

• CHAPTER 1 •

The Paradox of Privilege

It was 6:15 P.M. Friday when I closed the door behind my last unhappy teenage patient of the week. I slumped into my well-worn chair feeling depleted and surprisingly close to tears. The fifteen-year-old girl who had just left my office was bright, personable, highly pressured by her adoring, but frequently preoccupied, affluent parents, and very angry. She had used a razor to incise the word EMPTY on her left forearm, showing it to me when I commented on her typical cutter disguise—a long-sleeve T-shirt pulled halfway over her hand, with an opening torn in the cuff for her thumb. Such T-shirts are almost always worn to camouflage an array of self-mutilating behaviors: cutting with sharp instruments, piercing with safety pins, or burning with matches. I tried to imagine how intensely unhappy my young patient must have felt to cut her distress into her flesh.

As a psychologist who has been treating unhappy teens for over twenty-five years, I wondered why this particular child left me feeling so ragged. I live and work in an upper-middle-class suburban community with concerned, educated, and involved parents who have exceedingly high expectations for their children. In spite of parental concern and economic advantage, many of my adolescent patients suffer from readily apparent emotional disorders: addictions, anxiety disorders, depression, eating disorders, and assorted self-destructive behaviors. Others are perplexingly and persistently unhappy in ways that are more difficult to quantify easily. The fact that many of these teens are highly proficient in some areas of their

lives helps mask significant impairments in others—the straight-A student who feels too socially awkward to attend a single school dance, the captain of the basketball team who is abusive toward his mother, the svelte homecoming queen who consistently sees a “fat ugly duckling” in the mirror. While I love my work, it is also quite demanding and I usually greet the end of the day on Friday with a mixture of relief and anticipation, not sadness. Sinking further into my chair, I flipped through my appointment book, searching for clues to my emotional weariness.

I was not surprised by the seriousness of many of my cases. After two decades of treating unhappy kids, and the publication of a couple of books on how the media influence child development, I had become a “senior” psychologist and am often referred difficult cases. I enjoy working with troubled adolescents and seem to have a knack for developing an easy rapport with them. The eating-disordered girls who are enraged by their mother’s submissiveness and yet mimic it in their own self-defeating behavior. The junior high school girls with pitiable self-esteem who regularly give oral sex to boys behind the school gymnasium, while insisting that they are not sexually active—an astonishing redefinition of sexual activity shared by most of their generation. The substance-abusing boys who attempt to ward off depression with drug use but ultimately end up in out-of-the-way places for a year or two of rehab. Many of these teenagers suffer from obvious emotional illnesses: depression, anxiety disorders, eating disorders, and substance abuse. Often there is a family history of depression or bipolar illness or alcoholism. These teens “look” troubled. Their grades are usually poor, their relationships volatile, and their behavior floridly risky. Their parents are terrified when they haul them in for treatment.

But I was puzzled by the fact that an increasingly large number of my hours were filled with cases that initially seem to be rather garden-variety adolescent problems. When parents make calls to my office for these kids, there is often little sense of urgency. Some parents may have a vague sense that all is not well and ask me to

naïa or perhaps an unsettling diary entry and call, hoping I will allay their fears since these same teens are doing well in school and are compliant at home. They may note that their child appears “less sunny,” or seems somewhat withdrawn, but these parents don’t see their children as troubled—unhappy maybe, but not troubled. More than a few parents call not out of their own concern, but at the insistence of their teenager.

In fact, many of these teens have a notable ability to put up a good front. Absent the usual list of suspects—bad divorcees, substance abuse, immobilizing depression, school failure, or delinquent behavior—their parents are frequently surprised by their request to see a therapist. It would be a stretch to diagnose these kids as emotionally ill. They don’t have the frazzled, disheveled look of kids who know they are in serious trouble.

Nevertheless, they complain bitterly of being too pressured, misunderstood, anxious, angry, sad, and empty. While at first they may not appear to meet strict criteria for a clinical diagnosis, they are certainly unhappy. Most of these adolescents have great difficulty articulating the cause of their distress. There is a vagueness, both to their complaints and to the way they present themselves. They describe “being at loose ends” or “missing something inside” or “feeling unhappy for no reason.” While they are aware that they lead lives of privilege, they take little pleasure from their fortunate circumstances. They lack the enthusiasm typically seen in young people.

After a few sessions, sometimes more, the extent of distress among these teenagers becomes apparent. Scratch the surface, and many of them are, in fact, depressed, anxious, and angry. Quite a few have been able to hide self-injurious behaviors like cutting, illegal drug use, or bulimia from both their parents and their peers. While many of these teens are verbal and psychologically aware, they don’t seem to know themselves very well. They lack practical skills for navigating out in the world; they can be easily frustrated or impulsive; and they have trouble anticipating the consequences of their actions. They are overly dependent on the opinions of parents, teachers, coaches, and peers and frequently rely on others,

not only to pave the way on difficult tasks but to grease the wheels of everyday life as well. While often personable and academically successful, they aren't particularly creative or interesting. They complain about being bored; they are often boring.

Treating these teenagers can be more difficult and less rewarding than treating my "sicker" patients. Parents are more likely to deny the fact that their child has run into psychological trouble because the historical markers of adolescent disturbance—failing grades, withdrawal, and acting out—are not readily apparent. Yet, as my appointment book confirmed, my practice was increasingly filled with kids from comfortable homes who, in spite of superficial appearances to the contrary, are extremely unhappy, disconnected, and passive. The kind of independence historically coveted in adolescence is strikingly absent from their agendas.

Sensing their children's vulnerabilities, parents find themselves protecting their offspring from either challenge or disappointment. Fearful that their kids will not be sturdy enough to withstand even the most mundane requirements of completing homework, meeting curfew, straightening their rooms, or even showing up for dinner, discipline becomes lax, often nonexistent. While demands for outstanding academic or extracurricular performance are very high, expectations about family responsibilities are amazingly low. This kind of imbalance in expectations results in kids who regularly expect others to "take up the slack," rather than learning themselves how to prioritize tasks or how to manage time. Tutors, coaches, counselors, and psychotherapists are all enlisted by parents to shore up performance and help ensure the kind of academic and athletic success so prized in my community. While my patients may seem passive and disconnected, their parents are typically in a frenzy of worry and overinvolvement. They tend to shower their children with material goods, hoping to buy compliance with parents' goals as well as divert attention away from their children's unhappiness.

A superficial reading of this type of teenager might suggest that they are simply spoiled or overindulged. It is tempting to trivialize the problems of kids who have been the recipients of exhaustive parental intervention and have been liberally handed both material

and educational opportunities. Yet the depletion I felt that Friday afternoon came not from treating spoiled or indulged kids, but from treating troubled ones.

Regardless of how successful these kids look on the surface, regardless of the clothes they wear, the cars they drive, the grades they get, or the teams they star on, they are not navigating adolescence successfully at all. Modest setbacks frequently send them into a tailspin. A talented thirteen-year-old seriously considers hacking his way into the school computer system to raise his math grade. An academically outstanding sixteen-year-old thinks about suicide when her SAT scores come back marginally lower than she had expected. A fourteen-year-old boy cut from his high school junior varsity basketball team is afraid to go home, anticipating his father's disappointment and criticism. He calls his mother, and tells her that he is going to a friends' house. In fact, he is curled up on my couch, red-eyed and hopeless. He believes he has nothing to live for. While it is tempting to attribute scenarios like these to the histrionics of adolescence, it would be a mistake. Adolescent suicide has quadrupled since 1950.¹

My mood continued to sink as I scanned my appointment book and realized that the week that had just passed was not significantly different from the week before, or the month before—or the year before, for that matter. For several years now my practice has been increasingly filled by teenagers whose problems seem out of proportion to their life circumstances. Kids who, by luck and fortunate genetics, are smart and talented, who have well-intentioned, highly involved parents, and who enjoy the opportunities that their financially secure parents can provide. Kids who should be striding, but find themselves stumbling through life. Like all of us who scramble to provide advantages for our children, I had assumed that involvement, opportunity, and money would help safeguard the emotional health of children. Yet my appointment book forced me to consider quite the opposite: some aspects of affluence and parental involvement might be contributing to the unhappiness and fragility of my privileged patients.

WHY KIDS WHO HAVE SO MUCH CAN FEEL EMPTY

In what therapists are fond of referring to as an “aha moment,” I realized that I had been so profoundly affected by my cutter, with her oozing, desperate message, because with the single, raw word EMPTY she had captured the dilemma of many of my teenage patients. “Empty” in what way? Many of my patients have teachers, coaches, and, most of all, parents who have actively poured enormous amounts of attention and resources into these children. Paradoxically, the more they pour, the less full many of my patients seem to be. Indulged, coddled, pressured, and micromanaged on the outside, my young patients appeared to be inadvertently deprived of the opportunity to develop an inside.

Parents who persistently fall on the side of intervening for their child, as opposed to supporting their child’s attempts to problem-solve, interfere with the most important task of childhood and adolescence: the development of a sense of self. *Autonomy*, what we commonly call independence, along with *competence* and *interpersonal relationships*, are considered to be inborn human needs. Their development is central to psychological health.² In a supportive and respectful family, children go about the business of forging a “sense of self” by being exposed to, and learning to manage, increasingly complex personal and interpersonal challenges.

“Mommy is so proud that I can tie my shoelaces all by myself,” is the pleased statement of a youngster who has been allowed the opportunity to master a difficult task on her own, knowing that her mother is also pleased by her growing competence and independence. Similarly, the adolescent who says, “I decided that it was more important to work things out with my best friend than study for my geometry quiz. My mom might not agree, but I think she’ll understand,” is also honing a sense of self by taking up the challenge of making a decision in the face of competing personal, academic, and parental expectations. The fact that her connection with her

mother is secure enough to withstand a difference of opinion allows her to make a decision that feels authentically her own because she is not diverted by her mother’s needs or anxiety.

It is easy to see how always tying shoelaces for a toddler would be impairing her autonomy. No parent wants to still be tying shoelaces for a twelve-year-old. The rationale behind “staying out of it” is less clear with the teenager (often the stakes seem higher—academics, peer choices, drugs, sex), and parents are far more likely to chime in: “You can talk to your friend after the test. It’s important to keep up your grades.” The fact that the stakes are higher is all the more reason to provide teenagers with as many opportunities as possible to make their own decisions and learn from the consequences. Just as it was critical for the toddler to fumble with her shoelaces before mastering the art of shoelace tying, so is it critical for the adolescent to fumble with difficult tasks and choices in order to master the art of making independent, healthy, moral decisions that can be called upon in the absence of parents’ directives. We all want our children to put their best foot forward. But in childhood and adolescence, sometimes the best foot is the one that is stumbled on, providing an opportunity for the child to learn how to regain balance, and right himself.

When we coerce, intrude on, or take over for our children unnecessarily we may be “spoiling” them, but the far more significant consequence is that we are interfering with their ability to construct a sense of self. My patient was empty because she had not been able to develop the internal resources that would make it possible for her to feel that she “owned” her life or could manage her feelings. She felt little control over what happened to her and had no confidence in her ability to handle the curveballs of adolescence. Cutting was one of the few things over which she felt control. Cutting allowed her angry feelings to seep out in a measured way rather than explode.

The reason that so many of my patients feel empty is because they lack the secure, reliable, welcoming internal structure that we call “the self.” The boredom, the vagueness, the unhappiness, the

reliance on others, all point to kids who have run into difficulty with the very foundation of psychological development. While the houses my young patients live in are often lavish, their internal homes are impoverished. Well-meaning parents contribute to problems in self-development by pressuring their children, emphasizing external measures of success, being overly critical, and being alternately emotionally unavailable or intrusive. Becoming independent, and forging an identity becomes particularly difficult for children under these circumstances.

The popular press has devoted rivers of ink to chronicling the "epidemic" of narcissistic, overinvolved parents producing spoiled, entitled children with poor values. But my experience leads me to a very different conclusion. Most of my patients are deeply troubled, not spoiled; most of their parents are not narcissistic but are struggling, often quite alone, with their own problems. The suffering felt by parents and children alike is genuine, and not trivial. The kids I see have been given all kinds of material advantages, yet feel that they have nothing genuine to anchor their lives to. They lack spontaneity, creativity, enthusiasm, and, most disturbingly, the capacity for pleasure. As their problems become more evident, their parents become confused and worried sick. As they either withdraw or ratchet up their involvement, their children seem less and less able to accomplish the tasks of childhood and adolescence—developing friendships, interests, self-control, and independence.

The traditional trajectory of adolescence—withdrawal, irritability, defiance, rejection of parental values, the trying on and discarding of different identities, and, finally, the development of a stable identity—seems to have given way to a far less successful trajectory. Fewer and fewer affluent teens are able to resist the constant pressure to excel. Between accelerated academic courses, multiple extracurricular activities, premature preparation for high school or college, special coaches and tutors engaged to wring the last bit of performance out of them, many kids find themselves scheduled to within an inch of their lives. Criticism and even rejection become commonplace as competitive parents continue to push their children toward higher levels of accomplishment. As a

result, kids can't find the time, both literal and psychological, to linger in internal exploration; a necessary precursor to a well-developed sense of self. Fantasies, daydreaming, thinking about oneself and one's future, even just "chilling" are critical processes in self-development and cannot be hurried. Every child has a different time table, and most are ahead of the pack in some areas and behind in others. We would do well to remember "late bloomers" like Albert Einstein, John Steinbeck, Benjamin Franklin, and J.R.R. Tolkien. Sometimes a nudge is helpful, but a shove rarely is.

What looks like healthy assimilation into the family and community—getting high grades, conforming to parents' and community standards, and being receptive to the interests and activities valued by others—can be deceptive. Kids can present as models of competence and still lack a fundamental sense of who they are. Psychologists call this the "false self," and it is highly correlated with a number of emotional problems, most notably depression.³

Psychological development goes awry when children are pressured into valuing the views of others over their own. A young girl works madly to maintain her high GPA because "my mom would have a breakdown if my grades dropped." This girl might be an enthusiastic student under other circumstances, but her need to keep her mother's anxiety at bay is bound to interfere with her capacity to work independently and with pleasure. Ultimately, motivation for any venture needs to feel like it comes from inside. When it does, it feels "true"; when it comes from outside, it feels "phony." Working primarily to please others and to gain their approval takes time and energy away from children's real job of figuring out their authentic talents, skills, and interests. The "false self" becomes particularly problematic in adolescence as teens are required to confront the normal proliferation of "selves" ("I'm so cheerful with my friends, but I feel like a different, unhappy person with my parents") and figure out who is the "real me." Authenticity is not aided when kids have to battle against parents who are implanting other, often unrealistic "selves"—stellar student, outstanding athlete, perfect kid—into their teenager's already crowded psychological landscape.

Adolescents need tremendous support as they go about the task of figuring out their identities, their future selves. Too often what they get is intrusion. Intrusion and support are two fundamentally different processes: support is about the needs of the child, intrusion is about the needs of the parent. This difference will be highlighted throughout this book because, without a full appreciation of the desirability of support, warmth, and involvement on the one hand, and the damage of intrusion, rejection, and criticism on the other, parents will continue to undermine their children's psychological progress in spite of good intentions. As long as kids are not afforded the opportunity to craft a sense of self that feels authentic, a sense of self that truly comes from within, psychologists like myself will continue to see more and more youngsters at risk for profound feelings of depression, anxiety, substance abuse, and emptiness.

WHY WE CAN'T AFFORD TO TRIVIALIZE THE PROBLEMS OF PRIVILEGED KIDS

Psychologists are taught to be careful about the conclusions they reach. Just because my practice is filled with a perplexing assortment of teenagers who are desperately unhappy in spite of the seeming advantages of both money and parental concern doesn't necessarily mean that I've uncovered a new trend. The history of psychology is littered with accurate observations leading to inaccurate conclusions. When I was in graduate school we were taught that one of the markers for schizophrenia was a high blood concentration of sodium; that was until further research showed that institutions tend to heavily salt the bland food they serve their patients.

Unhappy teenagers are hardly remarkable, and I needed to be certain that what I was observing in my own practice was not simply a puzzling local phenomenon. While it certainly seemed odd that parental concern and financial resources were not having the expected protective effect on the mental health of the kids in my community, I had no evidence that this paradox extended any further

than my county line. After all, I live in Marin County, California, the target of endless stereotypes, some inaccurate, some deserved. My community is relatively homogenous (white, upper-middle-class, well educated), with parents who tend to be highly involved, competitive, and extremely anxious about their children's performance. But what, I wondered, was going on in the rest of the country? Were other mental health professionals also seeing the empty, unhappy, hovered-over child of privilege that made up the majority of my practice? Was there any data to substantiate my observation that privileged children with well-educated and financially secure parents were experiencing higher rates of psychological impairment than before? Was it accurate that many of these problems stemmed from a poorly developed sense of self?

I began calling colleagues around the country, talking to mental health workers in urban, suburban, and rural areas. I spoke to clinicians who exclusively treat the children of the affluent as well as those whose practices are made up squarely of middle-class families. Privilege is a relative term in this country. While the term "wealthy" might be reserved for the top 1 or 2 percent of families earning high incomes, many more people in this country are relatively affluent. Researchers studying "affluence" use annual family incomes of approximately \$120,000-\$160,000. Marketing magazines target an income of \$75,000 and above, slightly over one in four households in this country, as placing people in a category called "mass affluence."⁴ A substantial group of children enjoy high levels of privilege—televisions, computers, video games, and cell phones—though their parents have rather modest incomes. The fact is, the United States is one of the most affluent countries in the world, and large numbers of our children lead lives of privilege unimagined in many places.

The results of months of phone calls were surprisingly consistent. In spite of regional variations in language—in metropolitan Chicago they were "vacant"; in a suburb of New York, "evacuated"; in a rural community in Vermont, "bland"—it was clear that my smart, privileged, dependent but disconnected and empty patient was showing up in every part of the country. Not one here

there, but in droves. Like myself, the majority of child and adolescent psychologists and psychiatrists I called have outgoing messages on their answering machines saying, "At the present time I no longer able to see new patients in either treatment or consultation." Worked to the gills, our practices overflowing, we may be helping individual children, but we are ignoring the larger issues.

Why are the most advantaged kids in this country running into unprecedented levels of mental illness and emotional distress? Is there something about such factors as privilege, high levels of parental income, education, involvement, and expectations that can combine to have a toxic rather than the expected protective effect on children?

Why are children of privilege, in record numbers, having an extraordinarily difficult time completing the most fundamentally important task of adolescence—the development of autonomy and a healthy sense of self?

We need to examine our parenting paradigm. Raising children come to look more and more like a business endeavor and less like an endeavor of the heart. We are overly concerned with "the bottom line," with how our children "do" rather than how our children "are." We pour time, attention, and money into insuring their performance, consistently making it to their center game while inconsistently making it to the dinner table. The fact that our persistent and often critical involvement is well-intended, that we believe that our efforts ultimately will help our children to be happy and to successfully compete in a demanding world, does not lessen the damage.

We need to become familiar with the research showing that privileged children from affluent families are experiencing disproportionately high levels of emotional problems, and we need to learn more about why this is the case. We have to examine the disturbing social structure, the "culture of affluence," that surrounds both ourselves

and our children. While this book focuses on those children who are most clearly damaged by this culture, it is likely that all kids are vulnerable to one degree or another when pressure is excessive, parents are preoccupied, and values are poor. We have to be acutely attuned to our own psychological issues and our own happiness, or lack of it. We have to be willing to take an unflinching look at our parenting skills. And finally, we have to begin to develop the kinds of relationships, homes, schools, and communities that can act as a safety net not only for kids with "problems" but for all kids. We have to stop pouring our resources into the problem and begin pouring them into the solution.

This book is the outcome of evaluating over a hundred studies on child development, speaking with dozens of knowledgeable clinicians and researchers, and sifting through my own twenty-five years of experience both as a psychologist and as a parent. It is for those parents who are courageous enough to take a hard look at the way they are parenting, the culture they have bought into, and the difficult but necessary modifications they must make to help their children grow into autonomous, moral, capable, and connected adults. Mental health crises refuse to be ignored. They come back, often in stunningly ugly ways, to haunt us, our children, and our communities. Like my cutter's arm, this book is meant to be an exclamation mark highlighting a problem that refuses to be misrepresented, trivialized, or swept under the rug. Quite simply, we can no longer afford to ignore the epidemic of serious emotional problems in our well-manicured backyards.