaging comparisons that W&P describe. Such protections may be located in discourses and practices which can shape positive or protective identities but, conversely, there may be competing discourses that undermine or destroy such protections, and it is here that the negative impacts of neoliberalism may come into play (Hall and Lamont, 2009). In the debate between Coburn and Wilkinson (see above), Coburn's contention was that more attention should be paid to the causes of income inequalities (specifically the place of neoliberalism), rather than simply focusing on the consequences. Coburn suggested that Wilkinson's work underplayed these broader social and political contexts and avoided asking what social, economic and political processes were implicated in the increase in inequality. Coburn argued that neoliberalism:

“produces both higher income inequality and lower social cohesion and ... either lowered health status or a health status which is not as high as it might otherwise have been” (2000b, p137).

Wilkinson defended the centrality of inequality, challenging the idea that his work avoided attributing political responsibility. Connecting inequality to neoliberalism, he argued.

“limits the theory to a historically specific instance: widening income differences seem likely to be damaging, almost whatever their source.” (2000a, p998).

In a subsequent paper Coburn (2004) tested out his proposals using comparative international data, exploring how.

“international pressures towards neo-liberal doctrines and policies are differentially resisted by various nations because of historically embedded variation in class and institutional structures” (p41).

Coburn showed that more neoliberal countries were highly correlated with increased inequality. Using infant mortality as an illustrator, he demonstrated a better fit with the index of decommodification (a proxy measure of the extent of neoliberalism) than with the Gini coefficient (measuring income inequality). Similarly, Collins and MacCartney (2011) have argued in their work on “The Scottish Effect”, that it is the scale of the neoliberal “political attack” on the working class that provides the most plausible explanation for the health problems experienced in the West of Scotland – rates that cannot be explained by indicators of deprivation alone. But it is not just Scotland which has experienced a ‘political attack’ and its consequences, Campbell et al. (2013, p184) comment that, “Almost no other European countries experienced an increase in economic inequalities on the scale of Great Britain's increase since 1979” and that, “by the start of the 21st century – [Britain] was back at levels of inequality last experienced at the height of the 1930s depression.” (p181). Collins and MacCartney (2011) argue that:

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