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Beyond the maze of materialism

To improve young people's health and wellbeing, we need to focus on their social, cultural and spiritual needs, writes Richard Eckersley

'...many parents are now more concerned that their children are "happy" rather than "good", and the consequence ...is increased anxiety. It undermines resilience...'

'We ask people to do simple things like taking their kid to the doctor and it doesn't happen.'

These comments come from a recent report by the Australian Primary Principals Association, which draws on three principals' accounts of the issues and challenges they face. They reflect a common focus in the debates and discussion about young people today on the family (broken, blended or intact) and parenting (either too much or too little). But they also hint at deeper shifts in our way of life.

Do we need to be concerned about such things? The orthodox view of young people's health and wellbeing would seem to suggest not. It is of a continuing improvement, in line with historic trends. It rests mainly on two lines of evidence: declining death rates and high levels of self-reported health and happiness or satisfaction with life. Both measures are flawed.

Mortality might once have been a good summary measure of overall health, but this is no longer true. In Australia, death now strikes very few young people: about 40 in every 100,000 each year for the 12-24 age group. And trends in the major causes of death (especially the biggest killer, road accidents) do not necessarily reflect underlying changes in health. High levels of self-reported health and happiness cannot be taken at face value. Many people with serious health problems will still say their health is excellent or very good. Likewise, happiness measures do not reflect all aspects of wellbeing.

The orthodox view underestimates the growing importance to overall health and wellbeing of non-fatal, chronic illness, especially, in the case of young people, mental disorders. Research suggests 20-30% of young people (that is, 20-30,000 per 100,000) are suffering significant psychological distress at any one time, with less severe stress-related symptoms such as frequent headaches, stomach-aches and insomnia affecting as many as 50%.

Mental disorders are the largest contributor to the 'burden of disease' in young Australians aged 15-24, measured as both years of life lost due to premature death and years of healthy life lost due to disease, disability and injury. They account for almost half the burden, far more than the second biggest contributor, injuries.

While this situation implies things are getting worse, long-term trends in mental health are very difficult to establish conclusively because of the lack of good,

comparative data. The issue remains contentious; not all studies show an increase. Nevertheless, the weight of international evidence indicates the prevalence of psychological problems among young people has risen in developed nations in recent decades. The trends are despite the increased treatment of mental disorders. Some physical illnesses are also becoming more common, including diabetes and other health problems linked to rising obesity.

Comparing the situation now with that 20 years ago, when I first wrote about these issues in a report for the Australian Commission for the Future, there have been important successes, especially in turning around rising youth suicide and drug-related deaths. However, it appears that two decades of concerted policy intervention and substantial increases in health spending, and a long economic boom, have not improved more fundamental features of young people's resilience and wellbeing.

For example, the decline in youth suicide in the past decade does not appear to reflect an improvement in their overall wellbeing. Rather, the evidence suggests the fall is because more young people are seeking and getting help, not that fewer need help. Psychological distress and hospitalisations of young people for intentional self-harm and emotional and behavioural problems have increased over this period.

I said in my 1988 report that, as a society, we appeared not to recognise the seriousness of the problems being experienced by young people. 'To the extent that we do recognise the problems, we are applying remedies that will not work because they do not address the cause of the problems, causes that are deeply rooted in the fundamental changes occurring in Australian society.' I believe this is still true today.

The discussions around why we are seeing these high, and probably rising, rates of social and emotional problems among young people tend to focus on issues of individual temperament and personal circumstances, especially stressful life events. This focus reflects the dominance of medical and psychological perspectives. However, we have to look beyond these matters if we are fully to understand what is going on.

Apart from the changes in family life (including conflict, breakdown and family/work strains), other social factors include poverty, education pressures, media and technological impacts, the waning role of religion, dietary changes, environmental pollution, and cultural shifts such as increasing materialism and individualism. These factors represent an intricate and complex web of cause and effect. Some, notably family breakdown and poverty, help to explain why some young people are faring worse than others, but do not appear to be associated with the trends in youth problems over time.

While young people are materially better off, and have more opportunities for education, leisure and travel than ever before, social changes have made it harder for them to develop a strong sense of identity, purpose, belonging and security; to know who they are, where they belong, what they want from life, and what is expected of them; in short, to feel life is deeply meaningful and worthwhile. Relational and existential issues, not material hardship and disadvantage, lie at the heart of youth problems today.

My own work has focused on the role of modern Western culture in health and wellbeing, especially materialism and individualism. So let me say more about these defining cultural qualities.

Materialism (giving importance or priority to money and possessions), research suggests, breeds not happiness but dissatisfaction, depression, anxiety, anger, isolation and alienation. 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 - and to be less trusting and caring in their relationships - than people oriented towards 'intrinsic goals' of close relationships, personal growth and self-understanding, and contributing to the community.

As materialism reaches increasingly beyond the acquisition of things to the enhancement of the person, the cultural goal (promoted through the media and marketing) becomes not only to make people dissatisfied with what they have, but also with who they are. Consumer culture both fosters and exploits the restless, insatiable expectation that there must be more to life. The more materialistic people are, the poorer their quality of life.

'It is important we appreciate how much of their identity girls are losing to celebrity culture, peer pressure and consumerism', Maggie Hamilton says in her book, *What's happening to our girls?*. 'These forces are now shaping almost every aspect of girls' lives'.

Individualism (the relaxation of social ties and regulation and the belief that people are independent of each other) is supposed to be about freeing us to live the lives we want. Historically, it has been a progressive force, loosening the chains of religious dogma, class oppression and gender and ethnic discrimination, and so associated with the liberation of human potential. However, individualism is a two-edged sword: as sociologists have noted, the freedom we now have is both exhilarating and disturbing, and with new opportunities for personal experience and growth also comes the anxiety of social dislocation and isolation.

The costs of individualism relate to a loss of social support and personal control, both of which are important to wellbeing. These costs include: a heightened sense of risk, uncertainty and insecurity; a lack of clear frames of reference; a rise in personal expectations, coupled with a perception that the onus of success lies with the individual, despite the continuing importance of social disadvantage and privilege; a surfeit or excess of freedom and choice, which is experienced as a threat or tyranny; increased self-esteem, but of a narcissistic form that is harmful to wellbeing; and the confusion of autonomy with independence (or, to put it somewhat differently, redefining 'thinking *for* ourselves' as 'thinking *of* ourselves').

A colleague and I found strong associations between several different measures of individualism and youth suicide rates in developed nations. Another study found that cultural traditions relating to individualism and collectivism had both direct and indirect effects on teenage drug taking. The importance of culture is also implied in research that shows rates of mental disorder in young people of English origin in the UK are four times greater than the rates in young people of Indian origin.

Thus one of the most important and growing costs of the modern way of life is, I have argued, ‘cultural fraud’: the promotion of images and ideals of ‘the good life’ that serve the economy but do not meet psychological needs, nor reflect social realities. 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 (and, indeed, health promotion messages), these images and ideals are a powerful source of dissonance that is also harmful to health and wellbeing.

We underestimate the power of culture over us because it is so pervasive. To rephrase a remark by the American biologist Paul Ehrlich about the influence of genes: cultures do not shout commands to us about our behaviour, they whisper suggestions. (But the whispers are loud and persistent.)

There are a couple of important lessons from this analysis. Given that social conditions today are not conducive to wellbeing, especially that of children and adolescents, we need individually to take more responsibility for our own wellbeing in terms of our priorities and lifestyles, and, as parents, for the wellbeing of our children. However, I hope it is clear from what I have said that the task goes beyond enhancing young people’s resilience, flexibility and adaptability and so moulding them to suit changing social circumstances. It also means shaping social conditions to suit their needs. Our responsibilities should embrace both parenting and citizenship.

Specific actions to close the gap between the scale of policy responses and the magnitude of the challenge should include:

- Conceptualising health as more than a matter of healthcare services, including shifting the emphasis from the dominant, disease-focused, biomedical model of health to a preventative, social model.
- Reorienting education to give it a clearer focus on increasing young people’s understanding of themselves and the world to promote human growth, development and wellbeing in the broadest sense.
- Setting stricter standards for the corporate sector, especially the media and consumer industries, to uphold the UN Convention on the Rights of the Child, which include the right ‘to protection from harmful influences, abuse and exploitation’.

Most of the causes I have outlined are associated with a particular form or model of national development, material progress, which focuses on economic growth and material welfare, even at the expense of other aspects of life. They show that material progress does not simply and straightforwardly make us richer, so giving us the freedom to live as we wish. Rather, it comes with an array of cultural and moral prerequisites and consequences that affects profoundly how we think of the world and ourselves, and so the choices we make.

At the most fundamental level, improving young people’s wellbeing means changing the stories or narratives by which we define ourselves, our lives and our goals. In

other words, the core problem is not a poverty of the means to the end of the ‘good life’ as we currently define and pursue it; it is a poverty of the end itself.

To address this ‘poverty of ends’, we need to take into account all aspects of being human and human wellbeing: not just material needs, but also social, cultural and spiritual needs. Meaning matters more than money, and the need to belong is more important than the need to be rich.

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This article is adapted from his report, Never better – or getting worse? The health and wellbeing of young Australians, Australia 21, Canberra. The full report is available at www.australia21.org.au