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“We know best”:

A critique of youth research directions

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This paper looks at the problematising of young people in relation to existing literature on health and the portrayal of young people experiencing homelessness. It reviews this literature with the view to understanding interconnections between research agendas and the positioning of young people as a problem group within society, based on adult and institutional definitions.

A common theme emerging in youth research over the last fifty years is the depiction of young people as a problem population group.¹ While there is less focus on 'deviance' and 'delinquency' in current research compared to the pre-1970s,² labels such as 'at risk' and 'risky behaviours' are commonly used in research and policy making to describe young people and their activities.

This paper provides a backdrop for a new qualitative study being undertaken at the University of Wollongong, as part of the *Life Activity Project*.³ This research considers notions of health and well-being amongst young people who have experienced homelessness, using interviews with up to 20 young participants in the Sydney area. This review of literature provides an important context for my research as it questions the 'taken for granted nature' of health discourses⁴ and considers the role of researchers and research agendas in further marginalising some groups and individuals within society.

'Problematising' young people's health

Literature reviews undertaken over the last three decades highlight a disproportionate number of articles investigating psychological disturbance and problem behaviours of young people, compared to other aspects of their lives.⁵ In an early review of a prominent journal on adolescence between 1976 and 1981 Stefanko found problem behaviours amongst young people and related clinical programs accounted for almost half of the available articles. A more extensive and recent assessment of 2084 articles on adolescent development between 1985 and 1995⁶ also found a significant bias towards problematising adolescence and young people's behaviours, with descriptors such as 'turmoil, instability and abnormality' being commonly used.⁷

Giroux⁸ argues that society is increasingly adopting a 'zero tolerance' approach to young people, with youth becoming 'public enemy number one—blamed for major social ills' extending from violence and drug use to breakdown of family values.⁹ Giroux argues this 'zero tolerance' has a racial dimension, with 'youth of colour' being seen as more 'troubling than troubled'¹⁰ and leading to Afro-American young people being treated as 'suspects', not citizens.

This trend to 'problematiser' young people's behaviours and as a population group is particularly evident in health promotion and population health research. Over the last three decades a large number of health studies in Australia and overseas have been concerned with identifying 'risk' factors or behaviours and assigning these risks to specific groups including young people.¹¹ Risk factors commonly linked to young people include involvement in drug and alcohol use, unsafe sex and smoking¹². Such risk and the related 'resilience' frameworks have been

developed with worthwhile intentions, i.e. to reduce the incidence of specific health problems amongst young people. However, it is important to recognise that such approaches can have unintended consequences. For example Lupton's analysis of health promotion strategies in Australia demonstrates how the attributing of health problems to specific populations such as 'youth' can act to marginalise or label these groups, while 'valorising' others. She sees the importance of recognising that health discourses and strategies are not 'value free'¹³ and that health discourses can reinforce common community stereotypes. The casting of community wide problems (such as alcohol abuse) as a young person's problem is evidence of this in the health promotion and broader media context.

While adult anxieties over young people are not new,¹⁴ a number of theorists have explored this anxiety in terms of research agendas and social or cultural norms. Furlong and Cartmel¹⁵ and Cohen and Ainley¹⁶ view the common portrayal of young people as gang members, troublemakers and 'thugs' and the 'moral panics' about drugs, promiscuity and street violence as social constructions that are both reinforced by research outcomes and also reinforcing these agendas. This is supported by Giroux¹⁷ who demonstrates how powerful discourses and institutions play a major role in dictating who can and cannot be involved in particular behaviours, based on adult definitions of risk. In particular, he makes the point that public discourses about youth are often linked to surveillance and control strategies, with youth experiencing 'diminished rights of privacy and personal liberties'.

This role of social/cultural influences and institutional powers in positioning young people as threats to adult governance is explored further in the Australian context by Kelly¹⁸. He argues that there is an 'increasingly generalised and institutionalised sense of anxiety and mistrust' about young people's capacity to transition to adulthood.¹⁹ Like Cohen and Ainley,²⁰ Kelly sees the current obsession with problematising young people as being closely related to a broader cultural context where adults seek to 'tame' the perceived uncertainty and unpredictability associated with young people's lives and their behaviours. He cites the current obsession with regulating young people's activities and how they 'should be schooled, policed, housed, employed or prevented from becoming involved in any number of so called "risky" practices'—as evidence of this.²¹

Contributions by Kelly and others are useful in examining the ways adult and institutional perspectives dominate definitions of young people as a population group and how their involvements are represented and regulated²². Linked to this dominance is the trend to further individualise, or repackage health or broader social problems as the problem and responsibility of individual young people.

Lupton draws on Foucault's concept of 'governmentality' and 'self regulation'²³ to argue that people are increasingly positioned to internalise powerful health discourses about what they should and shouldn't do, with individuals internalising this and feeling blame and failure when they cannot achieve what is expected of them. Evidence of this internalising of responsibility amongst young people in particular can be found in the initial findings of the *Life Activity Project*. On the basis of 500 interviews with 79 young people²⁴ across Australia, this study found that not only were young people aware of discourses linking physical activity and health, but they also talked in terms of feeling guilty when they were not meeting that responsibility. This 'guilt' approach to health was also evident in a study involving New Zealand school students by Wright and Burrows.²⁵ They found that young students were 'well versed in "healthism" discourses' and that these discourses reflected the dominance of 'white, middle class values' in New Zealand society. While Lupton's work provides an overview of this individualising and internalising trend, the Wright and Burrows study and the new Life Activity Project clearly demonstrate that young people are actively integrating dominant discourses into their identity making and sense of self. Wright and Burrows in particular provide evidence of how research findings are taken on by society as a whole as 'fact' and then internalised by young students.²⁶

Critiques of health strategies and youth research by Wright and Burrows, Kelly²⁷ and Lupton provide some important insights into the unintended consequences of current research and health discourses on young people. Their analyses infer that despite most research and policies being developed with altruistic ambitions or empowerment goals, the current focus on 'risk' groups and behaviours unintentionally positions young people as both vulnerable—being unable to control their behaviours and in need of assistance—and dangerous—involved in risky or undesirable behaviours, as defined by existing power structures. Kelly and Lupton's analysis in particular indicates there is the need to make more transparent the role of researchers and research discourses in creating these culturally constructed 'truths', and to understand how these approaches are positioning young people as problem citizens requiring greater and greater regulation²⁸.

The critiques are also useful in recognising the multiple layers of problematising that are evident within the youth and health literature, where young people are being constructed not only as a homogenous and problematic population group ('at risk and a risk'), but also as problem individuals unable to control their involvement in activities that are deemed undesirable by adults. Inherent in these critiques is the implication that current youth research and strategies are more focused on institutional definitions of need or ill-health than being interested in

how young people perceive or understand their own sense of well-being. Most available health studies and reports have drawn on epidemiological or medical discourses to define problems and ill-health, with little or no focus on broader concepts of health and well-being, or input from young people themselves.²⁹ While some health research and strategies involve young people 'self-reporting' their activities or sense of mental or physical health, this usually occurs in relation to defined scales already set by practitioners and researchers.

Lupton³⁰ flags the need to shift away from defining populations according to individual behaviors, and to consider broader notions of health and well-being, beyond existing medical frameworks and psychological scales. White and Wyn³¹ pose that young people's health and well-being is more to do with young people's capacity to express themselves, their sense of connection with others and a capacity to engage in experiences that are not necessarily measured in terms of success or failure. While this provides a broad 'citizenship' type of definition of health and well-being, Brannen, Dodd, Oakley and Storey³² argue that most health definitions and strategies in the main are not based on young people's understandings, requiring more qualitative research to actively engage young people in scoping out priorities and designing strategies that will maximise their health benefits.

Problematising the margins

A significant proportion of youth research has been occupied with defining and labeling those young people who are considered most vulnerable or most 'at risk' within the youth population and society. A number of recent studies seek to demonstrate that the deregulation of the labour market has increased the marginalisation of young people, particularly those without qualifications or skills. These young people are seen as having the least capacity or social capital to bear 'the brunt of these changes'.³³

Numerous studies exploring concepts such as marginalisation, disadvantage or social exclusion are concerned with understanding the impact of economic and social forces or change on young people's lives. There is significant debate in particular in youth and social policy literature concerning the role of structural factors (e.g. class, gender, race, locational disadvantage) versus the importance of individual action or agency in determining young people's opportunities and pathways³⁴. For example feminist writers such as Walkerdine, Lucey and Melody³⁵ have focused on the prominent and ongoing role of class in girls' attainment of education and their life pathways. As with recent social capital and exclusion theorists, Walkerdine et al. argue that the class divisions defined by wealth and poverty remain strong and influential, but are represented in new forms and a

new historical context. Other theorists concerned with 'risk' and 'the risk society' proposed by Beck³⁶ and Beck & Beck-Gernsheim³⁷ argue that social and economic changes particularly a deregulated labour market have removed traditional pathways and created greater uncertainty for young people. They pose that these changes have therefore led to more individualised action, decision making and experiences and a reduction in the influence of structural factors on young people's pathways, although recognising that inequalities remain.

These debates and tensions in the literature between the influence of social inequality and the role of the individual provide an important and dynamic context for further research. However, a substantial number of studies focused on more marginalised young people have been occupied with the defining and labeling of individual risk behaviours or factors in people's lives. Stephen and Squires³⁸ make the point that this emphasis on refining definitions and developing 'typologies' of risk is contributing little to the understanding of the lives and views of these young people. Like Cohen and Ainley³⁹ they suggest that the 'institutionalised' fear or lack of trust in youth is fuelling much of the research and policy focused on these young people and that such labeling can be misleading and misdirected. Stephen and Squires,⁴⁰ like Kelly,⁴¹ draw attention to the positioning of young people as 'anti-social' in current research, even though most young people are not involved in crime, or anti-social activities. Stephen and Squires argue that the dominance of research focused on the activities of a few young people is contributing to the increasing and widespread regulation of young people's lives (e.g. in terms of 'anti-social behaviour' reforms in Britain), without any real understanding of the way young people live, how they view the world and the reasons leading to or underpinning their experiences.

Young people and the homeless experience

As with research on other marginalised groups, much of the available literature on young people experiencing homelessness in western countries is concerned with describing the characteristics of the homeless population. While defining and quantifying who is homeless and tracking people is a difficult task,⁴² available evidence suggests young people make up a significant proportion of people who are homeless each year in Australia and internationally.⁴³ In Australia, in 2001/02 young people aged under 25 years made up one third (36.4 percent) of the 95,000 people seeking assistance from short term crisis refuges and medium term supported accommodation.⁴⁴ Chamberlain and Mackenzie indicate youth homelessness has doubled in Australia between 1991 and 1998.⁴⁵

A significant number of studies in western countries compare the characteristics of homeless young people with other home-based young people.⁴⁶ Studies in the

United States and Australia indicate young people experiencing homelessness leave home or are made to leave home one or more times because of family conflict or physical or sexual abuse.⁴⁷ Rew, Fouladi and Yockey⁴⁸ found young people experiencing homelessness in the United States were more likely to be gay, lesbian or bi-sexual, Afro-American or from an ethnic minority.

Studies involving large samples in Canada and the United Kingdom also indicate young people who were homeless reported worse educational and employment outcomes, poorer physical and mental health, and increased suicide attempts and ideation than domiciled young people.⁴⁹ A number of studies detail higher rates of clinical depression⁵⁰ high rates of psychotic symptoms⁵¹ and higher levels of alcohol/substance abuse.⁵²

As in other youth literature, a number of studies on young people experiencing homelessness focus on risk factors and behaviours associated with living on the streets or in crisis shelters. A large number of studies have investigated the degree to which these young people are vulnerable to illnesses, sexually transmitted diseases, substance abuse, violence, trauma or death.⁵³ Australian, American and British studies indicate these young people have higher rates of psychological disorders, including depression, post-traumatic stress disorder and a high propensity toward schizophrenia, compared to young people as a whole.⁵⁴

Available studies in the main have a medical focus and seek to investigate the incidence of specific diseases or health problems amongst homeless young people, using epidemiological evidence or psychological scales. While these have been used extensively by health and welfare services in creating medical interventions and disease prevention strategies, most available studies fail to consider broader notions of health well-being, or seek to understand how these young people define their own health.⁵⁵ As is evident in other youth and health literature Stephen⁵⁶ also points to the positioning of homeless young women as victims or 'damaged' (e.g. the UK Rough Sleepers Initiative Consortium), where young women are seen as being 'frequently dragged into a downward spiral of loss of identity, depression and attempted suicide'.⁵⁷ While homelessness and the reasons contributing to mental illness are clearly worthy of further research, some authors are questioning the negative depictions being applied universally to young people in this situation⁵⁸. Rew and Horner⁵⁹ found young people who were homeless had inner strengths and a determination for improvement that helped them to survive and were often drawing on support and acceptance from peers for a sense of fulfillment. Similarly, some previous studies⁶⁰ suggest people living on the streets may not necessarily define themselves or want to define themselves as homeless, with homelessness being 'socially constructed' and

'contentious'.⁶¹ Recent research in Australia confirms this point, indicating that while researchers are well aware of the characteristics and common reasons for young people becoming homeless, the narrow definitions of risk being applied to homeless young people are 'oversimplifying' and overlooking important aspects of these young people's lives including activities that could be countering or offsetting defined 'risk behaviours'.⁶²

So what does this all mean for my research?

The ongoing 'problematism' of young people as both a dangerous and at risk population group remains a feature of existing research discourses and in the broader cultural context. The ongoing emphasis being placed in research on defining and counting young people who are considered to be at risk, marginalised or excluded may be veiling more important questions about how young people live their lives, how they view their existences and ways in which they navigate their pathways.⁶³

The literature review demonstrates the need to shift away, or at least to diversify from a sole focus on addressing individual health 'problems' as defined by institutions, in order to more actively engage young people in defining their own concepts of health, and taking into account broader aspects of their daily lives and priorities. The *Life Activity Project* is starting to provide some new understandings in relation to this, however the Project also flags the need to consider more fully how young people with more complex or marginalised lives view notions of health and well-being in the context of their daily lives and perceived pathways⁶⁴. A sub-group of these young people are now the focus of my research in the Sydney area.

This research—involving multiple interviews with up to 20 young people over six months—is giving priority to investigating how these young people who have experienced homelessness feel about being young, how they describe themselves and their sense of well-being, how they view their past and current existences and what they want in the future. The study is considering in particular young people's *own* notions of health and well-being and the role of both structural influences and individualisation in their lives. Such an approach aligns with Stephens and Squires view that we need to understand how young people '*negotiate* the multiple and interacting exclusionary variables' in their daily lives,⁶⁵ rather than simply labeling the young people involved as 'socially excluded' or 'problematic'. The study is not seeking to further define or label these young participants as 'at risk', 'marginalised' or 'disadvantaged'. Instead it seeks to provide a broader and deeper understanding of their views, pathways and how their lived experiences impact on their beliefs about health and their future.

As is evident from available literature life on the streets and the homeless experience is viewed as bleak, unsafe and unfulfilling. It will be important therefore see if these young people reflect on their experiences in such bleak terms after the event, or see their period(s) of homelessness as relatively better than current arrangements, where support may not be so accessible or forthcoming.

This literature review reveals a number of methodological challenges for me as researcher. In particular Kelly's work identifies the need to report new findings on how young people are living their lives, without further and unintentionally 'problematising' their 'truths' and representations.⁶⁶ I think an important starting point for me in the research process has been to deliberately not set out to confirm young people as risky, dangerous and/or vulnerable members of society. Similarly I am not assuming the young people in this study are experiencing linear transitions from school to work, or that any non-linear changes are 'failures'⁶⁷. Instead my research draws on Foucault's concept of 'governmentality' used by Kelly⁶⁸ and Lupton (1997) to more fully understand the role of regulation within these young people's lives including their engagement with different institutions and service systems and the potential internalising of dominant discourses. It considers Giroux's⁶⁹ call to further scrutinise power discourses that particularly affect the more economically and socially marginalised young people so that the meaning of dominant policies and 'repressive conditions' can be better assessed and analysed. Having an awareness of the dominant regulatory environment in which young people are living provides an important starting point for further analysis and reflection.

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