Funding the Future

The political economy of adaptation

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This is a longer-than-usual blog post. As I note at the end, it was essentially co-developed with Jacqueline in a long session over coffee in the walled garden of the Poet's House Hotel in Ely yesterday. We think it quite important. It equates economics, health, life expectancy, oppression, discrimination, neurodivergence, poverty, and time in ways that we think are unusual. If you can find the time to read it, we think the effort will be rewarded.

John Burn-Murdoch *opened a recent article in the Financial Times by suggesting that:*

One of the biggest stories of the past decade has been worsening mental health among young adults. Countries across the globe have seen a marked rise in reports and diagnoses of conditions such as anxiety, autism and ADHD and a steep rise in the share who report a disability.

I want to be clear that this is a phenomenon I take very seriously. The rise in young people’s psychological distress is certainly real.

I agree with him. This issue is real. Where, however, I part company with him is in his explanation of why that distress is real.

John Burn-Murdoch is a statistician. As a result, his article was principally about measurement.

He asked whether rates of mental illness have really increased, and then wondered whether we have simply become more willing to describe ordinary human distress in the language of mental health. In particular, he constructed an argument that evolved around this suggestion:

Young people and progressives have become much more likely to interpret day-to-day challenges as mental health problems

As he noted:

This shift in how people conceptualise mental health could be seen as a positive — the hard-won result of years of campaigning to reduce stigma and raise awareness and inclusivity — but if it is happening more among some groups than others, it will distort our sense of what is really getting worse and for whom.

To not be too unsubtle about it, the implication was that the issue of worsening mental health among young adults is not real, and is actually the result of young left-wingers moaning about society, and that this issue should therefore be ignored.

That is an incredibly convenient idea for the neoliberal worldview of the Financial Times, and for neoliberal governments, but I think just about everything about the suggestion is wrong.

Looking beyond diagnosis

Reduced stigma, better diagnosis and greater awareness have undoubtedly changed the way many people understand their experiences. But I think that to suggest that this is the reason why increased reporting of mental ill health by some in society is happening risks overlooking a much bigger development.

Over the last thirty years, biology has changed in ways that have profound implications for how we think about society. Those changes have received remarkably little attention outside medicine, but I think they should matter just as much to economists, politicians and anyone interested in public policy.

The reason is straightforward. Modern biology increasingly suggests that society does not merely shape our opinions, opportunities or behaviour. It shapes our bodies. I accept that this is, to many, a remarkable claim, but it is becoming increasingly difficult to ignore.

The evidence we already have

We know, for example, that people living in poverty die younger than those who are better off. We also know that they spend far fewer years in good health. There is not simply a gap between the richest and the poorest. There is a social gradient. As deprivation increases, healthy life expectancy declines.

We also know that autistic people have substantially lower average life expectancy than the population as a whole. The reasons are complex, but they include high levels of chronic stress, poorer access to healthcare, higher rates of mental illness and living in environments that frequently fail to accommodate autistic ways of thinking.

We also know that people exposed to racism experience poorer health.

We know that the legacies of colonialism continue to shape health outcomes across societies.

We know that insecure work, poor housing and persistent financial insecurity all damage health.

All of these are well-established observations.

What is much less clear is why so many apparently different experiences should produce such similar outcomes.

We normally explain each of them separately. My suggestion is that perhaps we should not. Perhaps they have something much more fundamental in common.

Allostasis and the biology of adaptation

The biological idea that first made me think this might be possible is called *allostasis*. *It is not a complicated concept. It simply describes the way living organisms survive by continually adapting to the changing world around them.*

As we all know, nothing alive exists in a stable environment. Every living thing must continually respond and adapt to changing circumstances. Human beings are no exception. Our brains and bodies are constantly anticipating change and adjusting to it. Most of that work happens without us ever noticing. Allostasis happens all the time, and most of us do not notice. But the fact is that this continual adaptation has a cost.

If the demands placed upon us are occasional, that cost is small, and we have a chance to embrace the change during periods of recovery.

If they become continuous, the body rarely, if ever, returns to its resting state. The physiological burden is in that case both continuous and cumulative.

Biologists call that accumulated burden allostatic load. That issue of allostatic load might, I think, turn out to be one of the most important concepts that economists have never considered, both for healthcare and for broader questions of political economy. What is more, if that suggestion is right, then it has implications that stretch well beyond medicine.

That is because it suggests that we should stop thinking of health as something that simply happens to individuals. We should instead begin by asking what demands society places on the people who live within it, what the consequences of those demands might be, and how they might be managed.

Two kinds of adaptation

That is because not all adaptations are the same, even though the process of

adaptation is inherent in the human condition. We all know that every person has to adapt because that is what life requires. Illness, ageing, bereavement and uncertainty are unavoidable. They all require adaptation. I think of this as the first differential of adaptation. It is universal. We all experience it, although not necessarily in the same way.

Societies, however, create another form of adaptation altogether.

This is not imposed by nature. It is imposed by the way we organise our institutions. I think of this as the second differential of adaptation. This second differential demands additional work from some people because society has been designed to better suit the needs of some than others.

Wealth and the burden of adaptation

That second differential is distributed very unequally. Take wealth as an example. We know it is deeply unequally distributed, and we tend to think that this means that people with greater wealth can buy more goods and services than those without it. That is true, but I suspect that is not its greatest benefit.

The reality is that wealth reduces uncertainty. In the process, it does something else that may be equally significant: it reduces the number of decisions that must be made simply to keep life functioning.

If something breaks, a wealthy person can simply have it repaired or replaced. If travel arrangements fail, alternatives can be found. If income is interrupted, there are savings to draw upon. Problems remain, because they always will, but they rarely threaten the stability of everyday life for a wealthy person. In other words, the amount of adaptation required of them is reduced.

Now compare this with life on a low income. Every unexpected event requires another calculation. Can this bill be paid? What has to be postponed? How is work reached if the car breaks down? Can the rent still be met? Will there be enough money left for food? None of those questions is asked only once. In many households across the UK, and around the world, they recur week after week, month after month, and year after year.

The effort involved is not simply financial. It is cognitive, emotional and physiological. The human body of those facing these issues is continually responding to uncertainty that never quite disappears. Their allostatic load is high, and rarely, if ever, subject to respite.

That, I think, is why poverty is so damaging. It is not simply the absence of money that creates its health impact on those who suffer it. It is the continual adaptive work that poverty demands that creates that outcome.

Neurodivergence and continual adaptation

The same way of thinking may also help explain other observed phenomena.

For example, why do autistic people, and maybe those with other neurodivergent conditions, have poorer health outcomes than neurotypical people?

The evidence is now quite strong that autistic people have significantly shorter average life expectancy than the population as a whole. Various explanations are offered. Healthcare is often less accessible for neurodivergent people. Mental ill health is more common. Suicide rates are higher. There are associated medical conditions that also matter.

But I wonder whether another factor has been underestimated. The fact is that many autistic people spend much of every day adapting to environments that were not designed with them in mind. Social conventions that many neurotypical people grasp without conscious thought require considerable effort to negotiate for neurodivergent people just to get through the day. Sensory environments that others barely notice may be exhausting. Workplaces often reward behaviours that have little to do with competence and much more to do with conformity to neurotypical expectations.

The effort involved in continually interpreting, adjusting, and masking is immense, but the issue is not autism itself; it is the continual demand for adaptation.

Institutions, inequality and adaptive work

The same point can be made about ADHD, disability - both physical and mental - more generally, racism, sexism and the legacy of colonialism. Each creates circumstances in which some people must continually adapt to the demands of institutions that others take for granted.

That is because these institutions - and I am talking about most of the institutions in our society when I make this generalisation - are not neutral. They embody assumptions about who they were designed for. Those who fit those assumptions experience relatively little friction when engaging with them. Those who do not have continually to work out how to fit in. That is adaptive work that imposes considerable strain. It is also work that is rarely recognised.

Racism provides an obvious example. Those who experience it are required continually to judge situations that others pass through without thought. They have to assess whether they are safe, whether they will be treated fairly, whether prejudice will affect the outcome, and whether they need to modify their behaviour or expectations. That continual assessment has a cost.

The same can be said of colonialism. Colonial rule did not merely extract resources. It also imposed systems of law, education, administration and culture that privileged some people while marginalising others. Formal empires may have disappeared, but

many of those institutional structures remain. Those whose cultures and histories were subordinated still bear much more of the burden of adaptation than those for whom those institutions were originally designed.

My suggestion is that when there is common ground - and there may be much more of that than we realise - we should stop seeing these as separate issues.

Perhaps poverty, racism, colonialism, disability and neurodivergence are all different expressions of the same underlying process.

Each requires some people to undertake much more continual adaptation than others.

If that is true, then inequality is not simply about who has more income or wealth. It is also about who carries the biological costs of adapting to the society that we have collectively created.

Rethinking economics through biology

Where does this leave economics? I think this realisation demands that economics ask very different questions from those that have dominated the subject for the last century.

Economics has largely been built around the allocation of scarce resources. It has become preoccupied with markets, prices, productivity, efficiency and growth. All of those have their place, but they also share an implicit assumption. They assume that the purpose of the economy is to produce more.

I have never believed that. The purpose of an economy is not to maximise GDP. GDP is a measure of activity. It is not a measure of success. As I now argue, the purpose of an economy is to create the conditions in which people can flourish.

If that is true, then biology may help us understand what flourishing actually means.

What a good society does

In this context, a good society is not one that eliminates adaptation. That would be impossible because life itself demands continual adaptation. That is the inevitable consequence of the second law of thermodynamics. Instead, a good society is one that reduces unnecessary adaptation.

That means it creates security where insecurity serves no purpose.

It creates certainty where uncertainty achieves nothing.

And it creates institutions that adapt to the people who use them, rather than requiring people to continually adapt to institutions.

That is a very different way of thinking about public policy.

Housing policy should reduce insecurity.

Employment law should reduce insecurity.

Education should recognise that human beings learn differently, rather than assuming that everyone should conform to a single model.

Healthcare should not merely treat the consequences of chronic stress. It should seek to prevent the conditions that give rise to it.

Social security should reduce uncertainty because uncertainty itself carries biological costs.

Tax, public services and adaptive costs

Tax has a role as well. I have argued for years that taxation does not fund government spending. It cannot do so when government creates the currency that it spends. Tax exists for other reasons. It helps manage inflation. It changes the distribution of income and wealth. It discourages harmful activity and encourages beneficial behaviour. Perhaps we should now add something else. Maybe a well-designed tax system changes the distribution of adaptive costs. It should limit the concentration of privilege that allows some people to avoid many of the burdens of everyday life while others carry them disproportionately.

Good public services also reduce adaptive costs. They should remove uncertainty from everyday life. Knowing that healthcare, education, care, housing, and transport will be available means society absorbs risks that individuals would otherwise have to bear alone. That is one of the things a civilised society should do.

Measuring what really matters

This way of thinking also changes how we measure success. We have become obsessed with GDP because we assume that if output increases then society must be improving. That assumption always seemed of dubious value. It now seems even more doubtful.

The reality is that we now know an economy may grow while simultaneously increasing insecurity, shortening healthy life expectancy, and imposing ever-greater adaptive burdens on millions of people. That is what we are seeing, day in and day out now. This is why so many people living in the UK, as well as in many other countries, are now so aggrieved by the situations that they face. They are, quite literally, being worn out by their allostatic load, and can take it no more.

If so, growth tells us remarkably little, and we should instead ask different questions.

How much unnecessary uncertainty does this society create?

How much unnecessary adaptation does it require?

How unevenly are those adaptive costs distributed?

Do our institutions reduce the burden of living together or add to it?

Those seem to me to be questions that economists should have been asking all along.

A framework for adaptive political economy

I stress, I do not suggest that what I have outlined here is an established scientific theory. It is not. But I do think it is a framework for political economy that deserves exploration, especially when it appears capable of explaining a remarkable range of observations we usually treat as unrelated.

We know poorer people die younger, and that people with autism die younger, whilst trends in healthy life expectancy closely follow social deprivation. Racism does undoubtedly damage health, as does the legacy of colonialism, and insecure work, as does poor housing.

We normally try to explain each of these separately, but perhaps they are not separate. Perhaps they all have one thing in common. Perhaps they all increase the amount of adaptation that some people must undertake simply to participate in the societies in which they live.

If that is true, then inequality is not simply an unequal distribution of income or wealth. It is also an unequal distribution of the biological costs of adaptation, with the bias in that distribution being towards high income, high wealth, neurotypicality, and being endogenously white.

That changes how we think about political economy. Politics then becomes the process by which societies decide how those costs of adaptation are distributed, whilst economics becomes the study of how institutions either increase or reduce them. Accounting becomes the means by which we identify who ultimately bears the cost of adaptation and health becomes one of the principal ways in which we observe its effects.

In that case, I suggest that biology may provide a foundation for political economy that economics has largely ignored. For a century or more, economists have borrowed their metaphors from physics. They have sought equilibrium, optimisation, and mechanical efficiency. Perhaps they have been looking in the wrong place because economies are not machines. They are living systems inhabited by living people. Their purpose should be to enable those people to live long, healthy, creative and fulfilling lives.

If they fail to do that then, whatever else they may achieve, they are failing.

I tentatively call this way of thinking 'adaptive political economy', but the underlying idea is straightforward. Every human being must adapt because that is what life requires. The question for political economy is whether the society we create unnecessarily adds to that burden or helps reduce it, and my suggestion is that the first duty of any society should be to reduce the unnecessary biological costs that it imposes upon the people who live within it.

That, I think, is the question that John Burn-Murdoch's article unexpectedly led me to ask. It is also the question that I now think economics should begin with.

Acknowledgement

Saying that, I must acknowledge one last thing. This article emerged out of a morning of conversation with Jacqueline. The idea of allostatic burden came from her. I adapted it in response to an FT article to which we both took objection for offering simplistic and potentially deeply misleading conclusions with regard to the causes of mental ill health, which we think might well have sound biological roots.