

Future Visions for Children's Wellbeing

Richard Eckersley

*National Centre for Epidemiology and Population Health
Australian National University*

In the 20th Century, Western societies embarked on a bold experiment. They turned away from traditional values and adopted instead values that fitted more comfortably with the new requirements of economic growth - in particular the need for ever-increasing consumption.

Historically, most societies have reinforced values that emphasised social obligations and self-restraint and discouraged those that promoted self-indulgence and anti-social behaviour (Eckersley 2001a). Virtues were concerned with building and maintaining strong, harmonious personal relationships and social attachments, and the strength to endure adversity. Vices, on the other hand, were about the unrestrained satisfaction of individual wants and desires, or the capitulation to human weaknesses. Modern Western culture turned this value system on its head: virtues become vices and vice-versa.

This values shift was driven by several, inter-related cultural trends which, while they all offered benefits to human health and wellbeing, brought escalating costs when taken too far, too fast, and together (Eckersley 2001a). These trends included:

- *Consumerism* - which promoted a lifestyle characterised by the acquisition and consumption of goods and services produced in the market economy. Most consumption (beyond meeting basic needs) was located within the traditional vices, little within the virtues.

- *Individualism* – which placed the individual at the center of a framework of values, norms and beliefs. Once a celebration of human dignity and self-determination, it became subverted into an ethic of self-centredness and self-gratification.
- *Economism* – which viewed society as an economic system in which material considerations governed choice. It treated moral values as largely irrelevant; monetary worth was the supreme value.
- *Postmodernism* – which included the social characteristics of relativism, pluralism, ambiguity, transience, fragmentation and contingency. It suggested that when it came to values, ‘anything goes’; values ceased to require any external validation or to have any authority or reference beyond the individual and the moment.

People were effectively sold the notion that universal values had passed their use-by date. These values were shaped by scarcity; in a time of plenty, they had become obsolete. And yet, people were never quite convinced. Surveys suggested a deep tension between people’s professed values and the lifestyle promoted by modern Western societies (Eckersley 2000a, 2000b). Many were concerned about the greed, excess and materialism they believed drove society, underlay social ills, and threatened their children’s future. They yearned for a better balance in their lives, believing that when it came to things like individual freedom and material abundance, people didn’t seem ‘to know where to stop’ or now had ‘too much of a good thing’.

The concerns were reinforced by the deteriorating trends in young people’s psychosocial wellbeing in the second half of the 20th century, including delinquency, drug abuse, depression and suicide (Rutter and Smith 1995, Eckersley 2002) – as well as other adverse health trends such as increasing obesity, inactivity and diabetes (Eckersley 2001b). The growing evidence of the damage to the earth’s environment wrought by contemporary lifestyles added to these concerns about social directions.

These perceptions were reflected in the emergence in the late 20th century of a number of countervailing cultural trends – like the dominant trends, also closely inter-related (Eckersley 2001a):

- *Feminism* – not just the movement for gender equality, but also the greater recognition and expression of the ‘feminine’ in human nature
- *Environmentalism* – the shift from an ethic of ignorance and exploitation of the natural environment to one of awareness and conservation
- *Universalism* – the growing consciousness of other peoples, our effects on each other, and our obligations to each other
- *Spiritualism* – the increasing appreciation of the spiritual side of life, but not necessarily expressed through religion.

The broad validity of people’s better judgement and universal values has been supported by research in a range of disciplines, including psychology, sociology and epidemiology. This research found, for example:

- Large linear increases in anxiety and neuroticism occurred in US children and college students between the 1950s and 1990s, which were linked to declining social connectedness and increasing individualism; economic factors such as poverty and unemployment appeared not to be involved (Twenge 2000).
- National rates of youth suicide were positively correlated with individualism, but not with socio-economic factors such as youth unemployment, poverty, inequality, welfare expenditure and divorce (Eckersley and Dear, in press).
- 'Materially self-interested values' were more important in explaining differences between nations in crime rates than social trust or inequality (Halpern 2001).
- Materialistic values were positively correlated, not with happiness, but with social alienation, poorer personal relationships, depression, dissatisfaction, anxiety and anger (Kasser 2002).
- A growing proportion of people (about a quarter of the population in the US and Europe by the end of the century) were shifting their worldview, values and lifestyle to place greater emphasis on relationships, social justice, the environment and spirituality (Ray and Anderson 2000), so aligning more closely with the 'counter culture' than to the 'dominant culture' of late 20th Century Western societies.

The research linking individual problems – even those as rare as suicide – with broad sociocultural qualities is consistent with several important principles of population health (Rose 1992, Marmot 1998):

- Diseases or disorders and their causes are rarely binary – individual have them or they don't – but are distributed along a continuum: how much does a person have? Thus there is a relation between the mean of a characteristic in a population and the prevalence of 'deviance'.
- The factors that explain individual differences in disease or disorder (why one individual and not another commits suicide, for example) may be different from the factors behind differences between populations (what explains patterns and trends in suicide rates). In other words, causes of cases can differ from causes of incidence.

In the early decades of the 21st Century, the deep cultural and moral tensions could be gradually resolved in one of several ways: a fundamentalist resurgence that imposes strict, even harsh, controls on individual behaviour; a surrender to distraction and pleasure; or a cultural transformation marked by a more morally grounded individualism. The first outcome is unlikely in Australia, so this paper will focus on the second and third possibilities.

Two visions of children's wellbeing

The following two visions outline very different futures for Australian children. They are based on a range of scenarios focusing on specific issues, prepared by experts on these issues for a futures workshop on the drug problem. I contributed scenarios on values and beliefs and also wrote two over-arching scenarios, drawing on all the contributions. So I would like to acknowledge

this input. The scenarios were originally cast as expected and preferred futures.

There was a high degree of consistency in the differences between expected and preferred futures in terms of the underlying approach, or philosophy. These differences can be expressed as a series of contrasts or polarities: pessimistic vs optimistic; fragmented and piecemeal vs holistic and integrated; ad hoc and erratic vs strategic and sustained; politically driven vs evidence-based; more of the same vs bold and innovative; condemnatory and punitive vs compassionate and supportive.

In most cases, the expected futures were based on a continuation or intensifying of current social conditions and trends. They were mostly pessimistic. This might reflect, in part, that the scenarios focus on a serious social problem – drug abuse. But even the broader social, cultural and economic trends were painted in sombre tones. The expected futures clearly signalled a lack of faith among professionals and others that current strategies were effectively addressing either the underlying social causes of drug abuse, or the problem itself. I suspect this would also hold true for many of those involved in other aspects of young people's wellbeing.

To avoid the distraction of dealing with issues against this politically charged context of expected vs preferred futures, I have decided to offer the adapted scenarios simply as two alternate, possible futures. Note that they are deliberately polarised in order to sharpen the distinctions between them.

Scenario 1 – grim realism

The first scenario, grim realism, is defined by a continuing erosion of values that promote strong, lasting personal relationships and social attachments and that discourage the unrestrained gratification of individual wants. The result is a culture defined by rampant consumerism, self-centred individualism, a narrow economism and a morally flaccid postmodernism.

People yield to the enticements of a hyperconsumer lifestyle, which, for those who can afford it, offers almost unlimited opportunities for distraction and pleasure – real, virtual and synthetic. Convinced that the challenges posed by economic, social, cultural and technological changes are simply too great, and lacking a clear moral framework within which to make choices, they decide to go with the flow; they abdicate responsibility for managing social change. Instead, people resort to lives focused on trying to safeguard their own wellbeing, and on the amusement and excitement that life in the new century offers. The desire to be a winner, the quest for fun and the need to ease the pain of meaningless existence mean electronic and chemical performance and sensory enhancement become the norm. After all, stunning technological advances are a hallmark of this era.

Social life in Australia is characterised by a growing loss of shared values, goals and identity, leading to social fragmentation and division, and threatening democracy. People feel uncertain, insecure, alienated and cynical. Poverty and unemployment are entrenched and generational. Fewer children are born into less stable partnerships. Work is less secure and, for many, working hours are longer. Reduced taxes erode public services, including health care. Wealth determines access to high-quality goods and services.

Continuing pressures and stresses on families and parenting – making ends meet, balancing work and family, dealing with relationship breakdowns – mean children continue to enter developmental pathways that jeopardise their wellbeing. Families lack appropriate support to deal with disturbed and troubled children. Those with problems continue to feel stigmatised, ostracised and ashamed. Support services are fragmented, poorly funded and often misdirected, failing to recognise the importance of 'life course' approaches based on early childhood development, key transition points, and the need for preventive interventions at these stages.

Education becomes multi-tiered – rich, private schools at one end, under-funded public schools in poor neighbourhoods at the other – and increasingly focused on vocational requirements. This trend, together with increasing workloads, mean teachers cannot provide adequate support, advice and care for students. The absence of clear transitional pathways to adulthood and supporting social structures beyond family and schooling – especially the increasingly flexible and individualised employment patterns and workplace practices – mean young people often feel cast adrift once they leave home and school to make their own way in the world.

The resulting uncertainty, confusion and anxiety increase behavioural and psychological problems among children and youth. Consistent with the wider social emphasis on technological fixes, the social response to this situation relies heavily on an individualistic, biomedical model of health.

Scenario 2 – pragmatic idealism

In the second scenario, pragmatic idealism, people, faced with a growing tension between what they believe to be important and how they feel compelled to live, take serious stock of their own lives and priorities. This results over time in a profound shift in values and, at a national level, in a better balance between economic performance, social equity and justice, and environmental sustainability. There is widespread recognition that, beyond a certain level, material wealth and the consumption it affords do little to enhance wellbeing and even diminish it by crowding out more meaningful values and more important aspects of life.

People accept, and reflect in their behaviour, the psychological truths that what matters most to happiness and health are the quality of people's personal relationships, social affiliations and spiritual attachments, and the

intimacy, meaning, support, belonging and stability these offer. Instead of conflicting with these associations, and often undermining them, material aspirations and achievements assume a much less dominant role in people's lives.

This change is largely a grass roots development, not a politically led movement. As scholars had noted, postmodern society had demolished the grand narratives, universal creeds and institutional authority that had in the past been the regulator of values and beliefs about the world. It had thus left people morally adrift, but also with the opportunity to be truly moral beings for the first time, exercising genuine moral choice and accepting responsibility for the consequences of those choices. Some writers called it responsible individualism, or proper selfishness. Critically, this responsibility applies not only to people's personal lives but also to their social roles.

What is striking is the degree to which people accept this challenge – and succeed. An ethos of egalitarianism and 'a fair go' returns to Australian society through processes that build the capacity of individuals, families, communities and organisations to contribute to greater social cohesion and cooperation. Citizenship, democracy and government are revitalised. The importance of place and heritage is recognised. Australia builds on its reputation as a model multicultural society.

Society recognises the vital importance to health and wellbeing of the developmental stages, transition points and intergenerational cycles as children grow into adulthood and, often, become parents themselves. Social, economic and cultural practices are tailored to this social and biological process, whether these are rites of passage, more 'family friendly' employment and workplace conditions, or national social and economic policies. Support for families in general, and families experiencing problems in particular, is comprehensive, sustained and integrated. Services reflect a recognition that broadly focused intervention and prevention, especially in the early years, pay off.

Schools are better resourced, with the capacity and capability to build closer links with families and communities, support and nurture students, encourage critical and creative thinking, and provide opportunities for authentic social experiences (so compensating for the increased use of 'virtual' learning). This capability comes, in part, from paid involvement of parents, grandparents and former students, and reflects the changing role of education in a world where the transitions from child to adulthood, and from school to work, have become more blurred and multidimensional. Schools are equipped to deal with problem behaviour and poor school achievement, to engage unacademic students and to provide effective parent and health education. Specially devised activities are provided to meet young people's need and inclination to take risks.

In such an environment, children feel supported and valued, equipped and given the opportunity to develop their full potential, not just their vocational or economic roles. The approach to health and wellbeing relies more on sound 'social engineering' – the creation of a social environment conducive to optimising human welfare – than on individual medical interventions.

The challenge

These visions of the future can help us to develop a research agenda for improving children's health and wellbeing. They emphasise the interconnectedness of the issues, both social and personal, that underpin health. They reflect that human societies are complex systems: these do not consist of a few entities that show strong, linear relationships, but of many entities which interact in multiple, weak diffuse and non-linear ways. They demonstrate the importance of exploring the upstream, distal factors as well as the downstream, proximal factors.

To cite one example, a recent evaluation of a parenting program found improvements in parent confidence and satisfaction, reduced parent-child conflict and reduced health and behavioural problems (Toumbourou and Gregg, in press). Typical feedback from parents included understanding their role better and feeling more positive about themselves as parents. The evaluation suggests parent education could be a powerful tool in improving children's welfare. But it also raises questions about what it is about life today that makes parents lack confidence and satisfaction, and promotes conflict between parents and their children, so that they are matters that require intervention.

As well as research to develop and evaluate such interventions, then, we also need research that informs our understanding of the larger picture, and encourages the social changes needed to optimise children's health and wellbeing. Importantly, this means going beyond issues of socio-economic inequality and material disadvantage, on which attention tends to be focused, to include cultural factors. It requires a whole-of-society approach. And it is in this realm that the social sciences have a great deal to offer.

To use a maritime metaphor, we are devoting a lot of research to charting the dangerous rocks and shoals (risk factors such as parental conflict, abuse and neglect, poverty and unemployment) and safe channels (protective factors such as good parenting, having friends and socialising) that young people must navigate in their journey through life. We have done much less research – because it is harder – into whether the tide (of belonging, meaning, identity and hope) is rising or falling – so making the journey easier or harder.

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