

# Mind and Matter

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## *The importance of psychological needs for social policy*

### Summary

This paper contributes to the development of the Young Foundation's research programme *Mapping emerging and unmet needs in the UK*. It argues that *psychological needs* are a crucial and still relatively neglected lens for social policy. It offers some ways of thinking about psychological need; synthesises existing research and considers how psychological and material needs relate to and interact with each other. It closes by posing some questions to help take this agenda forward.

### Introduction

Understanding unmet need is the central research challenge for the Young Foundation's Mapping Needs programme. This both builds upon and responds to approaches based on rights, wants, capabilities and poverty.<sup>1</sup> Needs are those things which when not met "can cause serious harm or socially recognisable suffering"<sup>2</sup>. On this basis, unmet need carries with it a moral imperative for society (individuals, the state, the market and civil society) to respond.

This paper focuses on *psychological needs*: those needs which underlie well-being and which must be met for people to flourish in ways that go beyond *physical* health and embrace the social, emotional, mental and psychological aspects of life.<sup>3</sup> Meeting these needs underpins both subjective wellbeing (life satisfaction) and objective measures of well-being (educational attainment, social engagement, fulfilling work).

Material need remains a crucial concern for policy makers and civil society, but here we argue that these actors need to embrace a better understanding of people's psychological needs, the harm that not meeting them entails and the ways in which we might start to meet them better. This of course depends on a gaining a better understanding of unmet psychological needs, their prevalence and distribution and how they interact with and relate to other needs.

The roots of the position outlined in this paper draws in part on three related lines of thought: firstly, it draws on work showing that economic growth and prosperity are not straightforwardly linked to wellbeing, life satisfaction or mental health<sup>4</sup>. Meeting psychological needs is therefore an important new agenda for public policy and civil society and it can no longer be argued that this can be achieved only through economic growth and prosperity. Meeting (and surpassing) material need is not enough.

Secondly, it draws on an understanding of the historical roots of current provision to meet need. Many patterns of provision were a reaction to experiences during and after world war two, a period of significant material austerity and deprivation. Many policies and civil society organisations were designed in this context and patterns of provision have tended to crystallise or freeze, often failing to adapt a changing context in which psychological needs are increasingly important.

Thirdly, it draws on a recognition that previous poverty studies have overwhelmingly focused on material needs, for some good reasons and some bad. One good reason is that in times of material hardship and austerity material needs of course carried some priority. One bad reason is that psychological and less tangible needs are harder to measure and identify. Another is that (politically and morally) measuring and trying to meet these psychological needs might be seen as more problematic and controversial.

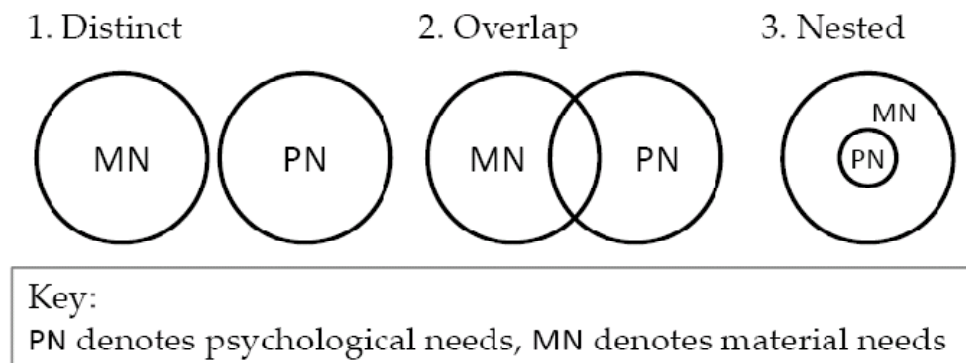
It is no longer the case however that exclusive priority and attention to material need can be justified. Nor is it the case that methodological or practical barriers to understanding and measuring psychological needs should act as an impediment. Furthermore, the potential political contentiousness of a psychological needs agenda should not act as an excuse either in the face of a growing consensus that psychological, mental and relational needs are acutely important for well-being and physical health. Where there is an unmet need there is an imperative for action, from the state or international agencies, from business and the market, from civil society and from individuals. This paper attempts to respond to that imperative by taking a fresh look at the terrain and offering some tools with which to move forward.

## Material and psychological needs

We recognise the complexity of the distinction between material and psychological needs. Research tells us how deeply connected our physical and non-physical well-being are<sup>5</sup>. Threats to our physical well-being (violence, hunger, lack of shelter) can have profound impacts on our well-being and psychological health and deficits in psychological needs (manifested as stress, isolation, low self-esteem) can impact upon our physical health both directly and indirectly. Furthermore, some material resources are required to meet psychological needs, and some intangible resources (motivation, competence) are required to meet our material needs.

It is not therefore clear precisely what the nature of the relationship and difference between material and psychological needs is: perhaps they are distinct categories of need, perhaps overlapping categories or perhaps one kind of need is nested within the other (see figure 1). Here, the *distinction* (image 1 in figure 1) is used as a heuristic device through which to reflect on different kinds of needs, their importance to people living in contemporary UK and the extent to which they are currently being met.

**Figure 1 The relationship between material and psychological needs**



This distinction runs through many of the theoretical and philosophical frameworks that have emerged in the last 50 years or so, including the work of Rawls, Bauman and others. The distinction also runs through the recent development (through public deliberation) of a ‘capabilities list’, which offers “a list of central and valuable capabilities in terms of which inequality in Britain can be conceptualised and appraised”<sup>6</sup> (see appendix).

## Psychological needs

Meeting psychological needs depends upon a person’s interaction with other people; their opinions, beliefs and attitudes about themselves; their capacity to do and be certain things; and their perception of how other people think of them. Figure 2 lays out a series of qualities, abilities, motivations and resources that have been identified as psychological needs<sup>7</sup>.

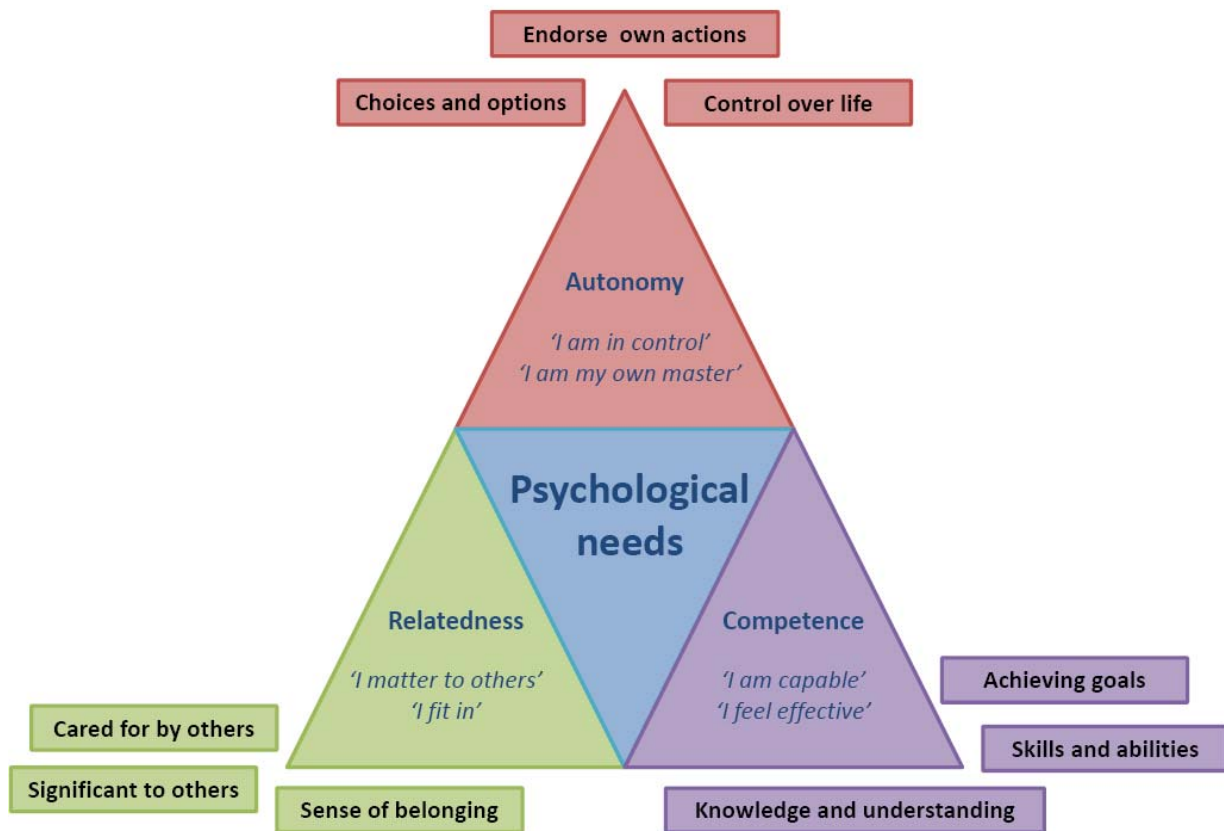
**Figure 2 Psychological needs**



Here, we focus on three of these psychological needs: **relatedness**, **autonomy** and **competence**. These have been shown in research to be the most important psychological needs in people’s lives and have also been developed as the corner of several influential theories of need<sup>8</sup>.

These three psychological needs therefore provide a useful framework within which to present this argument. Furthermore, many of the other needs suggested in figure 2 can be collapsed into this triad of needs: self-esteem for example might be considered a constituent of competence and/or autonomy and needs for interaction and friendship are clearly incorporated under the need of relatedness. Figure three visualises and elaborates upon these three needs.

**Figure 3 Competence, Relatedness and Autonomy**



Each of these needs is considered in a little more depth below, drawing on empirical evidence where available. Data focusing on these needs however is scarce and relatively under-developed, especially in comparison to other social problems (often around material need) which are more systematically measured and investigated. We know more for example, about the incidence of homelessness and poverty than we do about whether people are or feel (an important distinction) competent, related and autonomous.

There are several reasons for this: psychological needs are harder to operationalise and measure than material needs, as they are largely shaped by relationships, perceptions, beliefs, meaning and internal worlds. This is reflected in ongoing debates about how best to measure well-being, which may be thought of as the mirror image of psychological need. Measuring psychological need and well-being

often relies on subjective and self-reported measures, which are often seen as problematic.

The British Household Panel Survey and other surveys include questions which can shed some light on the incidence and nature of these psychological needs, albeit using proxy measures rather than specifically designed questions. In BHPS for example participants are asked whether there is anyone who really appreciates them as a person and whether they feel capable of making decisions about things (more examples are given in the appendix to this paper). One strand of work in this programme will utilise these, by undertaking statistical work around psychological need in tandem with qualitative and ethnographic work exploring how these needs are lived and experienced in people's lives. The quantitative side of this work will allow us to explore relationships between having unmet psychological needs and being in a certain subpopulation or having particular socio-economic or demographic characteristics. It will also allow us to consider the statistical relationship between measures of material need and psychological need. This paper, which draws on existing frameworks and research, will help inform this work.

In addition to these barriers, funding and accountability mechanisms often favour objective, tangible and easily measurable outcomes to show impact, success or value for money. Lastly, the intimacy of psychological needs and the stigma attached to meeting these kinds of needs may create barriers to articulating, identifying, measuring and providing services to meet those needs.

Within this context, the sections below draw on available evidence to paint a clearer picture of the need for relatedness, competence and autonomy. The sections offer a *vision* of a life in which this need is met; some possible *satisfiers* of that need (some more controversial than others); some examples of data suggesting (often through proxy indicators) levels and incidence of *unmet need* and some groups which are identified as at particular risk of not having this need met.

## Relatedness

**Vision** when this need is met, people feel cared for and significant to others. They also participate, feel involved with and integral to a social world around them.

**Satisfiers** quality and/or quantity of significant primary relationships including intimate (marriage, partnerships, lovers, relationships with parents particularly in childhood) and social (group or club membership, cohesive neighbourhood); wider family relationships; being a carer or cared for person; friendship; common culture or heritage; common values; sense of belonging.

### Indicators of unmet need

- Falling marriage rates and decline in number of people living with partner<sup>9</sup>
- Increasing proportion of children living in single parent households (currently 16.9%) or step families (currently 14.5%)<sup>10</sup>

- UK ranks worse than any of its OECD counterparts on the 'relationship dimension' of child well-being<sup>11</sup>
- Traditional forms of association (church, trade unions, and community organisations) are also less common than in the past
- 7% of people aged over 65 in Britain report that they were lonely often (5%) or always (2%)<sup>12</sup>
- In 2006, nine million people had experienced feeling lonely at week-ends and 18% of people age 55 and over admitted going a full day without speaking to anyone<sup>13</sup>
- One in 50 people (2%) said they had no one to turn to in a personal crisis
- 32 per cent of white British people over 65 do not mix with others of a different ethnic origin.<sup>14</sup>
- Population mobility and change is high with around one in ten people moving house within the UK each year<sup>15</sup>. Furthermore, an estimated 577,000 people arrived to live in the UK in 2007<sup>16</sup>

**Groups at risk** single people, especially single older men previously in a relationship; geographically isolated; small family; weak social networks; minority status (ethnic, cultural).

**Notes** Many indicators show declines in traditional satisfiers. It is unclear whether and to what extent new means of meeting this need (online or using other technologies for example) are replacing traditional means.

## Autonomy

**Vision** when this need is met, people actively participate in and endorse their own behaviour, they make informed choices without external interference and feel personal value and interest in what they do.

**Satisfiers** experiencing events that people have control over (avoiding trauma, crisis, shocks); having options and the information to make informed choices (income and education); subjective feelings of control and autonomy; physical health; wealth; freedom from coercion, exploitation; safe and positive experience of challenging events/situations.

### Indicators of unmet need

- Research has shown the links between autonomy in the work place and a host of health and mental health outcomes, from stress to coronary heart disease. Jobs with both high demand and low control carry special risk.<sup>17</sup>
- The concept of 'control' is often mentioned in the context of self-harm: a survey by SANE found that a third of participants had at some point harmed in order to feel in control<sup>18</sup>
- A survey of Africans in England found that a third (of n early 5000 participants of HIV-negative respondents did not feel in control of whether they get HIV<sup>19</sup>

- An online Emotional Needs Audit of the UK 4,500 respondents found that of all who responded a third did not feel in control of their life most of the time<sup>20</sup>
- Increasing demand for advocacy, advice and information services reflect the resources required for autonomy to be achieved in contemporary UK.

**Groups at risk** people who suffer from alzheimer, dementia and other mental health problems; those requiring physical care due to health problems/disability; those who are in prison or other institution, subject to legal sanctions constraining behaviour (ASBOs, injunctions); victims of exploitation or abuse.

**Notes** too much choice may have negative effects and lead to depression.<sup>21</sup> Through a process of 'learned helpness', repeated exposure to events beyond an individuals control may compromise autonomy and eventually lead to depression<sup>22</sup>. Some commentators identify a paradox in modern society, in which increasing emphasis on individuals' ability to control their own destiny is in tension with increasing uncertainty and risk<sup>23</sup>. Personalisation and individualisation of care budgets and other services reflect the consensus that control is important.

## Competence

**Vision** when this need is met a person feels capable of controlling their environment and able to foresee and predict outcomes.

**Satisfiers** experiencing desired outcomes; education, knowledge and skills; experiences of success and achievement in education, the workplace and at home; literacy; cognitive skills; physical health.

### Indicators of unmet need

- Research has shown that residents in New Deal for Communities neighbourhoods who felt they had influence in their community are almost twice as likely to feel part of their local community, more likely to feel that neighbours look out for each other and more likely to trust local institutions<sup>24</sup>
- An online Emotional Needs Audit of the UK 4,500 respondents found that a quarter of participants said they were not achieving things and didn't feel competent in any area of their life<sup>25</sup>
- 9.4% of 15-19 year olds are not being in education, employment and training, which might be interpreted as measure of (feelings of) competence<sup>26</sup>

**Groups at risk** unemployed; few qualifications; exposed to traumatic or unpredictable events (personal, local or global) e.g. being made redundant, experiences of flooding; low income; work in repetitive job with no opportunity for creativity/planning/excellence.

**Notes** empirical measures of competence are hard to find. Lacking a clearly defined social role (as some have argued teenage fathers do) may be associated with low levels of competence. The distinction between subjective competence (someone who

feels competent or not) and objective competence (some who objectively lacks particular competencies, like cognitive or non-cognitive skills) is important.

Figure 4 aims to bring together some of these ideas into a framework that relates psychological needs, risk and protective factors and satisfiers. As shown in the diagram, these satisfiers, risk and protective factors will operate at a series of different levels, all of which will have impacts on meeting or creating unmet psychological need:

- a. **Structural and systemic:** for example economic shifts leading to redundancies, fewer job opportunities, constrained access to affordable housing or credit. Political shifts including changing eligibility rules or conditionalities in service provision; changes in how civil society organisations are funded and the services they offer.
- b. **Intermediate supports:** for example characteristics and behaviour of family, friends, communities; characteristics of neighbourhood, local service provision (availability and quality).
- c. **Self:** for example, inherited/genetic/biological dispositions or characteristics (e.g. predisposition to alcoholism, depression, schizophrenia); experiences in childhood (patterns of attachment); habits and behaviour patterns; temperament.

This constellation of factors might be summarised in the form of an equation:

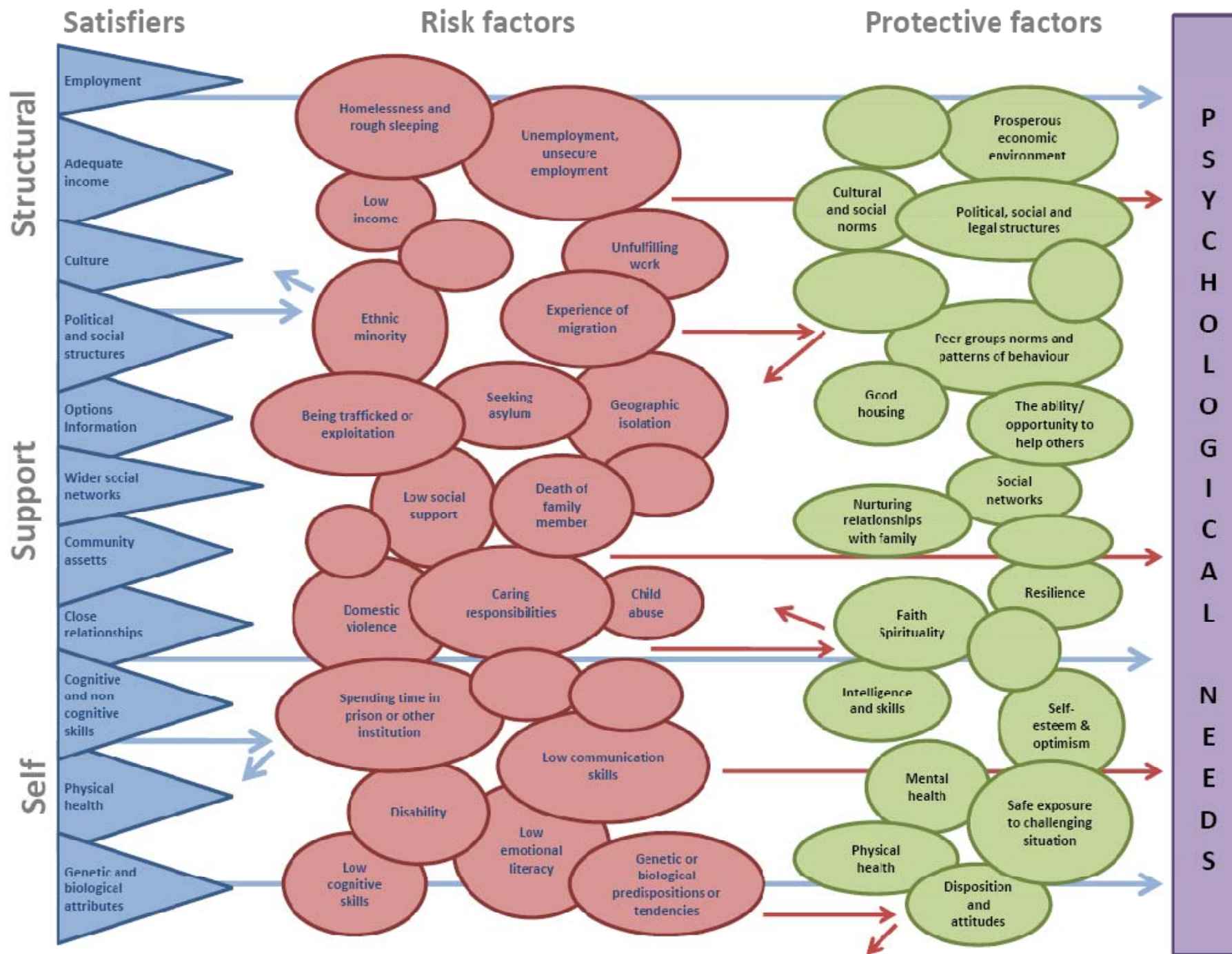
$$PNM = S(a, b, c) \times [Pf(a, b, c) - Rf(a, b, c)]$$

This tells us that having your psychological needs met (PNM) is a function of the presence of satisfiers (S) (operating at levels a, b and c specified above), the presence of protective factors (Pf) (operating at levels a, b and c specified above) and the absence of risk factors (Rf) (operating at levels specified above). Having unmet psychological needs is therefore more likely where satisfiers are not present, or of low quality/quantity; where protective factors are not present, or of low quality/quantity or where risk factors are present or are particularly numerous/potent.

This equation and framework is offered as tool and in the knowledge that causal relationships are more complex than it might suggest. Causal relationships are complex and embedded within an entire social system, in which a confluence of different factors may interact to cause a particular outcome in particular circumstances. The presence of a risk factor and absence of protective factors will not always lead to unmet need for all people. Invariably, there will always be unknown variance or randomness which limits our ability to predict who exactly will experience unmet need. This framework, one further developed, may offer some predictive power.



Figure 4 Psychological need, risk factors and protective factors



Many of the satisfiers and protective factors identified overlap and furthermore are mirrored by associated risk factors (note for example that social support, networks and relationships are both a satisfier of psychological needs, a protective factor and their *absence* is a risk factor). This reflects the ways in which different characteristics/contexts can act in different ways along the route to having psychological needs met or not. Close family relationships may directly meet a person's need for relatedness. Alternatively, in the context of experiences of domestic violence or unemployment close family relationships may act as a protective factor buffering against the impacts of these experiences. Lastly, lacking close family relationships may itself represent an unmet psychological need. The mirrors, overlaps and repetitions across these three groups of factors are therefore justified.

This framework prompts a series of questions in terms of meeting psychological needs: firstly, are all risk factors, protective factors and satisfiers equally important? This seems unlikely: research tells us that some risk factors 'trump' others and the predictive power of for example growing up care is a much stronger predictor of negative outcomes in later life than being geographically isolated might be. Furthermore, satisfiers, risk factors and protective factors are likely to be more potent in combination with each other and some combinations of factors are likely to be particularly powerful.

Secondly and crucially this framework prompts the question of where interventions, innovations, policy reform and spending is best directed: at mitigating or reducing risk factors? At enhancing and building protective factors? At supplying and propagating suppliers? This question also applies to the levels at which all these factors operate: what interventions or innovations can be applied (and with most effect) at the structural or systems level, the levels of immediate supports and the level of the individual/self? Where are interventions possible logistically and acceptable, both morally and politically?

In the next few sections we briefly elaborate on the nature of these risk and protective factors.

### *Risk factors*

A risk factor is something that increases a person's exposure or susceptibility to unmet need and decreases their chances of having that need met. They can operate and originate in each of the levels (self, support and structures) identified above. The risk factors identified in figure 4 can be distinguished in two different ways. Firstly, they either constitute the *absence of a need satisfier* (low social support, low cognitive or other skills, unemployment) or they can constitute a factor which *undermines someone's chance of or ability to meet that need* even if a satisfier is present (caring responsibilities, history of child abuse or domestic abuse).

Secondly, risk factors can refer to *events* or a series of events (child abuse, domestic violence, migration, being trafficked) or a (longer term and ongoing) *circumstance* (unemployment, exploitation, disability, ongoing domestic abuse). These distinctions

are not mutually exclusive and sometimes cannot easily be drawn but are a useful framework through which to understand different kinds of risk factors.

Different risk factors will have different impacts on different psychological needs. Having low cognitive skills may impact on someone's competence and autonomy, but not on their need for relatedness, whereas experiences of rough sleeping or domestic violence may impact on all of these needs, as well as people's material needs.

Risk factors may also work alone or in combination: living on a low income may alone impact on psychological needs by creating stigma<sup>27</sup> (compromising relatedness), as well as reducing choice and autonomy and restricting feelings of competence. Living on a low income in combination with other risk factors (domestic violence, geographic isolation, low social support) may have a more severe impact on need and suffering. Uncovering which risk factors, together or alone, have the most potent impact on psychological needs is therefore important if ways of better meeting psychological needs are to be found.

Understanding the role of risk factors is only part of the answer. Few risk factors can be straightforwardly overcome and removed: even though domestic violence or periods of rough sleeping may end, the memory of these experiences may continue to have impacts on a person's needs. Furthermore, disabilities or care needs are often permanent rather than temporary. The question therefore becomes not how can this risk factor be removed, but how, in spite of the presence of this risk can this person's needs still be met?

A further dimension to be considered is the extent to which unmet need itself can leave people more susceptible to risk factors: this suggests that vicious (or virtuous) cycles may establish themselves in people's lives in which each need, risk and protective factors (or lack of) each work to undermine (or reinforce) the others. It is where this kind of pattern emerges that unmet need is likely to be most persistent and intense, where suffering is likely to be at its highest and where meeting those needs is likely to be most challenging. This prompts the research question, are there particular actions that can break into vicious cycles and disrupt reinforcement mechanisms and begin a cycle in which needs are more easily met?

### *Protective factors*

Protective factors are characteristics or contexts which act as a buffer to risk factors, and diminish the likelihood of unmet need in the context of adverse circumstances. It is particularly important to understand these protective factors in contexts where risk factors cannot be removed or ameliorated: enhancing protective factors may be one way of meeting needs in the context of multiple risk factors and adverse events and circumstances that can't be removed or overcome. Figure 5 provides a short case study of an approach increasingly used in schools to develop these kinds of protective factors.

## Figure 5 SEAL: a case study of promoting protective factors in schools

The SEAL initiative (Social and Emotional Aspects of Learning) is a curriculum resource for primary and secondary schools<sup>28</sup>. The programme:

*“is a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools.”<sup>29</sup>*

SEAL therefore explicitly attempts to address the psychological needs of children and give them the skills and resources with which to deal with challenging situations.

An evaluation of a two year pilot of SEAL suggested mixed but overall positive impacts, with the programme appearing “to be particularly successful in enhancing children’s wellbeing” and also having an impact on children’s “awareness of their own feelings, ability to manage them, and capacity for empathy”<sup>30</sup>. This programme has been the subject of significant debate however, with some stakeholders pointing to the “dangers of a systematic, explicit approach to teaching social and emotional skills”<sup>31</sup>. Critics point to the weak intellectual rationale and evidence base for this kind of intervention and argue that far from enhancing young people’s well-being, this kind of intervention could undermine it<sup>32</sup>.

This debate highlights the importance of a strong evidence base in taking forward any psychological needs agenda and a pre-requisite for this is finding ways to operationalise and measure unmet psychological need. This is one of the central challenges of the Mapping Needs programme.

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Again, protective factors refer to the qualities of individuals (genetic, biological, dispositional), as well as their social, cultural and economic context (and history). At present, evidence about the origins that determine people’s endowment of many of these protective factors is only partial. Developing these evidence bases will be crucial to tackling unmet need in the future. It is clear however that many of these protective factors are connected and overlap: resilience for example might be thought of as an omnibus concept representing the presence of a collection of protective factors. The sections below briefly discuss three of the protective factors identified here.

### *Resilience*

The concept of resilience is crucial one for the Mapping Needs programme: it refers to a person’s ability to adjust positively to a negative environment, circumstance or (set of) event(s). It is a particularly important phenomenon as it can help us understand positive deviance and how people can ‘bounce back’ and cope in difficult environments and in reality it is often easier to address how people try and cope with adversity than to alter the adverse situation creating the need itself.

Resilience is usually used to refer to emotional and/or psychological resilience, i.e. a person’s ability to maintain well-being and positive emotions in the face of setbacks. Resilience can be conceived of in other ways however: financial resilience would represent someone’s ability to maintain their economic position in a harsher economic climate. Resilience can apply to communities or areas (even countries or

cultural/ethnic groups?) as well as individuals: one study for example characterises a minority of Britain's persistently economically disadvantaged *constituencies* as resilient, because mortality rates in these areas were significantly lower than in other economically disadvantaged areas<sup>33</sup>.

The field of resilience is developing fast but we still lack robust measures of resilience or a deep understanding of what makes some individuals more resilient than others. Figure five lists some of the characteristics thought to be common among resilient individuals and reveals the close connection between notions of resilience and our account of psychological needs. Having social support and people to turn to, and having had positive attachments in childhood are widely thought to be central determinants of resilience. This obviously points to the close connection between resilience and relatedness. There is some uncertainty about how resilience develops over the life course, although it is likely that resilience itself will be effected by severe and multiple adverse events. It also seems that in general, women are more resilient than men<sup>34</sup>.

It may also be that different people experience resilience in different ways: whilst some may be emotionally/psychologically resilient and maintain wellbeing in the face of adversity, others may be resilient, but at some other cost. For example, after experiences of domestic violence or abuse, or child abuse some people may return to and maintain general well-being. For some however this may come at a cost, for example they may find it difficult to form positive close relationships. Research around 'repressive coping' has shown that some individuals avoid unpleasant thoughts, emotions and memories and report relatively little distress in stressful situations. However they can exhibit elevated levels of distress on indirect measures of autonomic arousal (things like heart rate, digestion, respiration rate, salivation, perspiration, diameter of the pupils)<sup>35</sup>. So whilst repressors may seem resilient this resilience *may* be maladaptive and come with long term health costs, although there is some debate about this<sup>36</sup>.

**Figure 6 Characteristics of resilient people**

Characteristic	Reference
View change or stress as a challenge/opportunity	Kobasa, 1979
Commitment	
Recognition of limits to control	
Engaging the support of others	Rutter, 1985
Close, secure attachment to others	
Personal or collective goals	
Self-efficacy	
Strengthening effect of stress	
Past successes	
Realistic sense of control/having choices	
Sense of humour	
Action oriented approach	
Adaptability to change	
Patience	Lyons, 1991

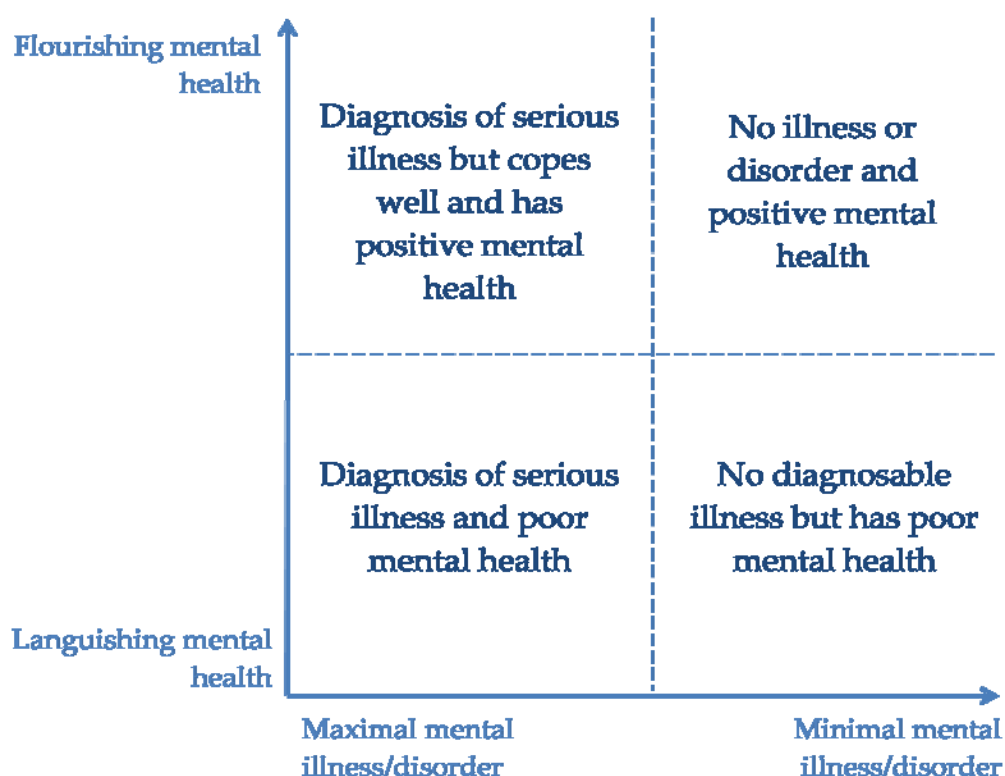
Tolerance of negative affect	
Optimism	Connor, 2003
Faith	

Our quantitative research aims to assimilate established methods of resilience analyses. Using longitudinal data we plan to examine how a variety of adverse events (redundancy, separation, poverty etc) impact on people’s psychological well being, as measured by standard GHQ12 questions. Those respondents whose well being scores recover relatively quickly after adverse events will be classified as resilient. The characteristics of those who are least resilient will be explored and from this we aim to extrapolate assessing which groups are most at risk based on some key factors (age, financial position, gender, or level of education for example).

### *Mental health*

Positive mental health is a key protective factor that can buffer people’s exposure to unmet need. Recently, a consensus has begun to develop that mental illness and mental wellbeing are not two ends of the same spectrum but rather two different dimensions of mental health, which are separate but associated with each other<sup>37</sup>. The diagram below illustrates this framework, drawing on the work of Gregor Henderson<sup>38</sup>.

**Figure 7 Two dimensions of mental health**



The position taken here is that both a lack of mental illness/disorder (the presence of this might also be conceived of as a risk factor) and flourishing mental health are related to psychological need. Focusing on the mental health dimension (y axis), having psychological needs met will enable a person to move up this dimension

towards flourishing mental health. Focusing on mental illness/disorder, having unmet psychological need may act as a risk factor to mental illness/disorder. The relationship between the protective factor and psychological need as displayed in figure 4 is therefore complex and bi-directional.

### *Self-esteem and optimism*

Self-esteem and optimism are here grouped together as two important protective factors against unmet psychological need. Self-esteem refers to a person's appraisal of their own worth<sup>39</sup>, whereas optimism refers to a person's ability to react to setbacks from a presumption of personal power<sup>40</sup>. Literature discussing both of these suggests that what is important is not only having high self-esteem and optimism, but having the right amount and the right kind. Having too much self-esteem for example can lead to unrealistic perception of one's own situation and capacity. Research has shown that in young people overly high self-esteem can lead people to hold prejudiced attitudes towards ethnic minorities; reject social influence and engage in physically risky pursuits<sup>41</sup>.

Endowments of self-esteem and optimism appear to vary between different individuals and over the life-course, in response to particular events of circumstances. Research shows that levels of self-esteem are primarily determined by our genes and our relationships with our parents and family in childhood, with experiences of homelessness also having a strong negative effect<sup>42</sup>. In the case of optimism however, Seligman argues that it can be learnt and developed and can help prevent depression, enhance health and enable achievement<sup>43</sup>. Self-esteem and optimism can buffer against unmet psychological need as they will determine (to an extent) how people react when exposed to risk factors. For example, a person with high self-esteem/optimism may perceive exposure to an adverse situation as a challenge from which to learn and grow. Propensity to react in this way is likely to be both a function of esteem and optimism, as well as the severity of the adverse situation.

There is plenty of evidence that optimism has potent protective powers in terms of physical health, reducing the risk of and aiding recovery from heart attacks, other cardio-vascular problems and major operations like transplants and by-pass surgery. There is also evidence of optimism reducing the onset of frailty in older people; preventing the onset of the common cold and protecting against strokes.<sup>44</sup>

In addition to the complexities and dynamics outlined so far there are two issues raised by our framework that are not answered or accounted for by figure 4 and the discussion above. The first is the issue of trade-offs between needs, the second involves pulling back from a focus on psychological needs and considering the relationship between material and psychological needs. These two issues will now be discussed, before a consideration of psychological needs in a time of economic recession and before a series of questions are offered to draw the paper to a close.

## Trade offs: how do ways of meeting one need affect opportunities of meet other needs?

McNaughton<sup>45</sup> provides evidence of the material and psychological needs of people with experiences of homelessness, but also of the tensions and trade-offs that meeting different kinds of needs can create. This is illustrated in the following testimony from a woman living in her own tenancy after years of being homeless:

*'You're stuck in house, nobody to talk to, apart from four walls, I mean you've got your telly, music centre, but something is missing, because there is nobody there. And that is why a lot of people give up their houses again, you are like, "What do I do now?"'*<sup>46</sup>

This kind of issue might help to explain why some people persistently experience both material and psychological needs: they cannot move into a situation where both kinds of need are met harmoniously. The issue of trade-offs between different needs is a central one to this programme: trade-offs might occur at the individuals level (as in the example above) or between individuals, where for example a carer who meets the needs of those dependent upon him/her is rendered less able to meet her/his own needs<sup>47</sup>.

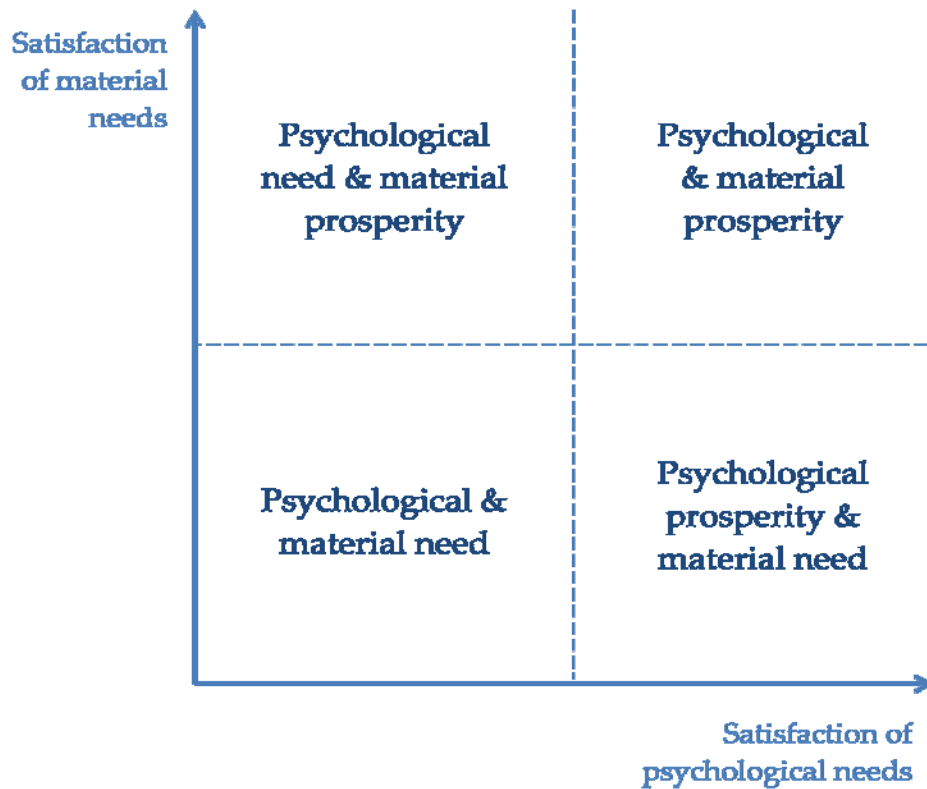
This kind of evidence, provided mainly by qualitative research, suggests that the aim of public policy and civil society interventions ought not merely to be that of meeting needs, but of meeting needs in a way that is sustainable and productive, rather than unstable and damaging. Max-Neef, a Chilean economist, emphasises how human needs must be seen as a system characterised by complementarity and trade-offs, and in which needs can be met synergistically or degeneratively<sup>48</sup>. Understanding how and why these patterns emerge in contemporary UK society will be key to uncovering unmet needs and offering new ways of meeting them: in this project both qualitative and where possible quantitative methods will be used to do this.

## What is the relationship between material and psychological needs?

As noted at the very start of this paper, the relationship between psychological and material needs is complex. It may be one of distinction, hierarchy, continuum or overlaps and it is not clear which of these frameworks offers a better interpretation of people's experiences of unmet need. This may be something that our fieldwork can shed light on. Assuming that the relationship is one of distinction, we can use the framework shown in figure 6 to consider how this relationship will affect different individuals.



Figure 8 Psychological and material need



The framework shown in figure 8 offers the opportunity to do two things:

- Map which groups and individuals in the UK fall into each of the four quadrants
- Investigate dynamics: i.e. who moves out of and into which quadrants and for what reasons?

The framework also prompts several questions:

- Does it make sense to frame this discussion in terms of minimal thresholds?

Needs are rarely met or unmet, but rather satisfied more or less well, more or less permanently, more or less sustainably. Understanding this kind of fine grained detail and variance is central to the mapping needs programme. Recent research offers one potential threshold for material needs<sup>49</sup> (if income is used as a proxy, which is problematic), but identifying a minimum threshold for psychological need is more problematic. What might such a threshold look like, and what currency would it be measured in terms of?

- Where ought interventions responding to unmet need focus?

It might be argued that most focus should be given to those individuals experiencing unmet material and psychological need. Our approach emphasises the harm and suffering that unmet need can cause and this underlies the argument that unmet need carries with it a moral imperative to act. It does not clearly follow however that

individuals experiencing material *and* psychological need necessarily suffer more than those only experiencing one kind of unmet need. Where intervention should focus is therefore an open question. We would argue that intervention, reform and innovation ought to respond first to unmet needs where prevalence and suffering are highest and where current patterns of provision fail to meet needs effectively.

Each of the sections below briefly explores which groups are most likely to occupy each of the quadrants.

### *Psychological and material needs, bottom left*

Existing research identifies numerous groups who clearly experience unmet psychological and material need. This work can be divided into two parts: research focusing on the psychological (as well as material) impacts of living in poverty and research focusing on a particular sub-population who are characterised as in both material and psychological need.

#### *Psychological impacts of poverty*

Work by Ruth Lister<sup>50</sup> and others has clearly shown that ‘[t]he pain [of poverty] is psychological’, involving feelings of invisibility, stigma, low self-worth, constrained choices and little opportunity for spontaneity.

*“You’re like an onion and gradually every skin is peeled off you and there’s nothing left. All your self-esteem and how you feel about yourself is gone – you’re left feeling like nothing and then your family feels like that” Anonymous participant in a UK Coalition Against Poverty workshop<sup>6</sup>*

Recent research to establish a ‘minimum income standard’ for Britain shed further light on this issue: through public consultation a minimum standard was identified by creating detailed budgets on what people need to achieve a “socially acceptable standard of living”: the outcome clearly points to the importance of having an income that’s meets material needs for food, warmth and shelter, but also of having sufficient resources to participate in society and to maintain human dignity, consuming those goods and services regarded as essential in Britain today. Income is a key satisfier of both material *and psychological* needs and material objects or resources also satisfy psychological needs due to the *meaning* they hold for people.

Furthermore, and in parallel to this, *employment* needs to be framed as a key satisfier of both material needs (providing an income to material goods) and psychological needs: a job is also a source of self-worth and self-esteem, of social networks and of identity (or it can undermine people’s feelings of competence, depending upon the extent to which it utilises a persons skills or demands too much of them). Research clearly demonstrates how crucial experiences in the work place are to individuals’ health and well-being, with levels of job security, type of contract and autonomy having tangible impact across a series of health and mental health related outcomes<sup>51</sup>. As New Economic Foundation argue in their Wellbeing manifesto:

*“Good work can profoundly affect our well-being by providing us with purpose, challenge, and opportunities for social relationships; it can constitute a meaningful part of our identity. Thus the well-being economy needs to be concerned with the quality of work in which we engage.”<sup>52</sup>*

Returning to the main thread of our argument, according to many poverty itself is a fundamental cause of psychological need. Fitzpatrick has argued that:

*“the relative importance of the material and the social (non-material) deprivations inherent in poverty has shifted over time, in the direction of the latter. Concerns about stigma, low expectations, poor self-esteem, powerlessness, and fear of anti-social behaviour often now dominate the accounts of those living in poverty (most of them women) and are central to the hardships that they face ... many poorer people in the UK also now face serious social dislocations associated with economic low status and being excluded from the mainstream.”<sup>53</sup>*

Highlighting the importance of ‘place’ as a locus for material and psychological needs, Fitzpatrick<sup>54</sup> identifies at least three dimensions to the social or non-material hardships (psychological needs?) faced by individuals concentrated in deprived urban areas:

- stigma, disrespect and shame associated with a neighbourhood with impacts on emotional well-being and sense of individual and collective identity;
- restricted social networks (both geographically and socially), linked to insular and inward-looking attitudes posing social and psychological barriers to opportunities;
- social conflict, crime and ASB, concentrated in poor urban areas and probably the single most important factor undermining the quality of life of people living in these communities.

This body of work paints a clear picture of the ways in which poverty and low income, and psychological need coalesce in certain individuals and areas.

### *Groups in psychological and material need*

An abundance of research focusing on particular subpopulations shows how unmet material and psychological need occur together. In this section we offer only a taster of his work.

- **Ex-offenders/prisoners** high rates of mental disorder, suicide, loss of family contact and divorce during incarceration, experiences of rough sleeping, higher rates of debt and unemployment than general population<sup>55</sup>. Initial evidence from our fieldwork sheds light on lack of autonomy felt by this group (and the impacts of this):

*“when you’re in a prison you’re under so much control... Then you get out, and you’re directed to all these services that will find you a job and find you somewhere to live. It’s someone else taking over ... You’re whole life is still controlled... A pal of mine had his benefits sanctioned, so he just walked away and said ‘f\*\*\* benefits, I’ll do without’. He went out, nicked stuff, you know survival crime, and then went back inside. That kind of thing just means that people won’t use those services.”*

This advice worker and ex-offender/prisoner also pointed to the importance of self-confidence in accessing services after leaving prison and explained how people often have to struggle through strict eligibility criteria for housing services:

*“People need to be really assertive to avoid that. They need to be willing to follow through, go to court and push their case. And the bulk of people aren’t that assertive, and that probably means they’ll end up having nowhere to sleep, following which they get back into crime through necessity.”*

- **People with experiences of homelessness/rough sleeping** relationship breakdown or bereavement (indicators of unmet psychological need) key cause of homelessness (material need), leads to feelings of life being ‘on hold’<sup>56</sup>. Temporary accommodation linked to anxiety, depression and lack of self-esteem<sup>57</sup>. Among rough sleepers, much higher rates of suicide and mental health problems than general population.<sup>58</sup>

- **Somali community and other migrant groups** high incidence of unemployment, low pay, mobility and mental health and psychological needs including anxiety, stress, uncertainty and insecurity. In her review of research, Harris concluded that “the experience of living on the margins of society has profound psychological repercussions” for the Somali population. Due to the changing experiences of this recent migrant population, this research points to the varying ways in which the daily realities of life effect older and younger people and the ways (tied to social networks, senses of belonging and heritage and physical environments) in which psychological needs can be created:

*“Older people are laid low by the comparison between their British reality and their memories of Somalia - isolation compared with sociable communality; grey skies, cold, and rain in contrast to the warmth and brightness of Somali sun. The preoccupations of their children, with little or no recall of their homeland, have more to do with the conflict between their home environment and the culture of school and peers.”<sup>59</sup>*

- **Human and sex trafficking** acute harm and suffering experienced by victims: severe material needs (violence, lack of access to basics like food, drink, rest, warmth and health care) and psychological needs (isolation, anxiety, fear and lack of trust, anxiety as well as mental health problems).<sup>60</sup>

### *Psychological prosperity and material needs, bottom left*

The discussion above shows how intricately psychological and material needs can be intertwined, suggesting that research is more likely to uncover individuals, groups and communities in which these different kinds of needs are present together. Indeed, it is hard to imagine how some material needs (violence, rough sleeping) could fail to impact on people’s sense of self-worth, autonomy and competence.

However, a growing body of research focuses on evidence that not everyone is affected in the same way by deleterious circumstances: some prosper against the odds<sup>61</sup>, including women and those with strong social support<sup>62</sup> (as discussed earlier). In their review of a three year ESRC funded research programme, Bartley explains how a very few deprived areas in Britain show resilience, with risk of

premature death lower than in other equally deprived areas. The crucial variable here is found to be routed in social networks, lower levels of outward migration and strong communities<sup>63</sup>.

These findings raise interesting questions about experiences of poverty and material need in affluent as opposed to poor areas, in particular: can living in one kind of area mitigate/eliminate the psychological needs otherwise associated with economic hardship? The evidence is mixed, with some arguing that living in a disadvantaged area "makes people more vulnerable to poverty, and it is itself part of the experience of poverty."<sup>64</sup> On the other hand, residents of deprived neighbourhoods frequently express positive feelings about such neighbourhoods<sup>65</sup>. Some argue that there are higher levels of 'bonding social capital'<sup>66</sup> (which holds like people together in groups) and low levels of 'bridging capital' (which provides connections across diversity)<sup>67</sup>. Whilst the latter might offer people routes out of poverty, bonding social capital (between friends, family and neighbours) may meet people's psychological needs for relationships and interaction, which would go unmet in an affluent area where poorer individuals may feel excluded and stigmatised<sup>68</sup>.

Adding the rural/urban dimension to this set of issues adds further complexity, with research suggesting that social networks are harder to establish and maintain in rural areas and that "individuals isolated in their poverty can feel the stigma and shame of poverty more keenly"<sup>69</sup>. Research on mental health problems in the Bangladeshi community shows that the prevalence of neurotic disorders is far higher in rural and semi-rural settings than in urban ones<sup>70</sup>. This might suggest that social capital is both relatively high and relatively pivotal in sustaining wellbeing in Bangladeshi urban communities which we know have on average a very low economic position, whereas people of that background living in rural and semi-rural settings tend to be significantly better off financially, but with much more constrained social and community capital.

### *Psychological needs and material prosperity, top left*

Questions around the psychological needs and stress levels of wealthy individuals have caused much controversy in recent months<sup>71</sup>, but there is little research specifically examining the psychological needs of wealthy individuals. Self-harm and eating disorders are one agenda that has come to prominence in recent years and may be an important example of unmet need in this category. Research exploring the experiences of children adopted into the United Kingdom following early severe deprivation in Romania found that despite affluence in later life they still suffered the effects of their early experiences<sup>72</sup>. This suggests the importance of a dynamic and longitudinal analysis of material and psychological needs and points to the long legacy of disadvantage into later life.

Drawing on the broader research base, we might also identify isolated older individuals, especially single men and those suffering from mental health problems, such as dementia and informal carers as groups susceptible to unmet psychological

need in the context of material prosperity. One crucial question will be the extent to which psychological need might lead to material deprivation (lack of safe, clean environment, adequate food) even though economic resources are available to meet those needs.

### *Neither material nor psychological groups, top right*

This group represent the goal for all individuals/groups. They are the subject of a burgeoning body of work around well-being that seeks to learn from those individuals and groups who thrive and flourish in society<sup>73</sup>. There are certain things about this group that if understood could hold dividends in terms of meeting other people's needs and of meeting needs in the future. Moreover, in this programme we argue that mapping needs is not about singling out one section of the population as 'needy' or 'in need', rather it is about recognising that need is fundamentally part of the human condition, and that those who are both materially and psychologically prosperous will not always be so. What is important is avoiding persistent, severe and entrenched need that defeats people's natural capacity to meet needs when they arise.

## **Psychological needs and economic decline**

Recent events make it important to consider the impact of economic decline on psychological needs. In this section we use the framework shown in figure 4 to suggest some hypotheses about the likely effects of this recession on psychological needs. We also lay out as best we can the evidence available on the association between psychological needs and recession. Our aim is to take this thinking forward so that the Mapping Needs programme can add where possible to this limited research base.

An economic recession or downturn might impact on psychological needs in two ways. Firstly, it may impact of people's well-being through media coverage of the economic trends and their impacts. This mechanism may lead to stress and anxiety in response to news of economic problems and uncertainty. Importantly, research has shown that those who are *insecurely employed* are at greater risk of poor mental health than those who are unemployed<sup>74</sup>. Secondly, a recession or downturn may impact on people's housing, income, levels of debt/debt repayment, employment status etc, and this may have (indeed is likely to have) a knock on impact on their psychological well-being and needs.

Returning to the framework offered above and illustrated in figure 4, we can hypothesize that economic decline is likely to have impact on several of the risk factors identified and thus, indirectly, on the incidence and prevalence of unmet psychological need. Recession is likely for example to increase experiences of unemployment, unfulfilling work, low pay and homelessness. Furthermore, it seems unlikely that any of the protective factors or satisfiers identified will be enhanced or more widely available in harsher economic times<sup>75</sup>.

Evidence and research garnered from previous recessions on the connection between recession and psychological needs is partial and often contradictory. At the broadest level, behavioural economics tells us that in general losses affect people's well-being negatively more than gains do positively<sup>76</sup> and that anxiety and stress are detrimental to well-being. Given that financial losses (in terms of investment, income, property assets), stress and anxiety are more likely in a time of recession or economic decline there is good reason to suppose that psychological well-being may be jeopardized in this kind of climate. It is an interesting question who will be most affected by these kinds of changes but it seems likely that they will occur across the income spectrum<sup>77</sup>.

Recent research in North America suggests that women are likely to bear the brunt of this recession, unlike previous ones. The recent slowing of the job market has seen women bear greater losses in terms of both unemployment and wage decline<sup>78</sup>. Single female headed households are likely to be a group of particular concern due to the less secure position of women in the labour market and their lack of capacity to share financial burdens with a partner. It is unclear from this research to what extent the impact on women will be material or psychological. Other research, also from the US further suggests that people who are married/in a couple may be more emotionally resilient to economic hardship due to the support they can give each other<sup>79</sup>. This would also suggest a need to focus on single households as most vulnerable in this harsher economic climate. It is however an open question how applicable these findings are in the UK and how far similar mechanisms are at work.

Research in Northern Ireland during the early 90s recession showed the profound impact of macro-economic trends on the psychological well-being of small business owners, who faced higher levels of stress and anxiety, constrained choices and compromised autonomy and faced trade-offs between running their business and spending enough time with their family<sup>80</sup>. It might be argued that recession is likely to affect those in employment (through redundancies etc) more than those who are unemployed, but this is not necessarily the case as a harsher economic climate may lead to retrenchment of social security systems, as for example in New Zealand in the early 1990s<sup>81</sup> as well as reducing the chances of unemployed people finding employment.

One of the crucial and most prominent impacts of this economic downturn has been the changes wrought in the housing market. Indeed, the housing slowdown and increasing levels of repossessions were evident before some of the dramatic events in the financial markets began. Mortgage possession actions have been increasing since 2004<sup>82</sup> and in a recent poll undertaken by Ipsos MORI on behalf of the homelessness charity St Mungos, 14% of participants claimed to be concerned about losing their home in the next 12 months, with those privately renting their home particularly concerned<sup>83</sup>. The same poll found that 17% of participants agreed that their financial worries were having a negative effect on relationships with family or friends. In another poll commissioned by the mental health charity Rethink, home repossession emerged as the stressful event that people felt posed *the greatest* threat to mental

health. It emerged as the top concern with 46% fearing it could damage their mental health, more than being made redundant; a young relative carrying a knife or finding out they can't have children<sup>84</sup>. Recent action taken to slow processes of repossession by some banks<sup>85</sup> may help to reduce the potential impacts on well-being and mental health in this recession.

The issue of housing repossessions also highlights the importance of debt as a predictor of psychological needs, in particularly those of autonomy and competence. The link between debt, mental health and stress is well-evidenced<sup>86</sup> and as debt becomes more expensive and harder to obtain in a harsher economic climate we might hypothesize that the psychosocial effects of debt may worsen during a recession. Indeed, latest figures show rocketing numbers of individual bankruptcies<sup>87</sup>.

Research exploring the impact of recession on psychological need often relies on variables like suicide rates and use of psychotropic drugs, which can only be taken as loose proxies for psychological needs as discussed here. According to available evidence, it is not clear that recessions have been accompanied by a sizeable and observable impact on indicators of mental ill-being such as suicide, psychiatric admission and diagnosis and use of psychotropic drugs<sup>88</sup>.

Howden-Chapman et al in their research on the impact of the early 1990s recession on young male suicide rates in New Zealand and Finland, argue that recession may increase suicide rates, but this will crucially depend on how the economic effects of recession are filtered and mediated by social security systems. In Finland, the more comprehensive welfare state appeared to buffer vulnerable young men from suicide, unlike in New Zealand<sup>89</sup>. Diekstra has argued that there is little evidence for a direct association between recession and suicide, although there is evidence that unemployment increases the probability of suicidal behavior, *but only* in the presence of certain other conditions, in particular where there is culture (at a country or institutional level) permissive towards suicidal behaviour. In this context *any* traumatic event or circumstance likely to increase depressive moods is likely to lead to an increase in suicide and suicide attempts.<sup>90</sup>

In England and Wales, suicide rates for young men increased dramatically in the early 80s, during a time of economic recession and have declined rapidly since the mid-90s during a time of growth and prosperity<sup>91</sup>. Monitoring these trends over the coming years will provide important further insights into the link between recession and suicide in the UK context.

In summary, research explicitly measuring the association between psychological need and economic downturn is partial. Most of the data collected and trends highlighted by the media during a recession (such as repossessions, unemployment, redundancy) are only indirect measures of psychological need. There are good reasons to suggest that the effect of these phenomena on people living in a fairly affluent country like the UK will be more psychological than material, but different methods of data collection and measurement (focusing on direct measures of well-



being and psychological need and collected longitudinally) would be required to robustly test this hypothesis.

## Conclusion

In this paper we have argued that psychological needs are a crucial lens for social policy, reform and innovation. This is based on the notion that to lead a flourishing life, people need more than housing, shelter, food, clothing... They also need to have fulfilling relationships and supportive social networks, to have autonomy, to be and feel competent and to have a sense of self-worth.

We have offered a number of ways of thinking about psychological need offered a framework based on satisfiers, protective factors and risks. This framework could be used to research psychological needs in their local context and this is likely to form part of the Mapping Needs programme in it's second year. We have provided an overview of what existing research tells us about psychological needs, and their relationship to material needs, and briefly discussed evidence about the importance of psychological needs in harsher economic times.

As the Mapping Needs programme moves into its second year we will explore these ideas in our qualitative and quantitative fieldwork. This paper closes with a series of questions and challenges we hope to discuss with you on December 8<sup>th</sup>.

## Questions

- Do you agree that psychological needs should be given greater prominence in social policy? If so, why? If not, why not?
- Are there any patterns in the relative effectiveness of interventions designed to meet psychological needs compared to those designed to meet material needs?
- What is the role of different sectors/actors in meeting psychological needs?
- Where are interventions best targeted? The most vulnerable? The youngest? At eliminating risk factors? Or enhancing protective factors?
- What is the likely impact of the recession on psychological needs? Are the impacts of this recession likely to be more psychological than material? Which groups are likely to be most affected?

## Appendix

### *Theoretical foundations*

This distinction between psychological and material needs (or something very close to it) runs through the work of many pre-eminent theorists, who have increasingly recognised that social justice depends not only the distribution of income to satisfy material needs, but the importance of relational, social, internal/psychological factors.

Figure 8 illustrates the provenance that some the ideas presented in this paper have, and the connections between them and some of the seminal arguments put forward by theorists in recent years. The right hand column offers a very brief summary of their argument through the lens of material and psychological need, whilst recognising that imposing the framework of psychological and material needs onto the diverse pieces of work is problematic.

### Figure 8 A distinction rooted in theory

Theorist and (example of) key text	Summary
<b>Rawls</b> <i>Theory of Justice</i> 1971	Primary goods are the currency of social justice and include the social bases of self-respect (psychological need) along with rights, liberties, and opportunities, income and wealth.
<b>Doyal and Gough</b> <i>Theory of Human Need</i> 1991	Basic human needs <i>are</i> psychological. Intermediate needs (context specific basic need satisfiers) are both material (protective housing) and (what we call) psychological (significant primary relationships).
<b>Sen and Nussbaum</b> <i>The Quality of Life</i> 1993	Key 'functionings and capabilities' range from being well nourished and disease-free (material needs) to having self-respect, preserving human dignity, taking part in the life of the community (psychological needs).
<b>Bauman</b> <i>Liquid Modernity</i> 2000	'Liquid modernity'/postmodernism, and the consumerism that goes with it, undermine our sense of security, self-esteem and our relationships and create fear.
<b>Maslow</b> <i>A Theory of Human Motivation</i> 1943	There is a hierarchy of needs, ranging from physiological and safety needs (material needs), to social and esteem needs, to the need for self-actualisation (psychological needs).
<b>De Shalit and Wolf</b> <i>Disadvantage</i> 2005	'Fertile functionings' range from life, bodily health and integrity (material needs) to affiliation, control over environment, sense of imagination and thought (psychological needs). Those who do poorly on several of these categories will be among the least advantaged in society.
<b>Vizard and Burchardt</b> <i>Developing a capability list: Final</i>	The final list of capabilities settled upon after deliberative consultation include, to be alive, to be

<i>Recommendations of the Equalities Review Steering Group on Measurement 2007</i>	physically secure and healthy (material needs) and to enjoy individual, family and social life, have voice and influence, have self-respect and be and express yourself (psychological needs).
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### *Quantitative work*

The latest wave of the British Household Panel Survey has potential to identify groups who have lower scores for relatedness, autonomy and competence and thus have higher levels of psychological need. We intend to measure these three aspects using the following parts of the survey.

- **Relatedness** questions relating to appreciation, assistance, neighbourliness, friendship, etc.
- **Competence** questions relating to confidence, usefulness and worthlessness, etc.
- **Autonomy** questions relating to control over life, capable of decisions, future planning, etc.

These questions are available from the first wave (Sep '91 - Jan '92) of the panel survey, although those pertaining to 'relatedness' are only available for every other wave. Other questions may exist and need to be included. Combination or single question measures need to be decided on.

The resulting psychological need indicators will be cross referenced with standard demographic categories but also targeted analysis will be undertaken using other key variables such as social class, employment status, use of services, neighbourhood type, marital status, indebtedness, health/disability, income/expenditure, and psychological traits, among others.

We anticipate that different subpopulations will have significantly different scores for levels of relatedness, competence and autonomy. From this we will be able to extrapolate and make recommendations as to which types of people in the UK have the highest level of needs and the extent to which they are met.

The figures given below are the result of a quick indicative exploration of BHPS data on the theme of relatedness.

Social support questions - Relatedness

Last relevant wave 15 (2005/06). Awaiting 07/08 data.

Variable: **Anyone who really appreciates you?**

Raw data results with no weighting or significance testing.

Results:

The nationally representative survey replied 77% "yes more than one person", 20% "yes, one person" and 2.8% "no, no-one". There was little variation by sex alone.

Percentage of respondents who stated that 'no one' appreciated them by various characteristics.

#### Economic activity

- Long term sick or disabled 6.1%
- Unemployed people 5.6%
- Full time family care 5.0%
- Employed people 2.8%
- People who are retired 2.0%

#### Marital status

- Separated 4.6%
- Never married 3.8%
- Divorced 3.5%
- Widowed 2.8%
- Married 2.5%

#### Do you like your neighbourhood?

- Yes (like) 2.7%
- No 8.0%
- Don't know 5.5%

Below are some examples of BHPS questions and variables pertaining to each of the three psychological needs.

#### **Relatedness**

Is there anyone who you feel really **appreciates you as** a person ?

Is there anyone who you can totally **be yourself** with ?

Is there anyone who you can really count on to **comfort you** when you are very upset?

Is there anyone who you can really count on to **listen to you** when you need to talk ?

Is there anyone who you can really count on to **help** you out in a **crisis** ?

How many close friends do you have ?

How often out with friends?

Times had friends round to your house ?

Spoken to someone in past week?

Frequency of talking to neighbours

Frequency of meeting people

Feels left out of things (wave k and p only)

#### **Competence**

Have you recently....

felt that you were playing a **useful** part in things ?

been losing **confidence** in yourself ?

been thinking of yourself as a **worthless** person ?

I certainly feel useless at times (youth)

I am inclined to feel I am a failure (youth)

At times I feel I am no good at all (youth)

### **Autonomy**

Have you recently....

felt **capable** of making decisions about things?

felt you couldn't **overcome** your difficulties?

been able to **face up to problems**?

I can usually solve my own problems (from wave i only) - Youth

Can plan the future (wave K and P)

Has control of life (K and P)

Has autonomy (K and P)

Chooses to do new things (K and P)

Life is full of opportunities (K and P)

### **Other relevant variables**

been losing **confidence** in yourself ?

been thinking of yourself as a **worthless** person ?

felt that you were playing a **useful** part in things ?

Is there anyone who you feel really **appreciates you as a person** ?

been feeling **reasonably happy**, all things considered

been feeling **unhappy** or depressed ?

been able to **enjoy** your normal day-to-day activities ?

felt constantly under **strain** ? ...

been able to **concentrate** on whatever you're doing ?

lost much **sleep** over worry?

Enjoys activities and participates

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<sup>1</sup> Unlike an approach premised on rights, our approach recognised the some things human being require cannot be guaranteed within a rights based framework (like meaningful relationships, self-esteem). Unlike an approach premised on capabilities, our approach ecognises that dependence and mutual dependence as realities of life. Sometimes the question is 'how can our needs be met?' not 'how can we meet our own needs?'. Unlike a utilitarian approach based on what people want, the needs-based approach recognises that unmet needs make a claim on other people to meet them that unsatisfied wants can not. Focus on needs

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offers opportunity to move beyond focus on traditional indicators of income and the sometimes stigmatising public discourses around notion of poverty

<sup>2</sup> Doyal, L & Gough, I (1991) A theory of human need

<sup>3</sup> There are overlaps and parallels between this approach and approaches that focus on 'psychosocial needs', see for example <http://www.aidsalliance.org/sw480.asp>. Our approach also has parallels with the 'biopsychosocial model', see for example Frankel, R., Quill, T. and McDaniel, S. (2003) The biopsychosocial approach: past, present and future. Importantly, medical needs are not the focus of this programme.

<sup>4</sup> See in particular Easterlin, R. "Does Economic Growth Improve the Human Lot?" in Paul A. David and Melvin W. Reder, eds., Nations and Households in Economic Growth: Essays in Honor of Moses Abramovitz, New York: Academic Press, Inc., 1974 and Layard (2005) Happiness: Lessons from a New Science

<sup>5</sup> For just one example, see Wilkinson, R. and Marmot, M. (2003) Social determinants of health: The solid facts, Second edition available at <http://www.euro.who.int/document/e81384.pdf>

<sup>6</sup> Vizard, P. and Burchardt, T. (2007) Developing a capability list: Final Recommendations of the Equalities Review Steering Group on Measurement, Centre for Analysis of Social Exclusion, London School of Economics, available at [http://eprints.lse.ac.uk/6217/1/Developing\\_a\\_capability\\_list\\_Final\\_Recommendations\\_of\\_the\\_Equalities\\_Review\\_Steering\\_Group\\_on\\_Measurement.pdf](http://eprints.lse.ac.uk/6217/1/Developing_a_capability_list_Final_Recommendations_of_the_Equalities_Review_Steering_Group_on_Measurement.pdf)

<sup>7</sup> See for example Sheldon, K., Elliot, A., Kim, Y. & Kasser, T. (2001) 'What is Satisfying about Satisfying Events? Testing 10 Candidate Psychological Needs' *Journal of Personality and Social Psychology*, 80 (2), 325–339.

<sup>8</sup> Deci, E., & Ryan, R. (Eds.), (2002) Handbook of self-determination research. Rochester, NY: University of Rochester Press and Doyal, L & Gough, I (1991) A theory of human need

<sup>9</sup> Office of National Statistics (2007) *Focus on Families*. Totton: Palgrave Macmillan; Office of National Statistics. Census 2001; Office of National Statistics. Census 1991.

<sup>10</sup> UNICEF (2007) An overview of child well-being in rich countries: A comprehensive assessment of the lives, Report card 7, available at <http://www.unicef.org/media/files/ChildPovertyReport.pdf>

and well-being of children and adolescents in the economically advanced nations

<sup>11</sup> UNICEF (2007) An overview of child well-being in rich countries: A comprehensive assessment of the lives, Report card 7, available at <http://www.unicef.org/media/files/ChildPovertyReport.pdf>

<sup>12</sup> ESRC (2005) Loneliness, social isolation and living alone in later life, Plain english summary, available at

<http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/ViewAwardPage.aspx?AwardId=832>

<sup>13</sup> Mulgan, G., Buonfino, A. and Geissendorfer, L. (2006) Mapping Britains unmet needs, Young Foundation, available at

<http://www.youngfoundation.org/publications/reports/mapping-britains-unmet-needs-geoff-mulgan-alessandra-buonfino-and-lilli-geissen>

<sup>14</sup> Mulgan, G., Buonfino, A. and Geissendorfer, L. (2006) Mapping Britains unmet needs, Young Foundation, available at

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