A rapidly growing domain of psychological research and theory is that referred to as Self-Determination Theory (SDT), pioneered and named about 30 years ago by psychologists Richard Ryan and Edward Deci. The fundamental premise of SDT is that we humans perform better and live happier, more satisfying lives when we experience ourselves as living in accordance with our own, internal desires and decisions rather than being driven from outside sources by rewards, punishments, and demands from others. By now, hundreds of research studies support this basic premise and elaborate upon it in various ways (for reviews, see Ryan & Deci, 2017; Ryan, Huta & Deci, 2008).

Much research within SDT has focused on the psychological
underpinnings of self-determination, and one result has been the development of a sub-theory of SDT that is referred to as Basic Psychological Needs Theory (BPNT). According to this sub-theory, a prerequisite for a healthy sense of self-determination, and hence for mental well-being and satisfaction with life, is that we fulfill three basic psychological needs—the needs to experience autonomy, competence, and relatedness (Ryan & Deci, 2017).

If you think about it, the theory makes logical sense. It seems obvious that to feel in charge of your own life you must feel free to choose your own paths (autonomy); feel that you are sufficiently skilled to pursue those paths (competence); and, as a social being, have supportive friends and colleagues who care about you and give you strength to pursue your paths (relatedness).

But, of course, social scientists (and I confess to being one) are never satisfied with what seems obvious from common sense, so we conduct research, examine the data, and write articles with big words and too many abbreviations. By now, dozens of studies have been conducted in which people are assessed for their feelings of autonomy, competence, and relatedness, with the general finding that these feelings are highly predictive of mental well-being, satisfaction with life, and success in various pursuits. So, empirical as well as logical support for BPNT is very strong. The support applies across cultures and to children as well as adults (for review, see Vansteenkiste et al, 2020).

**Application of BPNT to the Epidemic of Mental Suffering in Children and Teens**

As regular readers of this blog know, I have long been concerned with the continuous rise, over roughly the past 50 years, in the
rates of depression, anxiety, and suicides among children and teens. This increase in suffering has occurred during a period in which young people have been subjected to ever-increasing amounts of time being supervised, directed, and protected by adults—in school, in adult-run activities outside of school, and at home—and have experienced ever less opportunity to play freely and in other ways pursue their own interests and solve their own problems. I have argued that there is a cause-effect relationship between these two historical trends (e.g., here and here). The pressure and continuous monitoring and judgments from adults, coupled with the loss of freedom to follow their own interests and solve their own problems, results in anxiety, depression, and general dissatisfaction with life.

Now, in what follows, I examine this relationship between changes in how young people are treated and the decline in their mental well-being through the lens of BPNT. My contention is that we have, over decades, been decreasing children’s opportunities to experience autonomy, competence, and relatedness.

**Deprivation of Autonomy**

This is obvious. We have in many ways, over the years, been decreasing children’s opportunities to find and pursue their own paths. We have forced them to spend ever more time in school and on homework outside of school, and even within the realm of schoolwork, we have decreased the choices they have because of our misguided focus on high-stakes testing. We have greatly reduced recess and added new restrictions on what is allowed in the bits of recess that remain. We have largely stopped allowing children to go outdoors to play in their own chosen ways away from adults. We have, instead, put them into adult-directed sports
and other such activities, where they are again told what to do and are constantly judged and corrected by adults.

**Deprivation of Competence**

By drastically limiting and restricting children’s choices of activities, we have also drastically limited their opportunities to develop feelings of competence. School is all about “academic achievement” (or what the school defines as that), and, indeed, some children may gain a sense of competence from good performance in school. However, this is not true for all children, probably not for most.

The feeling of competence is not independent of the feeling of autonomy. Research shows that people feel most competent when they succeed in efforts that they themselves have chosen (Vansteenkiste *et al.*, 2020). Most students, even those who get A's and honors, feel motivated largely by external pressures, not by their own internal, autonomous motives. Even so-called “top students” are often cynical about their school achievements because they know how shallow the achievements are. They have learned to memorize and feed back what the teacher or the test wants, and they know that this has little to do with deep, meaningful learning (e.g., [here](https://example.com)).

Traditionally, children and teens have developed a sense of competence by such means as pursuing and becoming skilled at hobbies that they themselves chose; taking on part-time jobs, which provide a taste of success in the work world; and independently performing chores at home, which were real contributions to the family economy. As pointed out in my [last post](https://example.com), we provide few such opportunities for children and teens today.
Deprivation of Relatedness

The primary way that children make friends is through play. Play is what brings them together, leads them to shared understandings, leads them to value one another, and teaches them how to negotiate and compromise and thereby maintain their friendships. As children get older, into their teens, play continues to be valuable but now they often bond best through long bouts of hanging out with one another and sharing thoughts and feelings. They need to do this away from adults, because their thoughts and feelings are personal, and adults interfere.

But now even teens are commonly deprived of opportunities to get together for long periods, privately, away from adults (e.g. here). They can do it to some degree through Internet platforms, but that’s not the same as getting together in person. Virtual get-togethers tend to be more superficial and less personally bonding than direct face-to-face get-togethers. Of course, children and teens still do make friends. The drive to do so is incredibly strong, so many overcome barriers. But too often they don’t or can’t overcome the barriers sufficiently, so the level of loneliness and alienation is high.

There is reason to believe that even family relationships have suffered because of the strong focus on schoolwork and adult-directed extracurricular activities. As parents become homework monitors and cart their children from one activity to another, the children, especially by the time they are teenagers, may begin to feel that their parents value them only for their achievements and not for who they really are (e.g., Ebbert et al., 2019). Many families no longer eat dinner together because everyone—parents as well as kids—are so busy. It’s interesting, in this regard, that research
conducted during the pandemic lockdown revealed that many children and teens were happier than they had been before the lockdown, in part because for the first time they felt they were really getting to know their parents and be known by them, as they were all locked together at home and COVID induced a spirit of care within families (here).

As U.S. Surgeon General Vivek Murthy has shown in his best-selling book Together, our social conditions provide barriers to creating and maintaining a network of close family members and intimate friends, and that is a cause of mental suffering for people in all age categories.

**Call for Action**

The BPNT lens may help clarify what we must do to attack the epidemic of mental suffering afflicting kids in our culture today. We—and by “we” I mean parents, grandparents, teachers, educational policymakers, coaches, children’s librarians, politicians, city planners, and everyone in a position to influence children’s worlds—must do what we can to increase children’s experiences of autonomy, competence, and relatedness.

To date, most approaches to young people’s mental suffering have involved therapy, counseling, or drugs, which may be helpful in treating symptoms of the epidemic but do nothing to change the causes. The causes are structural. They lie in the structure of how we do schooling, how we create barriers (such as lack of sidewalks) to children’s outdoor adventures, how we malign parents who dare to give their children some of the freedoms that nearly all children used to enjoy, and how we underestimate children’s capacities for self-direction and personal responsibility.
What might you do to help change some of these things? One place where you might get some ideas is [here](#).

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And now, what do you think about this? This blog is, in part, a forum for discussion. Your questions, thoughts, stories, and opinions are treated respectfully by me and other readers, regardless of the degree to which we agree or disagree. Psychology Today no longer accepts comments on this site, but you can comment by going to my [Facebook](https://www.facebook.com) profile, where you will see a link to this post. If you don't see this post near the top of my timeline, just put the title of the post into the search option (click on the three-dot icon at the top of the timeline and then on the search icon that appears in the menu) and it will come up. By following me on Facebook you can comment on all of my posts and see others' comments. The discussion is often very interesting.