

Eckersley, R. 2014. Psychosocial dynamics model of progress. In: Michalos, AC (Ed.). Encyclopedia of Quality of Life and Well-Being Research. Dordrecht, Netherlands: Springer, pp 5187-5191. <http://bit.ly/1FuuSO>

Psychosocial dynamics model of progress

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Definition

The psychosocial dynamics model of progress and development reflects the complexity of human societies and relationships, and the importance of subjective, cultural factors (including moral and spiritual values) to quality of life. It addresses the limitations of both orthodox models and indicators (which emphasize objective, material and structural factors) and recent efforts to develop subjective measures of progress (notably happiness and life satisfaction). The proposed model challenges the widely held view that Western nations represent the leading edge of progress.

Description

The psychosocial dynamics model was first outlined in a paper (Eckersley 2009a) on the usefulness of population measures of subjective wellbeing. The term has subsequently been used in other publications relating to progress (Eckersley 2009b) and population health and wellbeing (Eckersley 2011a). The model draws on psychosocial theories of health inequalities (Eckersley 2006).

Psychosocial processes involve interactions between social conditions and individual psychology and behaviour, and affect social support and personal control over one's life, contributing, for example, to stress, depression, anxiety, isolation, insecurity and hostility. Psychosocial factors can affect health through direct effects on the neuroendocrine and immune systems and via health-related behaviours.

The model was proposed within the context of growing interest in measuring the progress of societies (Eckersley 2005, Stiglitz et al. 2009). The debate about progress has focused on adequacy of economic indicators, notably per capita income or GDP (gross domestic product), as measures of a nation's performance, relative to both the past and to other countries. Measures of wellbeing, including happiness and life satisfaction, are attracting particular attention. Other widely used indicators in making international comparisons include health (measured as life expectancy), education, human rights, governance (including political freedom and corruption), and inequality.

Generally speaking, these indicators, whether used singly or aggregated, place Western liberal democracies at the leading edge of progress, and present them as models of development for less developed nations. To take the example of the best known, the Human Development Index, which is based on life expectancy, literacy and educational enrolment, and per capita income, Western nations occupied the top 10 positions in 2010 and 18 of the top 20 (Japan and South Korea are eleventh and twelfth) (UNDP 2010). The story is much the same with most other indices. Only when environmental indicators, such as the ecological footprint, are included does this order change significantly (Nef 2009).

The orthodox measures of progress and development, and the statistical analyses and models derived from them, seem persuasive [eg, Inglehart et al. 2008, Veenhoven 2009]. However, they do not fully reflect or represent the complex dynamics of human societies. Briefly stated:

- **GDP** includes costs to quality of life as well as benefits, while also excluding other beneficial social activities [Eckersley 2005, Stiglitz et al. 2009, van den Bergh 2009]. Evidence suggests a threshold where the costs of economic growth exceed the benefits; this threshold may be ‘contracting’ over time – that is, occurring at lower income levels – because developed nations have gained more from growth than developing countries (Lawn & Clarke 2010).
- **Life expectancy**, the main summary measure of population health, being based on mortality, does not reflect the growing importance of non-fatal, chronic illness such as mental disorders (Eckersley 2011a, 2011b). Nor does it take account of medical advances that offset social costs to health and wellbeing, and include treatments that defer death without preventing or curing disease and disability.
- **Wellbeing** indicators, especially happiness and life satisfaction, have become increasingly popular over the past decade [Eckersley 2009a, 2011a]. While some researchers argue they are valid summary measures of quality of life and progress, they do not capture all aspects of wellbeing or all desirable psychological or social qualities; they may not, in any case, be comparable across cultures.
- Other indicators such as **education, inequality, human rights and governance**, being mainly structural and institutional, also have their limitations, notably that they do not assess the more subjective, cultural qualities that are also important to wellbeing (Eckersley 2009a).

Recent international comparisons have begun to address these deficiencies, including the development of fuller sets of subjective measures of wellbeing (Huppert et al. 2009), and distinguishing between material and psychosocial prosperity (Diener et al. 2010). However, this work still falls short of explaining and resolving the contradictions, inconsistencies and ambiguities that emerge from the research, especially when findings from other scientific disciplines and fields are included in the analysis. Focusing on the full complexity of the psychosocial dynamics of Western societies reveals a very different picture of their ‘development’. From this perspective they have serious troubles; they may even be societies in decline.

For all the positive qualities of Western societies, most of their people do not believe life is getting better [Eckersley 2005, 2009a, 2011a]. In contrast to their high levels of personal happiness and life satisfaction, many studies over the past few decades have revealed people’s anger and anxiety about the changes in Western societies. The concerns include excessive greed and selfishness, consumerism, too much competition and too little compassion, the loss of community, growing pressures on families, and drugs, crime and violence. There is a common perception that with individual freedom and material abundance, people don’t seem to know where to stop, or now have too much of a good thing.

Many of these issues are embodied in the lives of young people, who best reflect the characteristics of the times because they are growing up in them (Eckersley 2011b). Their health is also an important predictor of future population health; many of the attitudes and behaviours, and even the illnesses, that determine adult health have their origins in early life. Young people also have the most to gain – and lose – from how well progress is defined and measured; if their health and wellbeing are not improving, it is hard to claim life overall is getting better.

Contrary to the usual story that young people's health is continuing to improve in line with historic trends, with declining mortality and high levels of self-reported health and happiness, it is arguable that their health and wellbeing have declined in the developed world (with implications for developing regions) (Eckersley 2011a, 2011b). This situation partly reflects chronic, physical conditions, especially those associated with increasing obesity, which have led to predictions of a decline in life expectancy. However, it rests more on the importance of the growing burden of mental illness in youth, which appears to have increased markedly in prevalence in many Western nations in the second half of the 20th century.

Socio-economic factors, such as social class and family structure, are not the main drivers of the patterns and trends in youth mental health (Eckersley 2011a, 2011b). Some studies show no socio-economic differences in the prevalence of mental health problems, and some even higher rates among the rich; other research has found increasing rates have occurred in all socio-economic groups and family types. The causes appear to be more existential and relational than material and structural, linked to factors associated with rising materialism and individualism.

Materialism and individualism, defining qualities of Western culture, reduce social support and personal control (both of which are crucial to health and wellbeing) through effects such as a heightened sense of risk, uncertainty and insecurity; a lack of clear frames of reference; a shift from intrinsic to extrinsic values and goals; increased, even unrealistic, expectations; an excess of freedom and choice; and the construal of the self as independent and separate from others (Eckersley 2006, 2011a, 2011b).

These cultural shifts lead to an unrelenting need to make the most of one's life, to fashion identity and meaning increasingly from personal achievements, possessions and lifestyles, and less from shared cultural traditions and beliefs. This focus distracts people from what is most important to wellbeing: the quality of their relationships with each other and the world, which, ideally, contribute to a deep and enduring sense of intrinsic worth and existential certainty.

There are other, more specific, pathways to mental and physical ill-health that are associated with individualism and materialism, blended with other aspects of modernization (evidence implicating them varies in strength, and trends are not always constant) (Eckersley 2006, 2011a, 2011b). These pathways include:

- **Developmental:** a growing biological and social mismatch in individual development through the 'adultification' and sexualization of childhood, and an extended adolescence.
- **Psychological:** changing personality and other psychological traits, including increased neuroticism and narcissism, and less self-control.
- **Behavioural:** trends in risk factors such as: diet, sleep, activity and play (especially outdoor), drugs and alcohol, violence and bullying, sexual activity, and media use.
- **Social:** broad societal changes, including poverty and inequality, family and work, education, the mass and social media, religion and spirituality, residential mobility, social relationships and isolation, and exposure to environmental contaminants .

Thus a central feature of the changed patterns and trends in the health of Western youth over several generations is a shift in emphasis from socio-economic deprivation to psychosocial deprivation; from a problem of material scarcity to one of excess. Another way to express this

difference is in terms of social structure as 'systems of social relations', on which the orthodox approaches focus, and culture as 'systems of meaning', which they neglect and the new model emphasizes (Eckersley 2001).

The model does not equate psychosocial factors with cultural influences. Material and structural factors can have psychosocial effects; culture can have material impacts. However, acknowledging the complex psychosocial dynamics of human societies encourages paying more attention to cultural factors (Eckersley 2006).

The dominant models of progress and development emphasize what can easily be measured, and the correlations between them: simple measures of wellbeing (happiness or life expectancy) and mainly material, structural and institutional factors. The psychosocial dynamics model includes multiple measures of health and wellbeing and broader, cultural, moral and spiritual causes and correlates. The orthodox models, while useful in evaluating early development, seem less relevant to so-called highly developed societies. They need to be supplemented by the psychosocial dynamics model.

To a significant extent, conventional indicators and models are measuring Westernization or modernization, not optimal social progress or development. While the concepts may overlap, they are not the same thing; Westernization, for all its benefits, includes costs to wellbeing that the indicators are missing. At best, the qualities being measured may be desirable, even necessary, but are not sufficient. At worst, the benefits of Western culture are being counted, but not its costs, which are formidable and growing (and include social, economic and environmental impacts.)

The tension or contradiction is seen clearly with both materialism and individualism. International comparisons suggest rising material wealth is a national positive (even if its benefits diminish); yet other research shows materialistic values (which wealth creation requires) are harmful to wellbeing (Eckersley 2005, 2006, 2011a, 2011b). Similarly, individual freedom is seen as a major component of progress and development, yet studies of its role in health, both empirical and theoretical, tell a different story. Freedom can be disturbing as well as exciting; while it creates new opportunities for personal experience and growth, it also carries risks of social dislocation and isolation, and a cultural attenuation that eventually makes self-identity problematic.

The psychosocial dynamics model is relevant and applicable to other important scientific and political questions, including the role of health and wellbeing as an important dynamic in societal functioning - a cause as well as a consequence of social changes – through their effect on population resilience, morale and vitality (Eckersley 2010). This dynamic may well influence how well humanity responds to global threats such as climate change.

The model also contributes to a parallel, but now converging, debate over sustainable development (Eckersley 2005, 2011a). It challenges the legitimacy of the dominant narrative of material progress (which gives priority to economic growth and a rising standard of living), and supports the alternative narrative of sustainability (which seeks to balance social, environmental and economic priorities and goals to achieve a high, equitable and lasting quality of life). The contest between the two narratives has been framed largely in economic and environmental terms, and the social aspects have been under-estimated. The psychosocial perspective can help to rectify this oversight, so highlighting the extent to which Western, high-consumption lifestyles are detrimental to sustainable development.

The psychosocial dynamics model shows that the central social challenge confronting the developed world is not primarily a poverty of the means to the end of 'the good life' as it is currently defined

and pursued; it is a poverty of the end itself. In other words, giving the disadvantaged and marginalized the opportunities and privileges of the majority, however much it will help them, will not solve the problems of population health and wellbeing, nationally or globally.

Put another way, material progress does not simply and straightforwardly make people richer, so freeing them to live as they wish (as the traditional views of progress and development assume). Rather, it comes with an array of cultural and moral prerequisites and consequences that affects profoundly how people think of the world and themselves, and so the choices they make. These choices are not, collectively, optimising human health, wellbeing and potential. Models and measures of progress need to reflect this reality.

Cross-references

Culture

Economic growth

Education

Governance

Gross Domestic Product (GDP)

Happiness

Health

Human development

Human rights

Individualism

Inequality

Life expectancy

Life satisfaction

Materialism

Progress

Quality of life

Subjective wellbeing

Sustainable development

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