© The United Nations University, 1980
Printed in Japan

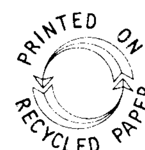
ISBN 92-808-0156-2
ISSN 0379-5764

HSDRGPID-42/UNUP-156

HOW TO IMPROVE OUR LIFE STYLES

Philippe d'Iribarne

CEREBE
rue de Chevaleret 140
75013 Paris, France



CONTENTS

Introduction 1

I. Life Styles Do Not Form Amorphous Entities 2

II. The French "Overdevelopment" 5

III. What Are the Roots of the Evil? 21

IV. Deep Cultural Roots 26

Notes 30

This paper by Philippe D'Iribarne was first presented at the Alternative Ways of Life I Meeting, Cartigny, 21-24 April 1978. It can be considered as a contribution to the AWL sub-project of the GPID Project.

Geneva, March 1980 Johan Galtung

It is being circulated in a pre-publication form to elicit comments from readers and generate dialogue on the subject at this stage of the research.

INTRODUCTION

It has become commonplace to criticize the life styles that prevail in industrial society. Overconsumption of material goods, together with the difficulty of living, has become evident. But how then can we improve our life styles? Are we confronted mainly with economical, political, or cultural problems? Are we faced with a group of questions which have to be treated separately, or must we deal with various symptoms of but one or a few wrongs, such as capitalism, technological progress, and so on? Is it after all really possible to "do something about it," or are we facing a "system" against which it is impossible to fight? Any reflections on alternative ways of life end in such questions.

I. LIFE STYLES DO NOT FORM AMORPHOUS ENTITIES

It is possible to propose or advocate certain life styles by evaluating how the various "needs" of man are more or less met and then by trying to devise ways of meeting them more appropriately. In doing this one may, for instance, distinguish between "security needs," "wellbeing needs," "identity needs," and "freedom needs."[1] But then the questions arise:

- How is the degree of satisfaction of these needs related to the goal of a life with a, more or less, high "quality" (with all the questions raised by the criteria for determining this "quality")?
- What are the existing relationships among the steps being taken to satisfy these needs in their various dimensions? To what extent do mediocre performances in some dimensions constitute the price paid in order to obtain higher performances in other dimensions?

As for the first point, it seems obvious that a qualitatively rich life (or "full" life) is not the mere result of adding up various "satisfactions of needs." In fact, when looking at our life, we realize that the extent to which a certain need is met is more or less able to change the quality of our life by affecting how our other needs are met. (For instance, the ability to choose our basic material consumption goods more or less depends on how well we satisfy needs related to self-fulfilment in work.) More generally, what we achieve in one field of life and how this affects us depends largely on the total sum of all the other aspects of our life. Moreover, it depends, to a large extent, on the attitudes we adopt and the responses we make to the situations in which we find ourselves. Thus, events that seem identical will knock one person down but stimulate another.

In fact, the same way of life can be described in a more or less synthetic manner. It can either be characterized in a very global manner (to have a more or less "rich" life), or by a multitude of attributes describing in detail the conditions of life (freedom of work, organization of the family, mode of consumption, etc.). At intermediate levels it can be described as what is obtained in some important "life dimension" (quality of relations with others, esteem of oneself, etc.). In order to be able to evaluate ways of life which are defined by an entirety of life conditions or life dimensions, it is necessary to bring to light the complex relationships between what is obtained at these specific levels on the one hand and at a very synthetic level on the other.

Moreover, certain antagonisms exist between the conditions needed to satisfy the various "needs," for instance, between security needs and freedom needs. To increase the security of an individual often means to hinder the freedom of another, or at least to oblige others to act in his favour. The numerous laws, rules, and moral or social codes that govern our life often increase our security while they reduce our freedom. Sometimes the security of some people is increased at the expense of the freedom of others. But often the same person is faced with both situations. This is how certain security devices function, how certain rules guarantee the execution of a contract, how moral norms pressure a man into keeping his commitments, and so on.

The possible choices are thus limited to the choice of what will be preferred and sacrificed, recognizing that it is impossible "to have everything." The improvements in our ways of life that are actually feasible are no doubt much more modest than what we might imagine when adding up all the partial, and in principle desirable, improvements.

Finally, if we want to establish alternative ways of life we will have to confront various organized totalities, recognizing that these totalities have an impact on the quality of life that does not result only from the sum total of elementary effects.

In the present situation it is not possible to proceed with such an operation in a serious manner. But we can nevertheless reflect on our way of life and on how it can be improved. We shall try to do this after presenting some facts which characterize the French situation.

II. THE FRENCH "OVERDEVELOPMENT"

The dominant ways of life in France today seem to be characterized — like those of other industrialized countries — by a situation we can call "overdevelopment." The steady improvement in the standard of living is, at present, accompanied by rather unfavourable modifications of various indicators of the quality of life.[2]

Standard of Living

The growth in the annual per capita consumption of basic items (see Figure 1), in the percentage of households owning various goods and

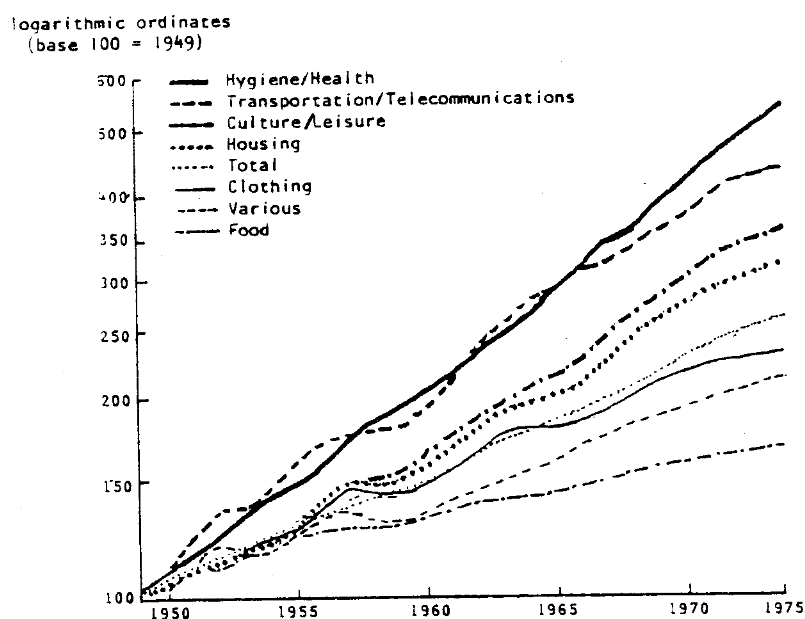


FIG. 1. Development of Annual Per Capita Consumption of Basic Items

Source: Report on national finances, INSEE Collections.

appliances (Figure 2), and in the availability of medical doctors (Figure 3) shows very clearly the rise in the standard of living from 1950 to the present.

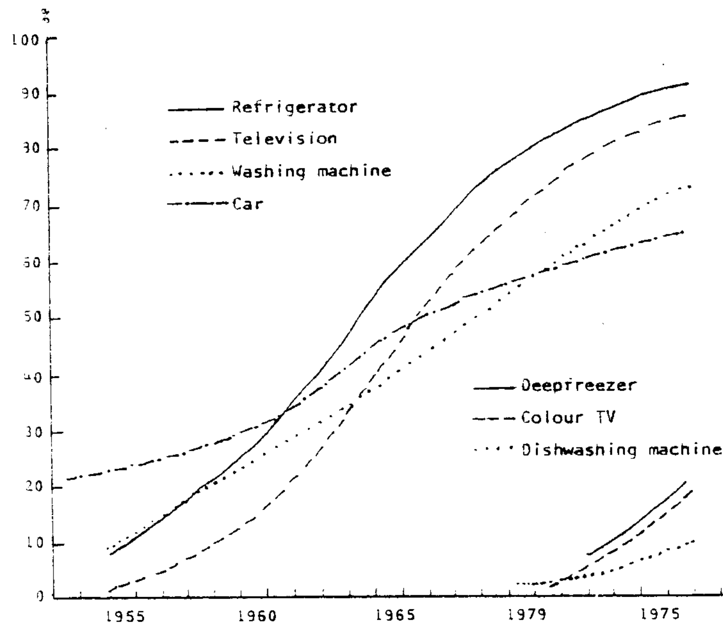


FIG. 2. Increase in Ownership of Various Durable Goods, by Household

Source: INSEE Surveys on "Buying intentions."

FIG. 3. Growth in the Number of Doctors Since 1920 (Number of Doctors per 100,000 Inhabitants)

Note: The figure for 1980 is based on a projection from the number of medical students in that year.

Source: Ministry of Health.

At present, when considering indicators which are nearer to the indicators of "result," observations become less favourable, even more so when passing from partial results to what might appear to constitute indicators of a sort of "global life quality."

Change in Mortality and Life Expectancy

Table 1 gives the death rate in 1950 and from the year 1968 to 1975. This table gives only an approximate idea of changes in the cause and structure of general mortality on account of variations in the age breakdown of the population. It nevertheless summarizes certain tendencies quite clearly.

Infectious diseases, above all tuberculosis, have decreased considerably (deaths caused by tuberculosis declined 90 per cent in 24 years — from 1950 to 1974). Also notable during this period is a strong regression of perinatal mortality.

Diseases of the circulatory system seem stable but certain types of cancer are increasing (especially pulmonary cancers). Over a longer period, one notes an increase in alcoholism, cirrhosis of the liver, accidents, and violent deaths. A more detailed analysis of the accidental and violent deaths is given in Table 2.

The situation is very different according to sex: generally, the male mortality rate is much higher. More than one-third of all accidental and violent deaths among males during the past years was due to traffic accidents (against 14 per cent in 1950). These death rates were increasing until 1972 but have been decreasing since then, probably thanks to measures taken in connection with the limitation of speed and the wearing of safety belts.

Mortality from suicide has been relatively stable since 1960, perhaps slightly increasing among women, although the number of suicides here is still low compared with that of men (about 38 per cent lower).

TABLE 1. Changes in the Death Rate According to Cause of Death, 1950-1975[1]

Main causes of death	1950	1968	1969	1970	1971	1972	1973	1974	1975
Tuberculosis, all types	58.1	10.7	9.9	8.2	7.4	6.9	6.3	6.0	5.5
Other infectious and parasitic diseases	24.6	6.9	7.4	7.3	7.6	8.4	9.3	9.3	9.8
Malignant cancers	173.1	212.0	211.0	207.0	212.0	209.3	209.3	213.5	216.1
Benign tumours and ill-defined tumours	9.3	8.1	8.9	8.4	8.3	8.4	8.3	8.1	8.3
Diabetes mellitus	9.2	16.7	17.6	15.7	15.4	15.8	14.5	15.5	16.6
Blood diseases	3.0	2.5	2.8	2.9	2.8	3.0	3.2	3.6	3.6
Alcoholism and alcoholic psychosis	5.6	8.7	9.0	8.0	8.5	8.7	7.7	7.1	8.1
Diseases of the nervous system and of the sense organs	36.7	27.4	24.8	22.6	21.9	20.2	20.8	20.1	19.9
Diseases of the circulatory system	397.7	393.0	406.0	391.0	402.4	396.9	396.7	398.2	407.3
Diseases of the respiratory system	106.6	84.3	95.6	70.5	69.5	68.4	78.5	69.8	68.9
Cirrhosis of the liver	16.3	34.9	35.3	33.4	34.8	34.2	34.6	32.8	33.8
Other diseases of the digestive system	30.3	29.3	30.3	30.3	30.6	31.6	32.3	32.1	33.3
Diseases of the genito-urinary system	21.9	15.8	16.4	14.8	15.1	15.6	15.8	16.0	15.9
Congenital defects	6.7	7.4	7.0	6.8	6.8	6.3	6.3	6.0	5.4
Perinatal mortality	44.3	12.7	12.5	11.3	10.8	9.9	8.4	7.1	5.9
Accidents and violent deaths	65.9	94.8	96.7	92.7	95.4	97.1	96.2	92.8	91.6
Other known diseases	10.8	14.9	22.2	20.6	20.2	20.1	27.2	27.2	28.3
Symptoms and ill-defined diseases	214.5	107.7	104.1	94.8	90.5	78.8	80.5	73.1	72.1
Unannounced causes	29.5	15.4	16.2	15.8	16.7	14.0	11.8	11.1	15.1
Total all causes	1,264	1,103	1,134	1,062	1,076	1,059	1,047	1,049	1,065
Number of deaths (listed by INSEE)	530,294	550,492	570,601	539,679	551,514	547,487	556,089	548,437	558,500

1. Rate per 100,000 inhabitants.

Source: INSERM.

TABLE 2. Changes in the Death Rate from Accidents and Violent Deaths, by Cause and Sex

Years	1950	1968	1969	1970	1971	1972	1973	1974	1975
Number of deaths:									
Males	19,566	29,232	30,108	29,147	30,214	31,208	30,682	29,537	29,098
Females	8,084	18,105	18,525	17,935	18,654	19,021	19,450	19,189	19,047
Total	27,650	47,337	48,633	47,082	48,868	50,229	50,132	48,726	48,145
Rate per 100,000 inhabitants:									
Males	96.9	120.2	123	118	121	123.4	120.2	114.9	113.0
Females	37.2	70.7	71.9	69.0	71.2	72.0	73.1	71.7	76.9
Total	65.9	94.8	96.7	92.7	95.4	97.1	96.2	92.8	91.6
Partial breakdown:									
Traffic accidents:									
Males	13.3	43.2	44.1	44.2	47.0	48.0	44.7	38.8	37.2
Females	3.2	14.7	14.9	15.7	16.4	16.7	15.2	12.6	12.6
Total	8.1	28.6	29.1	29.6	31.3	32.0	29.7	25.4	24.7
Suicides:									
Males	23.9	22.5	23.4	22.8	22.4	23.3	22.6	22.7	23.0
Females	7.2	8.4	8.5	8.4	8.7	9.3	8.7	8.8	9.0
Total	15.3	15.3	15.8	15.4	15.4	16.1	15.5	15.6	15.5

Note: Deaths occurring up to six days after accident. Figures by SETRA.

Source: INSERM.

The decline of general mortality and infant mortality in France will be found in terms of life expectancy in Table 3.

TABLE 3. Rise in Life Expectancy, by Sex and Age

Life expectancy	1950	1960	1965	1970	1974	Relative increase 1950-1974
Males						
at birth	63.0	67.1	67.8	68.6	69.0	+ 9%
at 1 year	66.1	68.3	68.1	68.8	69.0	+ 4%
at 20	48.5	50.2	50.0	50.6	50.8	+ 5%
at 40	30.5	31.7	31.6	32.2	32.3	+ 6%
at 60	15.2	15.9	15.8	16.2	16.4	+ 8%
Females						
at birth	68.7	73.8	75.0	76.1	76.9	+12%
at 1 year	71.1	74.6	75.2	76.1	76.7	+ 8%
at 20	53.3	56.2	56.8	57.6	58.3	+10%
at 40	35.0	37.2	37.7	38.5	39.1	+12%
at 60	18.1	19.7	20.1	20.8	21.3	+18%

Source: INSEE

It is indeed obvious that for all ages and both sexes life expectancy increased between 1970 and 1974; yet this increase is very weak compared with the period 1950 to 1970, when the rate of increase was much higher.

Life expectancy of males at 1, 20, 40, and 60 years has yet not reached the level for females in 1950. And from 1950 till 1974 the life expectancy of females has increased more than that of males at 1, 20, 40, and 60 years. In fact the gap is increasing: in 1974 a woman of 60 could expect to live almost five years longer than a man of the same age, whereas in 1950 it was only three years longer. Also, at the age of 1 women have a life expectancy which is three years higher than that of men.

Infant Mortality

Mortality during the first month of life is generally due to what are called endogenous causes, such as congenital anomalies, accidents during pregnancy, etc.; mortality during the period from the second to the twelfth month is due to what are called exogenous causes, such as

TABLE 4. Rates of Infant Mortality, 1920-1976

Total	1920	1930	1940	1945	1950	1955	1960	1965	1970	1974	1975	1976
Mortinatality[1] (adjusted rate)[2]	29.3	23.8	20.6	20.9	18.4	17.1	16.9	15.1	13.3	11.5	10.9	10.8
Perinatal mortality[3]	52.4	43.2	38.9	40.4	36.0	33.4	31.3	27.7	23.3	19.3	18.1	16.7
Neonatal mortality[4] (adjusted rate)	50.8	32.8	30.7	39.8	26.0	20.8	17.6	15.2	12.6	9.9	9.2	8.1
Post-neonatal mortality[5] (adjusted rate)	72.4	51.0	60.7	73.8	26.0	17.7	9.7	6.7	5.5	4.8	4.7	4.5
Infant mortality[6]												
Total	123.2	83.8	91.4	113.7	51.9	38.6	27.4	21.9	18.2	14.6	13.8	12.6
Males	135.0	92.7	102.5	124.2	58.6	43.6	30.9	24.5	20.4	16.5	15.3	14.6
Females	111.0	74.4	79.6	100.9	45.0	33.5	23.6	19.1	15.8	12.5	11.9	10.7
General mortality (per 1,000 people)	17.2	15.6	18.0[7]	16.1[7]	12.6	12.0	11.4	11.1	10.6	10.5	10.6	10.5

1. Mortinatality: number of stillbirths (foetus having at least 180 days of gestation) per 1,000 births (alive and stillborn).
2. The adjusted rate includes stillbirths in both deaths and live births. (The unadjusted rate excludes them from deaths and live births; it takes into consideration only the civil status.)
3. Perinatal mortality: number of stillbirths and deaths up to sixth day of life, per 1,000 births.
4. Neonatal mortality: number of infants dying at less than 28 days, per 1,000 live births.
5. Post-neonatal mortality: number of deaths of infants from 28 days up to 1 year, per 1,000 live births.
6. Infant mortality: number of deaths of infants of less than 1 year, per 1,000 live births.
7. Estimate for 90 *départements*, excluding deaths from acts of war.

infectious diseases stemming from insufficient protection against the external surroundings. Thus, with more appropriate sanitary measures, theoretically one can reduce mortality due to exogenous diseases.

It should be noted that the decrease in infant mortality plays a much more important role in the increase of life expectancy than does general mortality: it accounts for 20 to 30 per cent of the observed increase in life expectancy from 40 years onwards.[3]

The decrease in infant mortality observed in France between 1950 and 1974 derives more from the decrease of post-neonatal mortality (—81 per cent) than from neonatal mortality (—60 per cent). Mortinatality has decreased by only 39 per cent: it is more difficult to prevent or cure than post-natal illnesses and complications. Since 1965, the post-natal death rate seems to have come to a point where maintaining the same rate of decrease is difficult. Also, between 1965 and 1974 it has declined by only 28 per cent as compared with 35 per cent for neonatal death rates. On the other hand the rate of mortinatality is continuing to decrease.

In general the decrease in the infant death rate for France, since 1970, has been considerable compared with that for England and Wales, for instance, which was at the same level in 1970 (rate of 18.2 per cent).

The Population of Psychiatric Hospitals

According to the annual statistics of INSERM[4] 104,000 men and women were confined to an adult psychiatric ward as of 31 December 1974. Comparison with the preceding years (Table 5) shows that this number has decreased rather quickly, more rapidly in fact for women than for men.

But it would be wrong to assume that this decrease implies a reduction in the severity of psychological distress during this period. In

examining these figures one must take into account two phenomena.

TABLE 5. Number of Patients, by Sex, Hospitalized on 31 December, 1967-1975

	1967	1968	1969	1970	1971	1972	1973	1974	1975
Men	59,120	58,133	59,335	57,902	57,874	57,273	56,337	54,565	55,712
Women	59,916	58,205	58,958	57,179	55,610	53,813	52,070	49,077	49,349
Total	119,036	116,338	118,293	115,081	113,484	111,086	108,407	103,642	105,061

Source: INSERM, medical statistics of psychiatric establishments.

In recent years the various psychiatric fields — although not all to the same extent — have developed much extra-hospital activity in the fight against mental diseases within a framework called "sector psychiatry." Confinement to a psychiatric ward is more and more often replaced by treatment at or through other institutions: day hospitals, post-cure homes, therapeutic workshops, mental-health pharmacies (and also hospices and rest homes), combined with "ambulant" treatments guaranteed by regular visits to the home of the sick person.

Given the state of information available today, all these activities cannot be evaluated. But the suggestion that there has been a development of these activities is confirmed in Table 6, which shows the increasing activity of mental-health dispensaries.

TABLE 6. Activity of Mental-Health Dispensaries, 1964-1975 (Figures in Thousands)

	1964	1965	1966	1967[1]	1969	1970	1973[3]	1975
Number of individual consultations	577.4	704.2	757.5	795.7	722.4	997.4	1,040.8	1,434.5
Number of consultations	190.2	199.2	224.7	235.1	222.9	276.8	302.9	427.4
Number of consultations from psychiatric hospitals	43.8	48.7	54.1	62.7	66.1	80.0[2]	84.3	161.2

1. Figures for 1968 unobtainable.
2. Not including Val de Marne and Hauts de Seine regions.
3. Not including Meurthe and Moselle regions.

Source: Annual report of the general inspectorate of social affairs.

The figures in Table 5 take into account the confined population at a certain date — every 31 December from 1967 to 1975. But they cannot be taken as a measure of the total number of confinements each year. In reality, the number of confinements to psychiatric hospitals per

year increased from 239,000 to 268,000 between 1968 and 1974,[5] but the average duration of confinement has decreased rapidly, thus explaining the decrease in confinements shown in Table 5 over the same period of time.

The decrease of the average term of confinement is given in Table 7.

TABLE 7. Distribution by Length of Confinement of Patients in Hospital, 31 December 1968 and 1974, as Percentage

Year	Less than 1 year	1-2 years	2-3 years	3-5 years	5-10 years	More than 10 years	Total
1968	29.4	10.6	7.1	9.5	14.2	29.2	100
1974	35.0	10.2	7.4	8.3	11.7	27.4	100

Thus, it seems that the use of a psychiatric hospital as the central element of the system of this sector is more and more taking the shape of short periods of confinement which are probably followed by post-discharge or ambulant treatments.

It seems reasonable to assume that the stays in psychiatric hospitals, on the average becoming shorter, are also — on the average and per individual — more and more frequent. This would constitute an important reason for the increase in the number of stays. The number of stays per individual has, however, not yet been calculated.[6]

Statistics about psychiatric institutions provide a yearly breakdown of patients according to their diagnostic category. Although Table 8 is somewhat flawed and its classification of patients is probably just approximate, it shows some interesting figures that usefully complement what has been said so far. One notices in fact a rather considerable increase in the proportion of patients diagnosed as senile and depressed. This corresponds, on the average, to the growth of the elderly population. But here, once more, one should not conclude that the number of people in every category has varied by this same proportion — even though this hypothesis is not to be totally excluded. We should rather see in this trend evidence of a new breakdown of tasks in the fight against mental illnesses: the younger patients are more

frequently taken care of outside the hospitals, and their stays at the hospital — if they stay in the hospital at all — are becoming shorter.

TABLE 8. Classification of Patients[1] on 31 December, by Diagnostic Category

Diagnosis	1968	1974
Manic and depressive psychoses	8.0	6.7
Chronic schizophrenia	23.7	23.3
Chronic delirium	12.1	10.5
Extreme delusive psychosis — confused state of mind	2.8	2.8
Alcoholic psychosis — alcoholism	10.0	10.0
Mental problems caused by epilepsy	3.3	2.9
Feeble-mindedness due to senility and pre-senile dementia	9.2	11.5
Mental problems related to cerebral or general causes	2.5	2.0
Neurosis and neurotic states	2.4	2.7
Pathological personality and character — perversion — toxicomania	4.6	4.7
Non-psychotic depressive states	1.6	2.6
Psychosomatic illnesses — illnesses not otherwise classifiable	0.3	0.3
Arrested development. Mental deficiency	6.9	6.6
Moderate or severe mental retardation	12.3	12.9
Others	0.3	0.5
Total	100.0	100.0

1. Patients as of 31 December in psychiatric hospitals, psychiatric wards of public general hospitals, and private establishments performing the functions of public ones.

Source: INSERM, medical statistics of psychiatric establishments.

A study carried out in 1975 by the Ministry of Health in two provincial departments and one district of Paris permits us to complete this distinction between hospitalized and "sectorized" patients. According to the conclusions of this survey, patients receiving extra-hospital care are on the average younger than the confined patients and benefit also from being better adjusted to family and society.

The development of the general level of delinquency can be roughly divided into three periods since the end of the war: continual regression as one moves away from the period of scarcity until about 1952-1953, stability until about 1957-1958, and then an increase during the 1960s.

In fact, this global development disguises two very distinct movements — the first concerning primary delinquency, that is, committed by persons who had never been arrested before, the second one concerning secondary delinquency, that is, committed by persons with a record of previous arrest.

Primary delinquency decreases rapidly until 1952-1953, then more slowly until about 1962-1963. It increases again, however, from 1963 onwards until 1968-1969 (see Figure 4).

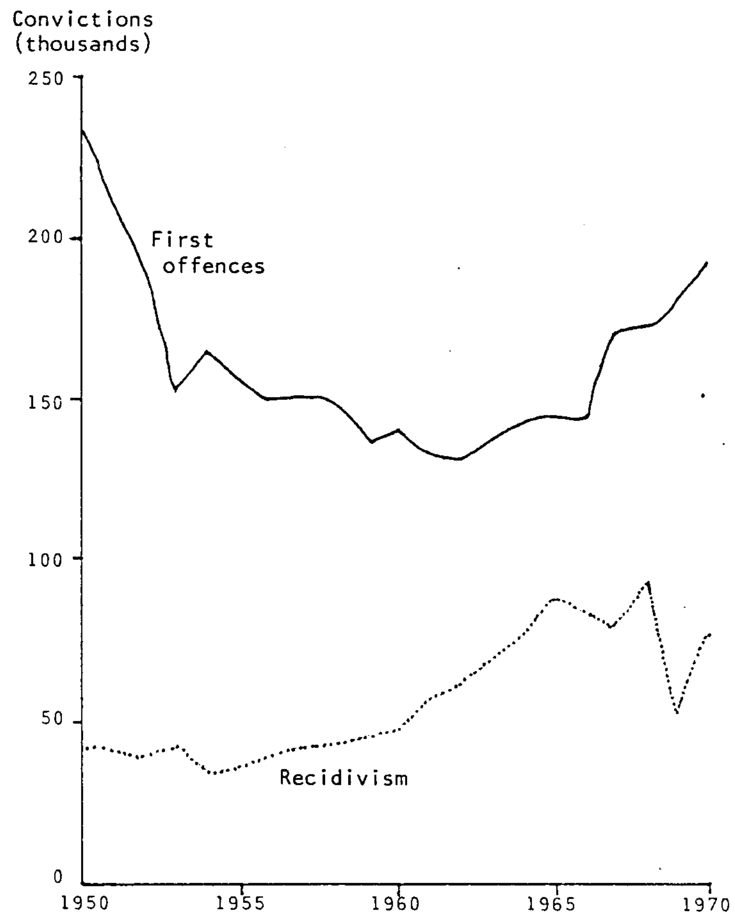


FIG. 4. Delinquency, First Offences, and Recidivism

Secondary delinquency, after having decreased immediately after the war, has since (1952-1953) increased regularly and continuously; it is particularly interesting to note that this increase goes practically hand in hand with the great urbanization movements after the war.

Two different hypotheses can be put forward as tentative explanations:

a) The increase in secondary delinquency is caused by the development of a circle of delinquents that could almost be called professionals; this development is fostered by prison friendships and difficulties of reintegration into normal social life, by urban concentration, and by increasing opportunities for aggression.

b) The capacity of the police security system and legal system is insufficient to deal with the increasing delinquency. The system only deals with the most severe cases in order to maintain public order. From the penal point of view these are not always the most severe cases but those which most directly threaten public order, as for instance traffic violations, bad cheques, etc. But it is well known that a certain number of offences are solved on a private basis (e.g., commercial matters, thefts, etc.). Considering these circumstances, the average seriousness of misdemeanours would be greater, and so would the actual degree of delinquency.

These hypotheses, however, raise another question: Could the difficulties felt by an increasing number of individuals in adapting to the rules and values of society be related to precisely the existence of these same values, or do they rather represent problems of acculturation to the new lifestyles that have developed upon the disappearance of more elementary communities?

Suicides

According to Emile Durkheim, suicide rates have often been seen as indicators of the degree of social integration into the family or into larger groups. In other words, they are a measure of the degree to which a community of the same interests, values, and norms is divided, or maintained and reinforced, in the midst of larger or smaller groups. The suicide rate is lower among married people than non-married; among women than men; among rural people than urban people; in Catholic countries than in Protestant ones; in periods of war or conflict, when the cohesion of groups is reactivated, than in normal periods. It increases with age. It decreases according to the socio-professional hierarchy.[7]

Two criticisms have been levelled at the Durkheim view. The first one questions the pertinence of the measure of suicide rates. The second one is of a psychiatric nature. It is to be feared that some families

probably do not announce the death of a family member as a suicide because they fear criticism by their community.

Psychiatric etiology has shown in a number of cases that psychopathic antecedents or symptoms are present before the suicide takes place. But the conclusion that there will be a suicide is never made in time as it should be, and research that attempts to explain the number of suicides, and not a particular suicide, is not really questioned.

The annual number of medically certified suicides — with the exception of those occurring in wartime — has since the beginning of the century remained between 7,000 and 8,000, that is, 16 per 100,000. Suicide rates have decreased steadily among men more than 40 years and increased slightly but steadily among young men since about 1956. Suicide among older men can be explained to some extent by social isolation, physical suffering, and lack of income. Yet, when comparing the number of suicides with the number of deaths for each age group, one notes that the proportional importance of suicide decreases with age. The probability of dying from suicide increases less with age than does the general death rate.

Suicide rates among young people less than 24 years, and among people 25 to 40, nevertheless remain low, contrary to allegations of certain authors who are doubtless influenced by the dramatic character of a youngster's violent death. It is, however, true that suicide as a cause of death among youngsters has increased, and it is probably this tendency which stands out in most people's minds.

One cannot try to bring nearer to each other these two contrary developments and the development of general factors changing life conditions of the old and the young. Between 1956 and 1970 the material situation of the old has somewhat improved (as has their health) — though more slowly than in neighbouring countries.

TABLE 9. Suicide Rate by Sex and Age in Different Periods (per 10,000 People)

Period	Sex	All age groups	5-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years
1887-90	Men			26.0		35.0		51.6		71.1		91.0		103	
1954	Men	25.5	4.4	7.1	13.6	17.6	20.6	31.0	41.1	54.2	55.3	57.4	61.0	69.9	76.4
	Women	7.6	2.6	4.2	4.0	4.4	4.7	7.3	9.4	13.0	15.7	16.9	17.8	15.6	18.8
1962	Men	23.2	4.7	8.8	13.4	17.8	21.7	26.0	32.2	47.0	55.0	56.6	51.5	53.2	77.7
	Women	7.5	2.0	4.6	4.0	5.9	6.8	5.8	10.4	12.9	14.6	15.0	17.2	17.3	16.7
1967	Men	22.5	5.9	11.1	15.6	17.0	22.8	29.6	38.5	38.8	48.3	52.1	50.8	59.6	64.5
	Women	8.4	3.5	6.4	6.0	6.7	8.8	7.5	11.6	14.1	16.6	15.3	15.7	18.6	22.0

Sources: Statistics on causes of death, INSEE-INSERM.
For the period 1887-1890, Durkheim, Suicide.

Are We Facing Overdevelopment?

All these facts together make us think that while the standard of living was rising (improved material conditions of living and health facilities certain aspects of living in general have also tended to become more difficult. Is the first phenomenon a cause of the second? It is well known that improvement in standard of living is accompanied in industrialized countries by an overconsumption of material goods; be it food, medical care, transportation, clothing, or anything else, a "quality of service" of equal value might be obtained by more modest means, often by even much more modest ones.[8]

Likewise, even though it is difficult to arrive at indisputable conclusions, an "underdevelopment of non-material goods" seems to be taking place. Is it possible to say that we are facing overdevelopment, meaning that the excessive rise in the standard of living (and, by the way, of waste) is the principal reason both for the increasing under-consumption of non-material goods and the increasing uneasiness which seems to be creeping up on almost everyone? In other words, does this uneasiness constitute one of the many costs of affluence? Yet, can these observations not be interpreted in another way, too? In order to avoid having a too one-dimensional view of things it is necessary to have a closer look at this question.

III. WHAT ARE THE ROOTS OF THE EVIL?

Rather than being the cause of the alienation that exists, could we not say that overconsumption is its consequence, the switch to material goods coming from the poverty of the other dimensions of life? Or are both of these the consequence of a third element (capitalism for instance)? Or are they inter-related in a much more subtle way? As we can see, various theses are possible, all pointing more or less in these various directions.

For some people, technological progress entailing the development of large production units, fragmentation of work, and large cities where anonymity reigns is the root of our problems. For others, capitalism has systematically impoverished the workers' lives in order to create docile manpower and zealous consumers. For others still, the spiritual decline of the Occident is the origin of its intense materialism. These theses all rely on contradictory "evidence." It seems that nobody has in fact ever examined systematically the empirical data which might bring to light the real errors and truths in this matter. Each theory rather tends to continue on its way, supported by one part of the public, yet without being confronted with its competitors. However, if one does not look closely into this matter it is difficult to know by what means our way of life is going to be improved.

Misdeeds of Technical Progress?

Many scholars and analysts have used a variety of methods to denounce technological progress for the direct influence it has had on the development of consumption. Further, they have criticized the way

technology influences non-material aspects of our life by organizing production and creating urbanization.

Of course, technological development has been a necessary condition for the development of our ways of life — at least of their more external aspects. But it has permitted the waste of our material resources. Yet, it is doubtful whether this technological development is alone responsible for the present situation. Not all countries use technology in the same way, and it still has to be determined why we have used it the way we have. In fact, most aspects of our way of life have hardly been influenced by technological development.

Overconsumption may at first seem to be closely linked with the development of technology. Yet, it is observed in the case of technologically simple products (e.g., meat, most of our clothes) as well as in the case of technologically more sophisticated products (cars, electrical appliances, etc.). Even for the most "technical" products we use, overconsumption probably arises from elements which have little or nothing to do with technological sophistication. In particular this is true for medicines; the various additives to the active pharmacodynamic elements, the expenses for publicity and marketing, the pseudo-research work permitting the creation of "pseudo-novelties" — these have little to do with technological advancements even though they play an important role in creating overconsumption.[9]

Many people also think that to a great extent our unsatisfying urban life styles are responsible for the creation of the so-called isolated and anonymous mass-individual.[10] But in fact big towns do not necessarily create anonymity because — as has been observed over a long time period in traditional workers' districts in Western European towns — they can be divided into smaller neighbourhood units whose life styles have nothing to do with how the "mass society" functions, or with the life of the isolated urban citizen.[11] Until recently, the city of Tokyo, containing millions of inhabitants, has functioned more like a collection of small villages.

The misdeeds of modern technology are also often held responsible for problems arising from the organization of work. But it becomes more and more evident that very different kinds of organization, offering working conditions that differ greatly from each other, are compatible with the same technology.[12] For instance, Taylor's work organization, taking away all initiative from a majority of unskilled workers, does not at all seem to be demanded by modern manufacturing methods. It even appears that production by such methods can only function when such a scheme for the organization of work is not respected.[13]

These various statements lead us to reconsider the thesis that technology is a villain and to emphasize the use society makes of it. What about the "social" explanations?

A Fruit of Capitalism or Power?

A very widespread thesis (or rather a family of very different theses stemming, however, from one and the same spirit) points to the capitalist system as the cause of the problems in our societies. Is this thesis compatible with empirical data? In order to scrupulously examine this question we would have to look at each variable separately, an enterprise that would go beyond the purpose of this paper. But we can in this respect nevertheless present some remarks which will make us seriously doubt the validity of the above thesis — at least as an explanation for the whole problem.

Quite a large number of phenomena found in the western industrialized countries are also found in eastern countries, now that their standard of living is rising: overconsumption, traffic jams, fragmentation of work, urbanization. Of course, one might answer that a state capitalism hardly any different from liberal capitalism is reigning in the East, thus leading to the same kinds of problems as in the West. One then has to propose a single description of the various elements of a power structure run by producers, the state, and the big institutions acting in about the same way in the East as in the West.

What should serve as such a description?

Let us have a look at the problem of overconsumption. Representatives of the various branches belonging to the stream of thought we are examining here agree that consumption is determined by production (following a classical text of Marx in "The Introduction to a Critique of Political Economics"). They arrive at the conclusion that overconsumption is provoked by the production system in order to serve that system's own interests. But they hardly back up this point of view.

Advertising, at least in less "scientific" analyses, is often blamed for the overconsumption of goods. But research done on advertising's influence permits us to reject this point (as certain proponents of this theory now do).[14] If advertising seems in fact very efficient in the competition among various producers selling identical or almost identica products (e.g., various petrols or washing powders), it seems to become less efficient when the products differ from each other (different types of cars, for instance). Furthermore it seems to have practically no effect, either on the breakdown of purchases among large categories of products, or on the global volume of consumption. Of course we can think of other ways that producers promote the sale of their products. But the fact that overconsumption is especially strong in sectors where producers are very dispersed and it is really not obvious how they could possibly influence consumers (as with most food products) makes us doubt whether the action of producers plays a role in relation to the waste.

One might then imagine a more global force of production operating through the organization of our work, especially in factories, conditioning the whole of our life styles. But how then should we interpre the fact that independent workers seem as afflicted by overconsumption as the wage-earning ones?

If one insists on this thesis an even more indirect force can be put forward — that of the big institutions (state, schools, churches etc.), which are themselves serving the production system. Yet here, too, the explanation is rather doubtful.

First of all, does it not exaggerate the influence of the production system on the other institutions? It is often said that the production system particularly influences educational development. This, however, is hardly compatible with historical facts. In effect, this development seems to have increased the reticence felt toward capital rather than generate any enthusiasm for it, and its promoters seem to have followed motivations having little to do with the fight for increased production.

Moreover, the capacity of the large institutions (schools, hospitals, etc.) to influence individuals seems to be considerably overestimated.[15] An analysis of the processes by which these institutions operate is practically nonexistent. The thesis of the coercive action of the state collaborating with these institutions is often put forward, based on the existence of legislation that favours the dominance of the production system: compulsory education, sanction of illegal medical practices, etc. But defenders of this line of thinking hardly ever try to study the efficiency of this legislation in relation to other, less obvious mechanisms. Does compulsory education really play such an important part? It is doubtful.

The same is true for legislation in regard to illegal medical practices: it has not prevented an excessive number of abortions. Legislation can hardly be effective if it is not actively supported by the majority of the population (cf. legislation related to prohibition), and if one does not explain the population's cooperation with these institutions one has hardly explained the effects of their actions.

Finally, does the evolution of customs which are supposed to create docile workers and zealous consumers really have the impact it is said to have? The theory that "sexual repression" was brought about by the capitalists in order to make the wage-earners better workers and consumers is difficult to defend. In particular, the fact that the most intensive phases of worker exploitation coincide with quite the opposite of a "sexual repression" (cf. Marx's descriptions of the customs of English workers at the beginning of the industrialization period or the descriptions of _Germinal_) is hardly compatible with such a theory.

IV. DEEP CULTURAL ROOTS

All the currents of thought we have examined here have something in common — they search for the root of the unsatisfactory character of our life styles in the technical or social factors of our modern societies. The various specific characteristics of our societies are thus put forward one by one. But is it really justifiable to search, and search only, in this direction? Should we not look instead for the reasons for our unsatisfactory way of life in factors that have not appeared at all in our capitalistic industrial and urban societies?

An Idealized Past?

We might ask ourselves whether the tendency to search for explanations for our uneasiness in relatively recent factors does not stem from a tendency to idealize our past. Are we not somehow the victims of an idyllic picture of the "good uncivilized" with which we would identify Wilhelm Reich's Trobriandians (and more generally the "happy Polynesians — living on love and fresh water — far away from the threatening power of morale") as well as our ancestors who were part of the Western Europe peasant society? The ambient neo-Rousseauism fits into this picture. But such comparisons are rather shallow. Even as far as the Polynesians are concerned, they remain to be discussed and in any case our ancestors have little in common either with the Polynesians or with the "good uncivilized."[16]

Let us not fail to mention the material scarcity that made the life of our ancestors difficult for a long time. Famines struck repeatedly until the eighteenth century; large epidemics killed thousands of

people. It is true that in these areas great progress had been made by the end of the nineteenth century, and one might even think the beginning of the twentieth century to have been closer to the ideal than now. This becomes quite obvious when examining the non-material aspects of our ways of life. Surely there were cultures that knew in many ways quite another density than that found in many parts of the present world. But life was far from idyllic. Group pressure on each member was extremely strong, obliging those who did not want to lose face or be rejected to join a very dense network of obligations and prohibitions (and it seems that many left the countryside precisely to escape this pressure rather than because of strictly economic reasons).[17] It seems doubtful that interpersonal relationships were extraordinarily warm and transparent. The group defended its members against dangers coming from nature and men, requiring from each one a strict discipline not at all like the warmhearted free communes our contemporaries dream of. It is often said that the progressive development, during the "modern" period, of the importance of the nuclear family as opposed to the extended family or the village commune, has made it very difficult for this tiny group to maintain good interpersonal relationships and that this problem was better solved in larger communities. But is this really so? Does the nuclear family on the contrary not provide an excellent opportunity for having a type of relation that did not exist before and without which the present claims would not even exist?

More generally, instead of trying to explain in an exclusive manner the unsatisfactory character of our life styles by characteristics that are typical of our modern societies, should we not stress much more ancient and stronger factors representing cultural values of great stability? Does this not especially apply to the alienation the individual suffers from today, his feeling of isolation? It seems reasonable to answer this question affirmatively and one may try to develop an interpretation pointing in this direction.[18]

Barbarians Disguised as Civilized People

The comprehension of our life styles and their unsatisfactory aspects cannot be separated from an analysis of the processes by which the means and ways of being "civilized" developed in Western Europe.

Reliability of behaviour, protection against violence, and the adoption by each citizen of the rules of behaviour according to which he does not harm his neighbour and assists him wherever possible, are the fruits of civilization. But if we consider the motivations that bring us to act in a "civilized" manner and what we feel inside when we act in such a way, we distinguish two different ways of behaviour. Each "civilized" human being is certainly so divided, yet in probably quite different proportions.

a) We may act in a civilized manner because we fear punishment or because we expect to be remunerated; the policeman, the worry about "what people will say," the dread of hell, the superego, the sense of honour, the promise of heaven, all intervene to prevent us from killing, stealing, neglecting our neighbour, etc., and to encourage us to "behave" following the prevailing moral and social guidelines.

b) We can also act out of quite different motivations: because we have experienced the joy that comes from good relations with others based on mutual openness, permitting us to find true peace beyond our opposing interests. Thus, we try to find a quality of "being with" for its own sake; satisfaction here is of a completely different nature from what sanctions and remuneration might bring.

The cultures of the Middle East, which preceded those of the Occident and influenced them considerably in their "civilized behaviours," mixed the two currents. But for the "barbarians" of the Occident (meaning by that populations of Indo-European origin who occupied Western Europe during the two first millennia B.C.) the first mode of behaviour was very much easier to follow than the second.

It has been easy to follow the "civilized" rules of behaviour thanks to the barbarian motivations themselves: the fear of God, the search for a high social status. On the contrary, experimenting with confident links with other people is hardly barbarian.

Many evils in our society seem to be linked to our situation as children of barbarians. This leads us to give a large place in our life to the search for social and moral rewards. And this search plays a leading part in the roots of the "consumer society" and in the waste which characterizes it.[19]

Finally, the unpleasant features of our ways of life cannot be related in a simple way to "technical" or "social" causes which would be possible to overcome by some sort of "technical control" or by political changes. Actually, when these factors have some effect, they have it only in combination with cultural factors that are difficult to modify.

NOTES

1. Cf. Johan Galtung, "Alternative Ways of Life; Indications of a Research Plan."

2. The discussion on the development in France, including graphs and tables and the majority of comments directly relating to them, have been borrowed from various sections of Données Sociales, published by INSEE in 1973, 1974, and 1978.

3. Cf. G. Calot and A. Lery, "The Decrease in Mortality Has Been Slowing Down for Two Years," Economie et Statistiques, no. 39 (1972).

4. National Institute for Health and Medical Research. These statistics have been drawn according to annual reports called "SP 6," established under the responsibility of the heads of the medical staff of each psychiatric hospital service.

5. This is what INSERM calls "hospitalizations." This figure represents the sum of the number of patients admitted — used in Table 5 — and that of those discharged in that year.

6. This measure would only be possible by using individual forms concerning each patient. But this system has so far only been put into practice in a few hospital wards.

7. Suicide is often considered as an example of an anomic phenomenon, which does not mean abnormal, because its frequency is after all quite weak and varies in general only slightly over the course of time as a phenomenon representing the inevitable failures and defeats of some social mechanisms. Variations of this rate which are only weak in number are, however, of much more interest to the observer than the rate itself.

8. Cf. in particular T. Scitovsky, The Joyless Economy (Oxford Univ. Press, 1976) and Ph. d'Iribarne, Le Gaspillage et le désir (Fayard, 1975).

9. Cf. J.P. Dupuy and S. Karsenty, L'Invasion Pharmaceutique (Le Seuil, 1974).

10. Cf. works of the School of Chicago and particularly L. Wirth, On Cities and Social Life (Univ. of Chicago Press, 1964).

11. On traditional workers' district life, cf. H. Coing, Renovation urbaine et changement social (Ed. Ouvrières, 1966).

12. Cf. especially works of CEREQ (Research Centre on Qualifications).

13. Cf. D. Linhart, "Quelques réflexions à propos du refus du travail," Sociologie du Travail 3 (July-September 1978).

14. This point has been analysed in Le Gaspillage et le désir (op. cit.).

15. A similar remark might be made to those who put forward the baneful actions of these institutions (which, they say, destroy the capacity of each individual to take his or her life in his own hands) without talking of them as elements of a "capitalistic system."

16. Cf. for example recent ethnological documents which have met with great success, such as Le Cheval d'orgueil or Padre Padrone.

17. Cf. the works of Guy Barbichon on rural migration, particularly Cheminement des anciens agriculteurs et environment communal (Paris: Centre d' Ethnologie Française, 1973).

18. Cf. Ph. D'Iribarne, "Essai sur la société de consommation," Futuribles, no. 13 (January-February 1978).

19. Cf. ibid.