HEALTH, WELLBEING, AND PROGRESS

Richard Eckersley
National Centre for Epidemiology and Population Health
Australian National University

Is it enough to say that, because we are growing richer and living longer, life is getting better? Wealth and health are the main indicators by which we judge progress, and by these measures Australia, and most of the rest of the world, are making good progress. So is all well and good? Not exactly. There is growing evidence that standard of living is not the same as quality of life, and that how well we live is not just a matter of how long we live, especially in rich nations such as Australia. This article describes the relationship between health, wellbeing, and progress.

The increasing interest in how we define and measure 'progress' has paralleled the resurgence of interest in the social determinants of health. Just as the literature on social determinants provides a larger context to the focus on 'individual risk factors' of much health research—and so improves our understanding of the causes and correlates of disease—so research related to measuring progress can enlarge our understanding of social determinants of health and wellbeing. This research spans several disciplines, including developmental studies, economics, environmental science, sociology, and psychology.

From a political perspective, progress is about chasing economic growth. It is striking just how much the political framework of growth is regarded as a 'policy constant' that is beyond scrutiny or debate. Political leaders explicitly state high growth as their prime objective, believing it to be the foundation on which social progress, including better health, is built (the Prime Minister, John Howard, once said that his Government's 'overriding aim' was to deliver growth of over four per cent per year).[1]

What does the literature on social determinants reveal about this priority? Life expectancy rises with per capita income at lower income levels, but among rich nations, it is at best only weakly related to average income.[2] In these countries, health may be more strongly associated with income distribution, with more equal societies enjoying better health. However, this population-level association between inequality and health is contested.[3,4] At the individual level, the findings are unequivocal: health inequalities exist in all societies. On average, people at any point on the socioeconomic scale enjoy better health than those below them, but poorer health than those above. Overall, the research suggests that increasing equality in Australia would do more for population health than increasing average income.

Doubts about the nexus between growth and progress have spurred the development of indices, such as the Index of Sustainable Economic Welfare and the related Genuine Progress Indicator, that attempt to correct some of the anomalies and omissions of Gross Domestic Product or GDP, by which we measure growth.[5] The new indices adjust GDP for a wide range of social, economic and environmental factors, including income distribution; unpaid housework and voluntary work; loss of natural resources; and the costs of unemployment, crime and pollution. These 'GDP analogues' show that trends in GDP and social wellbeing, once moving together, are diverging in most, if not all, Western countries for which they have been constructed, including the United States, United Kingdom, and Australia.[5,6]

The new indicators support a threshold hypothesis proposed by the Chilean economist Manfred Max-Neef.[6] In the late 1980s, he and his colleagues undertook a study of 19 countries, both rich and poor, to assess the things that inhibited people from improving their wellbeing. They detected among people in rich countries a growing feeling that they were part of a deteriorating system that affected them at both the personal and collective level. This led the researchers to propose a threshold hypothesis, which states that for every society there seems to be a period in which economic growth (as conventionally measured) brings about an improvement in quality of life, but only up to a point—the threshold point—beyond which, if there is more economic growth, quality of life may begin to deteriorate.

International comparisons show a close correlation between per capita income and many indicators of quality of life, but the relationship is often non-linear: as with life expectancy, increasing per capita income confers large benefits at low income levels, but little if any benefit at high income levels. This is especially so with subjective indicators such as happiness and life satisfaction. Further, the causal relationship between wealth and quality of life is often surprisingly unclear. While surveys show most people are happy and satisfied with their lives, personal life satisfaction and happiness have not increased in Australia and other rich nations in recent decades (50 years in the United States) despite increasing average per capita income.[7]

People are more negative about social conditions and trends than they are about their own lives.[8,9] Polls over the past four years have shown that, at best, less than one-third of Australians believe overall quality of life in Australia is getting better; as many as a half think it is getting worse. The research indicates many people are

concerned about the greed, excess, and materialism that they believe drive society today, underlie many social ills, and threaten their children's future. They want a better balance in their lives, believing that when it comes to things like individual freedom and material abundance, people do not seem to 'know where to stop' or now have 'too much of a good thing'. In one study, the most common reasons given for perceptions of declining quality of life were: too much greed and consumerism; the breakdown in community and social life; and too much pressure on families—factors linked to economic growth processes.[10]

The research on progress highlights the need to question the assumptions about growth that inform our politics. The first is that wealth creation comes first because it allows us to spend more on meeting social and environmental objectives. This is understandable: higher growth, more revenue, bigger budget surpluses, more to spend on new or bigger programs. However, if the processes by which we pursue growth do more damage to the social fabric and the state of the environment than we can repair with the extra wealth, then we are still going backwards. 'Efficiency' in generating wealth may well mean 'inefficiency' in improving overall quality of life.

A second, related assumption is that increased income is better, 'all other things being equal', because it increases our choices, our 'command over goods and services'. Again, this view seems straightforward and compelling. But other things rarely if ever remain equal because the processes of growth tend inevitably and inherently to affect 'all other things'. If the pursuit of growth becomes so dominant that it crowds out or undermines the personal, social, and spiritual ties that underpin health and happiness, then 'more' is not better but worse.

What emerges from this broader view of progress—and what the literature on health inequalities pays scant attention to—is the importance of culture to health and wellbeing.[11] Culture refers to the webs of meanings, beliefs, and values that define how we see the world and our place in it, and so what we do in the world. Healthy cultures bind societies together; they allow us to make sense of our lives and sustain us through the trouble and strife of mortal existence.

Our focus on economic growth reflects defining cultural characteristics that include consumerism, individualism, and economism (regarding human societies primarily as economic systems in which economic considerations govern choice). There is growing evidence that these cultural factors can directly affect health and wellbeing. The complexities of the associations between sociocultural factors and health can be illustrated by looking at psychosocial problems in young people, particularly youth suicide, which have increased in most developed nations in the past 50 years.

There is a clear socioeconomic gradient in suicide among young men (aged 15–24) in Australia—that is, rates decline with rising socioeconomic status—and the gradient increased (became steeper) between 1985–87 and 1995–97.[12] With death related to drug-dependence, however, the gradient apparent in the mid-1980s had almost disappeared a decade later—that is, there was little difference between groups. Among young women, the gradients for both suicide and drug deaths are reversed over this period—that is, deaths in the mid-1990s are higher in the high socioeconomic group than in the low. For all causes of death, the socioeconomic gradient increased for young males, but declined for young females. Clearly, factors other than socioeconomic status affect health.

In a cross-country analysis, a colleague and I found strong positive correlations between several different measures of individualism and youth suicide, especially for males.[13] In contrast, socioeconomic factors—such as youth unemployment, child poverty, income inequality, and divorce—did not show significant correlations, which is not to say that these factors do not play a role. Individualism places the individual, rather than the community or group, at the centre of a framework of values, norms, and beliefs; and emphasises personal autonomy, independence, and 'self-actualisation'. Most of the measures of individualism used in our analysis were based on survey questions—for example, asking how much freedom of choice and control over their lives young people felt they had.

While individualism might affect health and wellbeing through specific effects on families and parenting, for example, it could also exert a more pervasive influence, contributing to a lack of appropriate sites or sources of social identity and attachment; and, conversely, a tendency to promote unrealistic or inappropriate expectations of individual freedom and autonomy. And individualism, when taken too far, may be more harmful to men than to women because men and women construe the self differently—men as independent, women as interdependent.[14]

CONCLUSION

Several observations flow from a broad perspective on progress, health, and wellbeing: our health is influenced by the most fundamental characteristics and features of our societies; these qualities are cultural as well as material

and structural, a question of subjective perceptions as well as objective realities; and the complexities and subtleties of the interactions between these factors make a mockery of our crude equation of growth with progress.

Further, a strategy that is beneficial at one stage of social development is not necessarily appropriate at another. Standard of living, measured as rising income, may once have been a useful, easily measured proxy for quality of life and wellbeing, and it may remain so today for developing countries. But in Australia and other rich countries, the pursuit of ever-greater wealth may now be becoming a health hazard. We need to pay attention to the content of growth—and the values and priorities it reflects and serves—not just to its rate.

We ought to think less in terms of a 'wealth producing economy' and more about a 'health producing society', where health is defined as total wellbeing: physical, mental, social, and spiritual.

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