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Attachment to the Social Construct of Success and the Myth of the "Good College": Effects of Toxic Stress on Affluent Adolescents

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Attachment to the Social Construct of Success and the Myth of the "Good College": Effects of Toxic Stress on Affluent Adolescents

Abstract

The demands and expectations placed on many high school students in affluent communities require almost impossible performance levels, or even perfection, and parents, peers, high school teachers, counselors, and administrators, as well as others in affluent communities, become increasingly invested in the quest for success demonstrated by high level performance and achievement. As a result, students in affluent communities are vulnerable to experiencing extreme pressure to succeed as demonstrated by gaining admittance to a "good college." This dissertation utilizes the foundational aspects of attachment theory to provide a framework for understanding how individuals in affluent communities develop a strong attachment relationship to a socially constructed idea of "success." The strength of the attachment relationship precludes parents from recognizing or acknowledging that the push for success becomes a risk factor for their children. The ongoing pressure to perform at extreme levels interferes with adolescent identity formation, promotes perfectionistic tendencies and contributes to other difficulties in healthy development. This dissertation asserts that the persistence of high level stress throughout the high school years impacts the adolescent brain, creates an environment of "toxic stress," and causes serious health and mental problems, including suicide, for adolescents living in affluent communities.

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Attachment to the Social Construct of Success and The Myth of the “Good College”: Effects of
Toxic Stress on Affluent Adolescents

A DISSERTATION

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Social Work

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ATTACHMENT TO THE SOCIAL CONSTRUCT OF SUCCESS AND THE MYTH OF THE
“GOOD COLLEGE”: EFFECTS OF TOXIC STRESS ON AFFLUENT ADOLESCENTS

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Corey Hirsch

DEDICATION

To Caroline Brooke, Amanda Jane and Elizabeth Grace...may you always feel seen and heard.

I hope you always feel the freedom to pursue your dreams no matter what!

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ABSTRACT

The demands and expectations placed on many high school students in affluent communities require almost impossible performance levels, or even perfection, and parents, peers, high school teachers, counselors, and administrators, as well as others in affluent communities, become increasingly invested in the quest for success demonstrated by high level performance and achievement. As a result, students in affluent communities are vulnerable to experiencing extreme pressure to succeed as demonstrated by gaining admittance to a “good college.” This dissertation utilizes the foundational aspects of attachment theory to provide a framework for understanding how individuals in affluent communities develop a strong attachment relationship to a socially constructed idea of “success.” The strength of the attachment relationship precludes parents from recognizing or acknowledging that the push for success becomes a risk factor for their children. The ongoing pressure to perform at extreme levels interferes with adolescent identity formation, promotes perfectionistic tendencies and contributes to other difficulties in healthy development. This dissertation asserts that the persistence of high level stress throughout the high school years impacts the adolescent brain, creates an environment of “toxic stress,” and causes serious health and mental problems, including suicide, for adolescents living in affluent communities.

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SHARED INTRODUCTION

Today's middle- to upper class college-bound adolescents face extraordinary demands and experience unprecedented levels of stress as they strive for academic achievement and attempt to build a high school resume worthy of admittance into a "good college" (aka Ivy League or other well-known top universities) (Connor, Pope, & Galloway, 2010). As parental and societal expectations of high school student achievement grow, the competition to attend a top-notch college intensifies, and youth living in middle to upper class communities face greater pressure to achieve academically, as well as participate in multiple extra-curricular activities including athletics, philanthropy, and employment (Feld, 2011). Increasingly, high school students living in affluent communities report feeling "often or always stressed by their homework," or they describe living in a "constant state of stress" (Pope, 2002, p.17). The pressure to succeed leads to widespread cheating, sleepless nights, depression, drug use, mutilation, suicide, and other health and mental health problems (Connor, Pope, & Galloway, 2010; Pope, 2002). The phenomenon is so widespread that many experts consider the situation epidemic (Connor, Pope, & Galloway, 2010).

Adolescence is well known as a tumultuous life stage, as many biological, cognitive and social changes occur (Chen & Faruggia, 2011). Erikson described adolescence as a time of conflict between identity and identity confusion, a period when individuals strive to develop confidence in their ability to master life's challenges as well as an understanding of their reality (Erikson, 1980). Normative adolescent stress levels correspond with the quality of relationships with parents and peers, changes in social roles, increased responsibilities, and other changes as the adolescent transitions to adulthood (Seiffge-Krenke, Aunola, & Nurmi, 2009).

In addition to typical adolescent developmental growth and tasks, adolescents living in affluent communities face unique circumstances that put them at risk for a host of physical and mental health problems. The term affluent adolescents, as used in this paper, describes high school students who attend schools with challenging and diverse academic curricula, as well as high standardized test scores, and who live in communities with well-educated parents who earn median annual incomes that more than double the national median household income of \$59,039 (Semega, Fontenot, & Kollar, 2017, p. 5). And, while affluent adolescents are not intuitively viewed as a vulnerable group, studies demonstrate that adolescents living in affluent communities in the United States are actually a little recognized at-risk population (Luthar, Barkin, & Crossman, 2013). Attention to the needs of affluent adolescents remains minimal, even as expectations for performance continue to increase, and, despite the growing body of literature that confirms the dangers of health and mental health problems faced by this population.

Interestingly, Luthar and Sexton (2004) point to studies that indicate that affluent adolescents experience distress comparable or greater than the stress experienced by inner-city youth. While many will argue that there is no reasonable comparison that can be made between the stress experienced by inner-city youth (who live with poverty, racism, violence, and under-resourced schools and neighborhoods), and that experienced by affluent adolescents, there is no question that the stress these affluent adolescents experience in meeting the expectations and demands of their parents and the community is enormous and potentially even life threatening. In affluent communities, children must navigate the already challenging tasks associated with adolescence in a heightened stakes environment, and the addition of high pressure applied by parents and communities can become just too much for some students.

Since the birth of this nation, Americans have struggled to understand and reconcile the impact of stress experienced for the sake of American progress (Becker, 2013). Despite many years of reliable research demonstrating the serious negative consequences of chronic stress, American capitalism demands increased productivity and competition; as such, stress and its adverse effects on health, mental health, and overall well-being continues to escalate (Becker, 2013). As expectations for higher productivity in the United States continue to increase, the “price of progress” trickles down to American youth (Levine, 2002; Pope, 2002).

As social workers seeking to understand and support our communities, we must familiarize ourselves with the sources, structures and societal influences that create the environment and foster the momentum that contributes to the adolescent stress frenzy. A critical look at the structures and social constructs that create the foundation for the unabashed pursuit of the “good college,” and the fallout from that quest, helps us understand the underpinnings of the adolescent stress phenomenon.

Paper one of this dissertation provides a critical look at the environmental structures and social constructs in place that foster the unabashed pursuit of the “good college.” Paper one describes the underpinnings that contribute to the stress phenomenon experienced by privileged youth. Relying on well-established critical and clinical theory, this paper intends to weave multiple existing concepts into a new and novel theoretical framework that explains the unrelenting motivation to push children to achieve success at all costs. Specifically, this first paper describes an extension of attachment theory as an actual attachment to the social construct of “success,” to explain the environmental, developmental, relational and psychological sources of the ongoing push for adolescent achievement and the effects on the adolescents themselves.

The second paper provides case studies of adolescents from affluent communities, as well as counselor accounts of students from these affluent communities as real-life examples of the deleterious impact of attachment to the social construct of success. Using psychodynamic principles rooted in attachment and object relations theories, the second paper describes relational trauma, and the impact of living a life of inauthenticity geared toward gaining acceptance from others through performance. Finally, the second paper asserts that the cumulative burdens of adolescence and affluence, specifically, persistent and extreme high stress levels that causes relational trauma, create risk factors sufficient to place affluent adolescents at risk of experiencing toxic stress.

Paper One:

Attachment to the Social Construct of “Success” in Affluent Communities and the Myth of the “Good College”

Social Theories and Constructs That Contribute to the Social Construct of Success

Social constructionism developed in response to dissatisfaction with conventional empirical conceptualizations of knowledge and sought to provide an understanding of human behavior using a lens that incorporates analyses of history, culture, language, social context, morality, politics, and economics, as well as sociology, anthropology, psychology, philosophy and literature (Gergen, 1985). “[T]he explanatory locus of human action shifts from the interior region of the mind to the processes and structure of human interaction” (Gergen, 1985, p. 271) as people attempt to make sense of their world by creating social constructs based on social exchange and experience (Adams, 2006).

Social constructionism, the “new orthodoxy in social work theorizing” (Houston, 2001, p. 848), explains human behavior against a backdrop of four main principles. First, all social structures evolve through human communication and interactions. Second, in seeking understanding of the social world, one must account for the historical and cultural phenomena in place in that moment. Third, the social world is flexible and fluid, not fixed structurally; one must account for subjectivity and perspective. Finally, our actions depend on our individual view of the world and our beliefs about ourselves (Houston, 2001).

This dissertation looks at the way social structures evolve in affluent communities, taking into account globalization, neoliberalism, capitalism, materialism, privilege and cultural

capitalism. In addition, this paper seeks to understand the perspective of parents and other adults in affluent communities as they intensify their commitment to gaining advantage for their children.

Globalization, neoliberalism, and capitalism.

With the advent of technology, improved communication, and greater efficiency, economics became a global enterprise, and neoliberalist ideals changed the nature of American social systems and everyday life. Globalism describes the impact international economics has on social relationships and daily life (Dominelli, 2010). Neoliberalism, an economic theory, encourages diminished governmental influence and deregulation in favor of individual entrepreneurialism, private enterprise and free markets (Spolander, Engelbrecht, & Sansfacon, 2016). Despite their origin in economics, neoliberalist ideas seep into every aspect of American life (Becker, 2013; Greenhalgh, & Wessely, 2004).

The American pursuit of happiness stems from unfettered buy-in to traditional American ideals and values rooted in capitalism. Capitalism, the cornerstone of the American economy, depends upon continued progress, the earning of capital, and spending (Becker, 2013; Cushman, 1995). Steeped in competition and Darwinian principles suggesting that only the fittest succeed, both capitalism and neo-liberalism hinge upon individualism, classism and power (Madsen, 2014). Globalization, neoliberalism and capitalism influence every aspect of American life including community attitudes and parenting styles that stimulate and maintain the persistent increase in demands placed on our children.

Materialism, privilege and cultural capitalism.

In addition to globalization, neoliberalism, and capitalism, materialism, privilege, and cultural capitalism influence parenting especially in affluent communities. American pop culture

floods the community with images and cultural messages promoting the pursuit and acquisition of material goods as a way of cultivating happiness, life satisfaction and a secure self-concept (Kashdan & Breen, 2007; Rindfleisch, Burroughs, & Wong, 2008; Shrum et al, 2013).

Individuals in affluent communities are often preoccupied with materialistic gains as the quantity and quality of material possessions defines personal value systems and concepts of self (Kashdan & Breen, 2007). Materialism occurs when individuals place higher value on extrinsic rather than intrinsic goals, such that their identity, self-esteem, sense of belonging and existential goals depend upon the ongoing acquisition and possession of material goods (Shrum et al., 2013). The acquisition of material items serves as a symbol of success to the community and, theoretically, generates the admiration and respect of others (Shrum et al, 2013).

Individuals placing high value on materialism experience vulnerability as their perceived value in the community depends upon the fluctuating opinions of others; they find themselves on a “hedonic treadmill,” constantly seeking more possessions to maintain their social position (Kashdan & Breen, 2007, p. 522). Research demonstrates that materialistic values contribute to psychopathology, diminished well-being, and decreased interest in the well-being of others (Kashdan & Bree, 2007). Despite research demonstrating the negative impact of materialism, the acquisition of material goods continues as individuals strive to accumulate symbols of success.

Privilege and cultural capital also contribute to the high school stress frenzy, as one might speculate that parents and children fear that they will lose community prominence if children fail to gain acceptance into the “right” college. Privilege refers to the advantage individuals gain in society through inclusion in certain groups, participation in specific activities, or the use of certain language or symbols; and privilege creates and reinforces class division (Howard, 2010).

Privilege may be passed down from one generation to the next, generally referred to as unearned privilege, so that one gains privilege by virtue of their parents' social standing (Galloway & Conner, 2015; Gaztambide-Fernandez, 2011; Sensenig, 2012).

In well-educated upper-middle class communities, high school-aged children are “positioned as successful” (Sensenig, 2012, p. 220), and parents, teachers and others in the community expect those students to do whatever it takes to maintain their place in the community (Galloway & Conner, 2015; Sensenig, 2012). Children perceive themselves as entitled to certain advantages and justify their attitudes and behaviors by their high-level status (Galloway & Conner, 2015; Howard, 2010).

Cultural capital involves the transmission of power, status, and cultural advantage from one generation to another (Galloway & Conner, 2015; Roksa & Potter, 2011). Cultural capital is transmitted through language, cultural competencies, and resources within the family and outside the home (Roksa & Potter, 2011). The interplay between economic, cultural, and social advantages creates commodity-like “capital” that is used for individual advancement (Howard, 2010). As social capital passes through generations, advantage accumulates, and the chasm among different groups widens and the value placed on one's position in the community increases, (DiPrete & Eirich, 2006), while the fear of losing one's social position escalates, creating a constant sense of risk and fear (Furedi, 2007, 2009).

The intersection of globalism, neoliberalism, capitalism, materialism and privilege, along with increases in technology and global issues such as terrorism, provide a perfect backdrop for a culture in which people feel at risk, and live with a multilayered feeling of fear (Furedi, 2007). Unlike previous generations, when many viewed the unknown with curiosity and a sense of opportunity, neoliberalist individualism contributes to doubts about one's ability to assert control

so that every decision or action seems risky (Furedi, 2004). America today seems defined by a ‘culture of fear’ of virtually everything, and Americans today experience risk as a diminished sense of self (Furedi, 2004, 2007; Hoffman, 2010). While certain circumstances traditionally understood to increase risk, such as extreme poverty, homelessness or disease remain, risk now looms in every aspect of American life, including safety, health, social standing and parenting, just to name a few (Hoffman, 2010).

Parenting and Risk

Parenting demonstrates how the concept of risk plays out as parents face the fear of their children’s failure, and, perhaps by extension, their own failure. In the context of neoliberalism and capitalism, parenting represents both a potential source of risk, as well as a pathway to mitigate risk for American children (Hoffman, 2010). The potential for ‘bad parenting’ or the failure to produce healthy and successful children promulgates the notion of parenting as a risk factor, potentially leading children to engage in a variety of unacceptable behaviors ranging from low educational achievement to criminality and substance abuse (Hoffman, 2010). Researchers report parental obsession with the threat of parenting failure, represented by the possibility of their children’s failure to achieve monetary success (Demarath, 2009).

Parental determinism recognizes the great potential for negative consequences in each parenting decision and values the concept of nurture over nature (Shirani, Henwood, & Coltart, 2012). In an individualistic society where parenting theoretically determines a child’s future, parental determinism increases pressure on parents and when coupled with neoliberalist ideals can contribute to the feeling, for some, that they are ill-equipped for the risky business of

parenting (Shirani, Henwood, & Coltart, 2012). Parents, anxious about the potential for parenting failure, seek refuge from feelings of ineptness in a popular parenting style called intensive parenting (Hoffman, 2012).

Intensive parenting.

While affluent parents of past generations sought to expose children to the “wonders of the world,” and the benefits of progress, today’s parents seek to protect children from the dangers of the outside world (Benstien & Triger, 2010). Parents, and children alike, move around the world with greater vigilance, ready to defend themselves against perceived dangers, whether real or false. As Furedi suggests, “[G]ood parenting’ now seems to mean protecting children from the experience of life – supervising them and chaperoning them to keep them safe” (Furedi, 2002, p. 8). Furedi goes on to say, “As Americans increasingly *perceived* the world as dangerous, the sense of risk trickled down to parenting, and the parenting role shifted as parents responded to so-called dangers in the world. Intensive parenting emerged in response to the internalization of risk, a ‘survivalist consciousness’” (Furedi, 2004, p. 129). Parents developed an obsessive fear about security, so that parenting shifted from nurturing and socializing to a focus on safety and monitoring (Furedi, 2002). Intensive parents act as if their children are vulnerable and helpless (Bernstein & Triger, 2010).

Intensive parenting, or helicopter parenting, is a child-centered parenting approach characterized by vigilance and excessive parental involvement, control, and attention to all aspects of a child’s life, including the development of resilience, good health, meaningful social interactions, and high academic achievement (Locke, Campbell, & Kavanaugh, 2012). The press refers to such parents as “helicopters,” “hovercrafts,” “hummingbirds,” “stealth fighters,” and “black hawks.” While both mothers and fathers participate in intensive parenting, it has been

suggested that the “Tiger Mother,” a variation of the helicopter parent, will do anything, including intense discipline and degradation of the child, in order to impose her goals and values on the child (Chua, 2011).

Concerted cultivation, a specific type of intensive parenting, is a parenting approach that encourages support of the child’s academic experience and a bolstering of the child’s potential by fostering the child’s cultural awareness and social proficiency (Roksa & Potter, 2011). These parents invest considerable time, energy and money building a foundation of childhood experiences worthy of acceptance into a top-notch college, often at the expense of other more basic needs or goals (Shirani, Henwood, & Coltart, 2012).

Parents who are interested in providing a “beeline” to monetary success for their children, fill their children’s days with as many enriching moments as possible (Lythcott-Haims, 2015). Hiring tutors, personal coaches, and private college counselors, and also involving themselves in their child’s class selection in high school and college, parents in affluent communities use their position and wealth toward helping their child get ahead (Levine, 2002; Lythcott-Haims, 2015)

Regardless of any good intentions, intensive parenting negatively impacts children in many ways, as parental behavior transmits potentially dangerous messages (Luthar, Barkin, & Crossman, 2013). “[T]he greatest harm lurking in the lives of our kids is not the rare occurrence of the perverted stranger on the street but the declining mental health and wellness of children whose parents do too much for them” (Lythcott-Haims, 2015).

Impact on children.

There are two things children should get from their parents: roots and wings."

Johann Wolfgang von Goethe

While much of the literature on helicopter parenting describes college age students and their parents, helicopter parenting begins at a much earlier age, even perhaps, at conception (LeMoyne & Buchanan, 2011). In Los Angeles, for example, some couples, even before they announce their pregnancy to their own parents, contact Jackie, the local parenting guru, to announce their pregnancy and ensure a coveted spot in the highly acclaimed "Babies First Class."

Parents are so concerned about making mistakes that they attempt to protect their (even unborn) children from failure through careful planning, intense attention and constant regulation (Henwood, & Coltart, 2012). From a very early age, children are set up to compete for a place in a college freshman class as parents prepare their child for college admittance by ensuring the child's place in "the right" preschool and the "best" elementary, middle and high school (Lythcott-Haims, 2015). Parents fear their parenting failure may lead to their children's inability to maintain the high level lifestyle to which they are accustomed (Demarath, 2009). And, even though helicopter parents likely believe their parenting style reduces the risks inherent in everyday life, research demonstrates that intensive parenting actually increases anxiety and risk aversion in both parents and children (Senior, 2014; Shirani, Henwood, & Coltart, 2012).

Attachment Theory

Attachment theory helps us understand how helicopter parenting may contribute to later problems. John Bowlby (1958), the "father" of attachment theory, recognized a biological predisposition in infants to demonstrate social attachment behaviors, such as sucking, clinging,

smiling, or crying, designed to attract a primary caregiver and satisfy a biological need for proximity, protection, and nurturing (Bowlby, 1958; Brandon, Pitts, Denton, Stringer, & Evans, 2009). Some consider attachment theory, drawn from ethology, learning theory and control theory, “perhaps the most important developmental construct ever investigated” (Sroufe, Egeland, Carlson, & Collins, 2005, p. 51)

The attachment bond, a type of “affectional bond” (Fonagy, 2001), develops within the first year of an infant’s life, and is characterized by the infant’s pursuit of proximity, security and comfort from the attachment figure or primary caregiver along with the demonstration of distress upon separation from that attachment figure (Fonagy, 2001). The infant’s demand for closeness and human contact satisfies a survival need, independent of the need for food; and attachment is a reciprocal process, binding both caregiver and infant to each other (Bowlby, 1958).

Through the attachment relationship, the infant’s behaviors prime the caregiver’s complementary responses (Duchinsky, Greco, & Solomon, 2015). The interaction between the infant and the caregiver naturally functions to keep the caregiver close to the infant (Bowlby, 1958, Duchinsky, Greco, & Solomon, 2015). For example, Bowlby (1958) considered crying and smiling instinctual infant responses that generated “social releasers” in the caregiver, who responds instinctually by nurturing and caring for the infant. “[I]t is fortunate for their survival that babies are so designed by Nature that they beguile and enslave mother” (Bowlby, 1958, p. 167).

The infant’s perception of the caregiver’s attachment response determines the quality of the attachment relationship, whether secure or insecure (Fonagy, 2001). Initially, the attachment process was thought to occur only between mother and infant; however, later theorists expanded the term primary caregiver to include fathers, adoptive parents and other caregivers (Shilkret &

Shilkret, 2016). Children may develop multiple attachment relationships early in life, but the frequency of contact, the quality of the relationship, and the caregiver's responsiveness to the child's needs determines the caregiver's place in the hierarchy of caregivers and the quality of the attachment relationship (Fonagy, 2001).

Secure attachment.

Secure attachment occurs when the caregiver demonstrates sensitivity to the infant's cues; the caregiver serves as a "secure base," and the infant develops flexibility and a stable psychic organization (Fonagy, 2001). The infant feels safe exploring her world, knowing that she may return to the caregiver for comfort when she feels vulnerable (Fonagy, 2001). The infant learns what to anticipate from the caregiver, and develops an expectation that the caregiver will be available to satisfy her survival needs (Bowlby, 1977). The caregiver's sensitivity, responsiveness, quality of nurturing and attunement to the infant creates a shared experience, and the exchange in affect that occurs between caregiver and infant becomes the foundation for the formation of the infant's psychic structure and internal organization (Slade, 2000). The infant develops a coherent sense of self, a secure schemata or internal working model, a "representational model of [her]self as being both able to help herself, and as worthy of being helped should difficulties arise" (Bowlby, 1977, p. 206).

Through an early attachment experience that provides a secure base as well as space for exploration, the child develops an internal sense of competency, safety, a feeling of self-efficacy, confidence about interactions with the environment and others, and feelings of self-worth and worthiness of love (Bowlby, 1973). Securely attached individuals develop healthy coping strategies, such as emotional self-regulation, resilience, flexibility, independence, social competence, empathy, and healthy self-esteem throughout life, qualities often absent in those

without secure attachment relationships (Bowlby, 1973; Bowlby, 1977; Fonagy, 2001; Erickson, Sroufe, & Egeland, 1985; Main, Kaplan, & Cassidy, 1985; Zimmer-Gembeck et al., 2015).

Children who do not experience caregiver-child dyads that reflect the related goals of security and exploration, learn to believe that they are not capable of navigating everyday challenges without parental involvement (Bernstein & Triger, 2011; Lemoyne & Buchanan, 2011; Lythcott-Haims, 2015). Intense parental involvement interferes with the child's self-development because children miss growth opportunities as a result of not being given the room to experiment with negotiating age-appropriate life challenges (Levine, 2006). Parents must allow children to practice facing and mastering daily tasks so that they learn to navigate the world as an adult (Duckworth, 2016; Lythcott-Haims, 2015).

Insecure attachment.

Interference with the development of secure attachment, due to physical or emotional unavailability of a nurturing primary caregiver, or for other reasons, results in the infant feeling vulnerable (Bowlby, 1977; Erickson, Sroufe, & Egeland, 1985; Fonagy, 2001). Insecure attachment is characterized by affect dysregulation, anxiety, distrust, and the creation of maladaptive defensive patterns (Bowlby, 1977; Erickson, Sroufe, & Egeland, 1985; Fonagy, 2001; Slade, 2000). Insecurely attached individuals are less able to respond effectively to life challenges, and they are at greater risk of developing mental health problems (Bowlby, 1977; Erickson, Sroufe, & Egeland, 1985; Fonagy, 2001).

Mary Ainsworth identified two distinct types of insecure attachment, anxious-avoidant or ambivalent-resistant (Erickson, Sroufe, & Egeland, 1985). Anxious-avoidant attachment occurs when a caregiver is intrusive and controlling, and often results in the child feeling over-stimulated; such children present as hostile, socially isolated and disconnected, and are not easily

soothed (Ainsworth, 1985). The anxious-avoidant child tends to over-react with attention-seeking behaviors when confronted with distress (Zimmer-Gembeck et al., 2015).

Ambivalent/resistant attachment occurs when the caregiver is unavailable or unresponsive to the child's needs; the child presents as impulsive, reactive, helpless, or fearful (Erickson, Sroufe, & Egeland, 1985). These children distance themselves from others and suppress emotions when distressed (Zimmer-Gembeck, 2015). Mary Main and colleagues (1985) recognized a third insecure attachment style, disorganized/unresolved attachment, which manifests when the infant fears the caregiver as a result of some type of trauma such as abuse, or when the caregiver consistently communicates her feelings of fear or danger to the child (Shilkret & Shilkret, 2016). Children who experience insecure attachment in relationships with unreliable caregivers, lack a consistent base of security from which to explore on their own and as a result feel neither protected nor confident.

Mentalization and Reflective Functioning

Mary Main saw a connection between a caregiver's capacity to effectively respond with attunement to the child's attachment needs and the resulting attachment relationship with the child (Slade, 2001; Slade, Grienenberger, Bernbach, Levy & Locker, 2005). Caregivers with a coherent integration of their own attachment memories, feelings and thoughts tend to demonstrate greater attunement to their child's attachment needs, and are said to have the capacity for effective reflective functioning, also called mentalization (Fonagy, 2001; Slade, Grienenberger, Bernbach, Levy & Locker, 2005).

Mentalization and reflective functioning require the caregiver to recognize and appreciate the infant as unique and separate from the caregiver (Fonagy, 2001), indicative of secure attachment. On the other hand, helicopter parenting often involves blurry roles and boundaries

as parents increasingly identify their child's success as their own (Lythcott-Haims, 2015), often leading to some level of insecure attachment. For example, parents often refer to "we" instead of "he" or "she" when describing their child's achievements (Lythcott-Haims, 2015).

Sometimes parents, whose children are totally dependent, need their role as child manager in order to feel a sense of purpose, value and self-worth. These parents may also suffer a sort of separation anxiety when their children go to preschool, move on to college or other pursuits (LeMoyne & Buchanan, 2011; Lythcott-Haims, 2015; Senior, 2014). Parents, whose original intentions were to "be there" for their children, find themselves unable to stop running their children's lives, and continue to do so as their children move on to college or the workplace (LeMoyne & Buchanan, 2011; Lythcott-Haims, 2015).

According to Julie Lythcott-Haims (2015), a former freshman dean at Stanford University, children raised by helicopter parents lack the ability to problem solve, advocate for themselves, and make their own decisions. Increasingly, parents are showing up on college campuses literally and virtually as they continue to manage their children's lives (Lemoyne & Buchanan, 2011; Lythcott-Haims, 2015).

Separation and Individuation

Margaret Mahler, an object relations theorist, developed a phases theory that focused on the process of separation and individuation, an experience she referred to as a "psychological birth" (Flanagan, 2016). According to Mahler, we have an innate drive toward separation and individuation that may be interrupted by environmental interferences (Mahler, Pine, & Bergman, 1975). Identity formation results in awareness of the "I," "me," and "mine" and a differentiation

from the “we” characterized by the early infant-caregiver relationship (Mahler, Pine, & Bergman, 1975). Mahler’s theories, posited in individuality and autonomy, parallel traditional Western values.

Mahler’s phases focus on the first three years of life and, while Mahler referred to phases using age, she acknowledged that the phases are not fixed, but rather they are fluid. The autistic phase (birth to twelve weeks) is defined as a quiet period of mostly “sleeplike states,” low responsiveness to stimuli, interrupted mostly only by feedings and other necessary activities (Mahler, Pine, & Bergman, 1975). The symbiotic phase (6 weeks to 10 months) provides the foundation for relational interactions as the mother and child live in a sort of fused existence wherein “the ‘I’ is not yet differentiated from the ‘not-I’; mother and child experience an “omnipotent fusion with the representation of the mother and, in particular, the delusion of a common boundary between two separate individuals” (Mahler, Pine, & Bergman, 1975, p. 450). Each of Mahler’s phases provide opportunities for psychological growth; for example, an infant’s moving through the autism and symbiosis phases are precursors for later separation and individuation (Mahler, Pine, & Bergman, 1975).

Perhaps most relevant to our consideration of helicopter parenting, Mahler conceptualized separation-individuation as a sort of “hatching” out of the symbiotic phase. Hatching involves the infant beginning to recognize her body as separate from the primary caregiver’s body (Mahler, Pine, & Bergman, 1975). Separation relates to the child’s growing autonomy, perception of the world and maturing cognition, while individuation relates to increased disengagement, as well as increased boundaries and differentiation from the mother (Mahler, Pine, & Bergman, 1975). A healthy self-identity emerges as the child experiences the four subphases of separation-individuation: differentiation, practicing, rapprochement, and on

the way to object constancy (Berzoff, 2016). Mahler's phases of separation-individuation are in many ways reflective of the goals of security and exploration that characterize strong attachment patterns.

Differentiation (five to twelve months).

During the differentiation phase, a phase that parallels an infant's neurological development and increased alertness, the infant begins to separate from the mother and divert attention to the outer world. While caregiver relationships remain critical, the infant begins to explore the world beyond the primary caregiver through increased movement such as rolling, crawling or creeping (Berzoff, 2016). The child periodically "checks back" with the mother for comfort and security (Mahler, Pine, & Bergman, 1975).

Practicing (ten to twenty-four months).

As the infant grows, gains strength and begins to walk, the infant continues moving away from the caregiver both physically and psychologically. The child's sense of triumph and accomplishment grows as does her sense of omnipotence, her narcissism and her grandiosity (Berzoff, 2016). The child needs space to explore while maintaining a sense of security so that if she feels fearful or concerned, the primary caregiver will be available to help her regain her sense of competency (Berzoff, 2016).

Rapprochement (twenty-four to thirty-six months).

Rapprochement is a complicated phase of development as the child experiences "ambitendency," an intense desire to be both separate from, and close to, the caregiver. (Berzoff, 2016). During this phase, the child must confront and reconcile fears of annihilation and abandonment as she learns to negotiate close and distant relationships without fear of self-

dissolution or abandonment (Berzoff, 2016). In this phase, a child tries to maintain proximity while initiating exploration and create a balance between a sense of limitations with a desire for self-sufficiency. Children develop verbal skills during this stage and are able to use words to create boundaries (“no”) and ask for their needs to be met (“carry me”) (Mahler, Pine, & Bergman, 1975).

Children may experience separation anxiety during this stage, and as children gain increased awareness of their separateness from their primary caregiver, they may also experience an overwhelming need for their caregiver’s presence (Mahler, Pine, & Bergman, 1975). In addition, toddlers in this phase often experience a vulnerability related to the fear of the loss of their parents’ love as they begin to exert their own power, causing them to revert back to a sense of helplessness and a need for emotional reassurance and approval from caregivers (Mahler, Pine, & Bergman, 1975)

During rapprochement the caregiver must strike a delicate balance between encouraging the child to forge out into the world while remaining nearby and available to the child as needed (Berzoff, 2016). The steadfastness of the mother’s emotional availability is critical to optimal child development in order to facilitate increased autonomy and encourage health and age-appropriate emotional and cognitive development (Mahler, Pine, & Bergman, 1975).

On the way to object constancy (thirty-six months to the end of life).

On the way to object constancy is a fluid concept describing the final phase of separation-individuation, and relates to environmental factors such as stress or life changes that may impact the individual (Berzoff, 2016; Mahler, Pine, & Bergman, 1975). Object constancy refers to the notion that one may maintain a positive internal representation of another (for example, the

primary caregiver) even when the other is not present, or when the child feels anger, frustration or other negative emotion toward the other (Berzoff, 2016; Mahler, Pine, & Bergman, 1975).

With object constancy, one may maintain a sense of being safe and secure even when the other is absent or otherwise not meeting needs (Berzoff, 2016). Cognitively, the child develops “object permanence,” recognizing that the other still exists even when physically separated (Berzoff, 2016; Mahler, Pine, & Bergman, 1975). The child increasingly understands the mental representations of the self as separate from others; setting the stage for identity formation and further healthy psychological development (Mahler, Pine, & Bergman, 1975).

Object Relations Theory

Object relations theory, a psychodynamic theory, provides insight into how helicopter parenting and the constant pressure to succeed impacts our children. Object relations theorist D.W. Winnicott looked at primary relationships, emphasizing the importance of how individual needs are met within relationships as well as how individuals incorporate and process experiences as they develop a psychological self (Winnicott, 1960). “In other words, what is ‘outside’ often gets ‘inside’ and shapes the way a person grows, thinks, and feels” (Berzoff, 2016, p. 160).

Winnicott recognized secure attachment and the mother’s ability to be “good enough,” as she meets her child’s ego needs (Winnicott, 1960). Winnicott’s “good enough mother” demonstrates flexible attunement, offering her attentiveness without overwhelming the child (Berzoff, 2016). The mother creates a safe space, or “holding environment,” so that the child feels protected from both psychological and environmental dangers; the holding environment also provides the child with a place to practice asserting power, control and independence over the environment, thereby promoting the child’s sense of empowerment (Berzoff, 2016). The

most important quality of the “good enough mother” is attunement to the child’s fluctuating developmental needs, including the provision of space for the child to experience independence and, with that, the space to experience and adapt to failure (Berzoff, 2016).

When a mother effectively responds to the infant’s ego needs, a “True Self” develops (Winnicott, 1960, p. 145). The attachment figure and the child *see* and respect each other as unique and separate, creating an environment wherein each may thrive and grow in a genuine way (Berzoff, 2016). The mother and child respond in synchronicity so that the mother’s attuned responses serve to effectively repair and regulate the child’s stress, even when the mother was the source of distress (Solomon and Seigel, 2003).

Alternatively, when the infant’s ego needs are not effectively met and individuality is suppressed, the child develops a “False Self” and the child responds to social demands with compliance and acceptance (Winnicott, 1960, p. 146). The child’s True Self remains hidden as the False Self defends against the potential annihilation of the True Self (Berzoff, 2016; Winnicott, 1960). As the caregiving relationship suffers, cumulative and repeated stress stemming directly from misattunement, developmental (or relational) trauma occurs and the brain suffers injury similar to that of a brain that has endured severe physical or sexual abuse or neglect (Solomon & Seigel, 2003).

“A True Self cannot emerge if the child feels she must be attuned to the needs of others in the family system and if she needs to be a certain way in order to be recognized and acknowledged” (Berzoff, 2016, p. 168). The child sublimates her needs for the needs of others, thwarting healthy identity development, and increasing the potential for mental health problems and behavioral issues (Winnicott, 1960).

Parents who are hyperfocused on securing entrance to the “good college,” without tuning in to their students’ individual needs and qualities, may not meet the “good enough” threshold by neglecting the child’s true self. The student striving to meet increasingly high demands and expectations faces missattuned interactions throughout the day, in school and in the home. In response, the child conforms to the environment and develops a “false self” in order to earn the parent’s love and attention.

Identity Formation

Identity formation is an active and ongoing process that occurs throughout one’s life, and during certain life stages, such as adolescence, individuals face challenges that promote vigorous changes and identity growth (Beyers & Goosens, 2008; Blos, 1967; Erikson, 1980; Mahler, Pine, & Bergman, 1967; Winnicott, 1960). While Bowlby and other attachment theorists provided the foundation for understanding infant-caregiver relationships, and D.W. Winnicott, Margaret Mahler and other object relations theorists laid the foundation for the development of individual identity, Erik Erikson and Peter Blos offered additional theories to describe the actual process of early childhood and adolescent identity formation.

Erik Erikson’s stages of development and adolescence.

Eric Erikson, an ego psychologist, developed a life-stage theory of identity development based on a series of psychosocial tasks, wherein healthy development requires mastery over each life-stage task, the development of a coherent personality, and the development of an accurate perception of the world (Berzoff, 2016; Erikson, 1980). According to Erikson, who viewed the ego as an autonomous system, the task of adolescence involves resolution of the conflict of identity versus role confusion, the development of personal identity and a stable sense of self (Berzoff, 2016; Erikson, 1980). Context and environment play a crucial role in one’s identity

development so that identity development may be understood as a series of person in context interactions that provide the individual with experimental opportunities for growth (Berzoff, 2016; Beyers & Goosens, 2008). The relationships an adolescent experiences with others greatly influences the shaping of the child's identity. (Beyers & Goosens, 2008). An unsupportive environment interferes with successful resolution of this identity conflict (Berzoff, 2016).

Erikson, recognizing American adolescence in the context of American culture specifically stated,

...the development of a healthy personality, depends on a certain degree of *choice*, a certain hope for an individual *chance*, and a certain conviction in freedom of *self-determination*...and a special danger ensues from the idea of a synthetic personality: as if you are what you can appear to be, or as if you are what you can buy. This can be counteracted only by a system of education that transmits values and goals that determinedly aspire beyond mere 'functioning' and 'making the grade' (Erikson, 1980, pp. 99-100).

Adolescence involves the formation of an ego identity as well as the virtue of fidelity, the consolidation of the preceding childhood tasks so that the adolescent enjoys an understanding and knowing that one's psychological self is defined and, also, accurately understood by others (Erikson, 1980). For Erikson, the term "identity," inherently involves "mutual relation," (Erikson, 1980, p. 109), where one's inner identity matches the identity as understood by others; and wherein one may sustain identity and connectedness with others even in the face of conflict or difference (Erikson, 1980; Mullis, Graf, & Mullis, 2010). Healthy development requires

connectedness and autonomy simultaneously, and also opportunities for the development and practice of skills for navigating the adult world (Koepke & Denissen, 2012; Mullis, Graf, & Mullis, 2010).

In referring to personal identity and social identity, Erikson describes personal identity as an individual's connection with certain values, beliefs and roles that define the individual as unique, while social identity refers to the individual's definition of self as related to connectedness to particular groups or associations in the social environment (Koepke & Denissen, 2012). Identity diffusion occurs when the individual has doubts about her identity and purpose; for example, when a child does not master each of the successive developmental tasks outlined in Erikson's theory, or perhaps, when an adolescent feels compelled to satisfy societal expectations. Healthy ego identity development depends upon a degree of individual freedom and choice (Erikson, 1980). Intimacy, the development of connectedness with others, and the desired virtue to be achieved in young adulthood, depends upon the adolescent's successful development of a unique, self-determined sense of self as a unique individual within the larger social context (Erikson, 1980; Koepke & Denissen, 2012). Identity diffusion may occur when an adolescent feels compelled to meet society's demands in order to be seen by the adults in the community (Berzoff, 2016). In essence, the adolescent may compromise healthy ego development in order to meet adult expectations.

In reviewing Erikson's "contrary dispositions" which reflect that familiar tension between vulnerability and potential, one recognizes in the adolescent crisis of identity vs. role confusion a revisiting of what Mahler referred to as "ambitendency" – the need for independence and closeness – and along with that, the challenge for caregivers to provide what attachment theorists recognized as the essential security and space.

Secondary separation-individuation.

Peter Blos conceptualized adolescence as a second separation-individuation process much like that experienced in early childhood. Adolescent separation-individuation involves a psycho-social process of decreased dependency on, and disengagement from, caregivers and a forging out into the adult world (Blos, 1967). The adolescent increasingly takes responsibility for decisions and actions, decreases reliance on caregivers, and demonstrates healthy self-regulation (Blos, 1967; Koepke & Denissen). Engagement in healthy relationships outside the family, especially romantic relationships, depends on adolescent separation-individuation (Blos, 1967).

During the separation-individuation stage of adolescence, parents act in an agentic capacity, guiding children with regard to social norms and values, and also role modeling healthy social behaviors (Koepke & Dennissen, 2012). Parents act as mediators as they provide for the adolescent in some ways, while also supporting the child's needs for autonomy and experience (Koepke & Dennissen, 2012). In a supportive environment, adolescents "neither need to fear rejection nor oppressing engulfment by parents, regardless of which direction they decide to take and regardless of whether their commitments turn out to be successful in the long run. Under such circumstances, adolescents learn flexibility and self-acceptance (Koepke & Denissen, 2012).

Relationship Between Helicopter Parenting and Identity Formation

Helicopter parenting interferes with the parental responsibility of teaching children how to navigate the world as an adult (LeMoyne & Buchanan, 2011; Lythcott-, 2015) because intensive parenting inhibits the childhood practice of confronting everyday challenges and learning how to succeed in those encounters, or if failure occurs, learning how to pick oneself up

and try again (Bernstein & Triger, 2011; Duckworth, 2016; Lythcott-Haims, 2015). In order to learn to navigate the world as adults, children must be allowed by their parents to practice facing the challenges of daily life on their own (Duckworth, 2016; Lythcott-Haims, 2015).

Additionally, helicopter parenting interferes with identity formation as children learn to believe that they are not capable of navigating everyday challenges without parental involvement (Bernstein & Triger, 2011; LeMoyne & Buchanan, 2011; Lythcott-Haims, 2015). Intense parental involvement interferes with the child's self-development because children miss growth opportunities as a result of not being given the room to experiment with negotiating age-appropriate life challenges and claiming their true selves (Levine, 2006). Parents must allow children to practice facing and mastering daily tasks so that they learn to navigate the world as an adult (Duckworth, 2016; Lythcott-Haims, 2015). Healthy maturation depends upon parents who encourage self-reliance, and the absence of such support and opportunities for growth, hinders self-reliance, autonomy, and the development of a sense of self (Levine, 2006). "Parents pressure their children to be outstanding, while neglecting the very process by which outstanding children are formed" (Levine, 2006, p. 65).

In the space of parental unwillingness or inability to provide a safe space for exploration and potential failure, children come to believe that they are incapable of living in the world on their own and have a decreased sense of overall well-being (Kasser, 2002; LeMoyne & Buchanan, 2011; Locke, Campbell, & Kavanagh, 2012). "Without experiencing the rougher spots of life our kids become exquisite, like orchids, yet are incapable, sometimes terribly incapable, of thriving in the real world on their own (Lythcott-Haims, 2015, p. 7). In the age of

helicoptering, parenting changed from guiding children into adulthood to “protecting them *from* life,” which sends the message that they are not able to make it in the world on their own (Locke, Campbell, & Kavanagh, 2012; Lythcott-Haims, 2015, p. 7).

Additionally, helicopter parenting contributes to “contingent self-esteem” (Kasser, 2002, p. 49) as children recognize that self-esteem and self-worth derive from performance, achievement, praise or other external sources (Kasser, 2002). Children also learn to evaluate their worth by comparing themselves and their achievements to others, and with such comparisons comes the risk that one may not measure up, resulting in dissatisfaction and lowered self-esteem (Kasser, 2001). In some cases, the risks and potential costs of failure contribute to feelings of defeat so that some students stop trying and develop an attitude of “passive non-compliance” (Demarath, 2009). These feelings of defeat and the stance of “passive non-compliance” may in many cases be a result of the lack of opportunities in childhood and early adolescence to explore and experience failure as a natural and acceptable part of growing up.

Children learn to understand that parents value success over more intrinsic values, and as a result, they come to believe that their self-worth depends primarily upon performance and achievement (Luthar, Barkin, & Crossman, 2013). As children learn to equate happiness with wealth, they adopt the belief that attending a prestigious college is the ultimate symbol of success, and the one and only way to high-paying, high status jobs (Luthar, Barkin, & Crossman, 2013).

Some children, attempting to meet the demands put in place for them, develop a “false self” as they take on the materialistic values and behaviors of others (Kasser, 2001; Levine, 2006). For example, parents driven by materialistic values may convey the message that wealth

and status are primary values, perhaps even more important than family (Kasser, 2001). In general, materialistic individuals care less about understanding the needs or experiences of others; and materialistic parents objectify their children, using their children as a positive reflection of themselves to the outside world (Kasser, 2001).

Materialistic individuals may forego intimacy and personal relationships in order to focus solely on achieving their material dreams (Kasser, 2001). In fact, individuals valuing materialism may even go so far as to value people only as a “means to their own materialistic ends “ (Kasser, 2001, p. 66). Not surprisingly, students focused on material or other external gains, reported experiencing lower quality relationships with others, increased conflict, increased feelings of alienation, and aggressive behaviors (Kasser, 2001).

Children with “intensive” parents demonstrate reduced resilience, a reduced sense of responsibility and self-efficacy, increased narcissism, and an increased sense of entitlement (Bernstien & Triger, 2011; Segrin, Givertz, Swaitkowski, & Montgomery, 2015). Intensive parenting interferes with age appropriate development in areas such as independence, intrinsic motivation, flexibility in challenging situations and the development of age-appropriate relationships (LeMoyne and Buchanan, 2011; Locke, Campbell, & Kavanagh, 2012; Segrin, Givertz, Swaitkowski, & Montgomery, 2015). Moreover, intensive parenting contributes to psychological distress, including depression, anxiety, feelings of low self-worth, decreased life satisfaction (Segrin, Givertz, Swaitkowski, & Montgomery, 2015), and may contribute to adult children never feeling a sense of mastery and maintaining dependency and infantilism (Bernstein & Triger, 2011; Wood, 2006). Intensive parenting interferes with the development of decision-making and coping skills.

Helicopter parenting also interferes with the adolescent task of developing a sense of control and ownership over their lives (Kasser, 2002; Levine, 2006; Prilleltensky, Nelson, & Pierson, 2001). The development of a sense of personal control, power and self-efficacy depend upon psychological maturation and, with that, the ability to cultivate material resources to meet challenges and needs (Kasser, 2002; Prilleltensky, Nelson, & Peirson, 2001). Feelings of powerlessness and lack of control contribute to increased mental health and social problems (Kasser, 2002; Prilleltensky, Nelson, & Pierson, 2001).

Despite well-reported increases in mental health problems and teenage suicide in affluent communities, parents living this type of lifestyle may be unaware of such dangers, may be in denial of the potential problems, or might resist getting much needed help for their children, despite their recognition that a child is suffering (Levine, 2006; Whiting, 2018). Parents concerned about protecting privacy or marring a child's academic file might not coordinate resources necessary to tend to a child's mental health needs (Levine, 2006). Affluent parents often balk when teachers or other adults in the community suggest a child may be suffering or need outside help (Levine, 2006). Affluent communities place greater value on individualism, materialism, competition and perfectionism; getting help does not easily figure into an equation built on such ideals (Levine, 2006).

Intensive parenting represents the strength of parental commitment to parenting for "success," and is another factor contributing to the "price of privilege" (Hoffman, 2010; Levine, 2006). "If anything, today's childhood feels dystopian, like some futuristic story where parents' overprotection, and hand-holding have been taken to their (ill)logical conclusion" (Lythcott-Haims, 2015, p. 85).

Attachment to the Construct of Success Via Alternative Attachment Relationships

As was noted earlier, attachment theorists in the social science arena focus on relational attachment, while researchers in other disciplines apply attachment theory principles to explain behavior in a variety of contexts. For example, researchers report individual's experiencing psychological security in their interactions with non-human objects such as gifts (Mick & DeMoss, 1990), collectibles (Slater, 2000), homes (Hill & Stamey, 1990), sports teams (Babad, 1987), and product brands (Ball & Tasaki, 1992; Fournier, 1998). Marketing professionals use a well-developed application of attachment theory called "brand attachment," which helps explain how individuals in affluent communities develop attachment relationships to the social construct of success.

Brand attachment.

Over the last two decades, marketing researchers have developed theories of attachment to explain consumer behavior (Ball & Tasaki, 1992; Bidmon, 2017; Fournier, 1998; Park, MacInnis, & Priester, 2006). Brand attachment is "the strength of the bond connecting the brand with the self" (Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010, p. 2), and, like internal working models in traditional attachment, thoughts and feelings about the consumer's relationship with the brand develop into mental representations that guide behavior (Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010).

Brand attachment works on a continuum, and strong attachment depends on the degree to which the brand satisfies the individual's experiential, functional, and symbolic needs (Park, MacInnis, & Priester, 2006; Sidmon, 2017). Attachment is strongest when the person identifies the brand as an extension of the self (Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010, p. 2), and brand attachment ties in to the consumer's concept of their actual (who they are) or ideal

self (who they want to be) (Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010). As attachment strength increases, the consumer's investment in the brand and the fear of risk of loss of the connection grows (Park, MacInnis, & Priester, 2006). Consumer behaviors intended to protect the consumer from the risk of loss become more pronounced (Park, MacInnis, & Priester, 2006; Thomson, MacInnis, & Park, 2005).

The consumer's connection to the brand, called brand-self connection, is both cognitive and emotional (Park, MacInnis, & Priester, 2006; Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010). The individual's experiences with the brand create "cognitive schema" (Park, MacInnis, & Priester, 2006, p. 10), and over time, a cognitive reorganization occurs that further connects the brand to the individual's sense of self, creating a sense of oneness with the brand (Park, MacInnis, & Priester, 2006). Brand attachment is an emotional relationship as the consumer experiences sadness, separation anxiety, happiness, comfort, pride (Park, MacInnis, Priester, Eisingerich, & Iacobucci, 2010), hope, efficacy, optimism, emotional stability, and a sense of self-efficacy when connected with the brand (Par, MacInnis, & Priester, 2006).

As in traditional human attachment relationships, brand attachment promotes behavioral responses, including proximity seeking, willingness to explore the environment, protection seeking from the attachment object, and separation distress (Park, MacInnis, & Priester, 2006). Behavioral implications include brand loyalty, resistance to competing alternatives, the willingness to make sacrifices and investments of time, money or energy to maintain the relationship, personalizing criticisms of the brand, and rejecting information that conflicts with the maintenance of the attachment relationship (Park, MacInnis, & Priester, 2006).

Attachment to the social construct of “success.”

Just as people develop attachment to certain brands or products, individuals in affluent communities develop strong attachment relationships to the social construct of success. The extent to which adults in these communities expend resources such as time, energy and money toward the attainment of success, demonstrates the strength of the attachment relationship. When confronted with the risk of potential loss of success, these individuals demonstrate similar defensive behaviors as consumers faced with potential loss of their brand. And, analogous to traditional attachment relationships, attachment to success transmits intergenerationally.

William Deresciewicz (2014) describes the state of mind of affluent children striving for success, and the strength of the attachment relationship. “The prospect of *not* being successful terrifies them, disorients them, defeats them. They have been haunted their whole lives by a fear of failure--often, in the first instance, by their parents’ fear of failure. The cost of falling short, even temporarily, becomes not merely practical, but existential” (Deresciewicz, 2014, p. 21-22).

When parents or other adults develop a strong attachment to the socially constructed notion of success (acceptance into the “good college”), their focus on the attainment of success interferes with their ability to understand the student as an individual with unique needs and feelings. Instead, adults who are attached to the social construct of success will do anything to prevent interference with the attainment of success. Parents may be unaware of the impact of the pressure to succeed, and some seem unable to stop themselves from pushing their children to achieve (Demarath, 2009).

Conclusion

According to Jerome Lucido, executive director of the USC Center for Enrollment Research, Policy and Practice, parents “are more concerned with gold plating their children with the right college and university. They perceive it will ensure the financial future of their children and family” (Gordon, 2015).

As the competition inherent in the college admissions process continues to grow in intensity, the stakes and the efforts put forth will grow. The question remains...how far will people go to maintain their strong attachment to the social construct of success? How far (and at what cost) will people living in affluent communities go to maintain their attachment to success and to secure their child’s admission to the “good” college?

Paper Two:

Effects of Toxic Stress on Affluent Adolescents

Introduction

Over the last several decades, the high school experience and the college application process intensified so that children in affluent communities work harder and under more extreme conditions to develop a college application and resume, that may earn them a high school student's hallmark of success, place in a prestigious college. The demands and expectations placed on high school students require almost impossible performance levels, or even perfection, and parents, peers, high school teachers, counselors, and administrators, as well as others in affluent communities, become increasingly invested in the quest for success demonstrated by high level performance and achievement. This paper asserts that in affluent communities, fear of losing status and connections with parents or others in the community, combined with the quest for perfection, creates an environment that breeds "toxic stress," placing the health, mental health, and even the lives of affluent adolescents at risk for the sake of earning a coveted spot in a top-notch college.

In early 2018, Orange County, California, experienced, first hand, the deleterious impact of a high-pressure environment when at least two teens committed suicide. Emma Pangelinan, a 13-year old star athlete, artist and straight A student, killed herself in her neighborhood park. Emma excelled at everything she did. She was an all-star in the community. And, while Emma saw a therapist, her family and community felt blindsided by her death. Her mother, Liza, explained, "Emma conquered everything except her emotions. They were just too overwhelming" (Whiting, 2018). Reports indicated that the pressure to succeed and live up to the community standard was too much for Emma (Whiting, 2018).

Patrick Turner, a 16-year old sophomore from Newport Beach, California, was also an all-star athlete and high academic achiever, and he was liked by all. He appeared well-adjusted, spent time with his family, and had lots of friends. On the outside, Patrick appeared to have everything; neither his family nor his friends were aware of Patrick's internal struggle. Before ending his life in the centerfield of a neighborhood baseball field, Patrick wrote three letters describing his high school experience and the societal factors that led to his suicide (Whiting, 2018). The first two letters addressed the community, and the third letter spoke to Patrick's parents and siblings, assuring them that they had not contributed to his decision to end his life (Downey, 2018).

In his letter directed to the faculty and administration of Corona del Mar High/Middle School, Patrick described his stress as "inescapable," and he said, "[p]utting this much pressure on me has caused me to do what I do...[t]he stress put on me has led me to this point. Make changes" (Whiting, 2018). Another letter was addressed to "Family and Friends and whoever reads this," and in that letter, Patrick explained that he did not want "it to come down to this," but he felt suicide was something "he had to do" (Whiting, 2018). He said, "[Y]ou are looked at as a loser if you don't go to college or if you get a certain GPA or test score. All anyone talks about is how great they are or how great their kids are. It's all about how great I am...People don't understand how to be selfless...they only see people on the outside...So much pressure is placed on students to do well that I couldn't do it anymore...My parents actually don't put almost any stress on me at all. It is purely the school" (Whiting, 2018).

Sean Boulton, Principal at a neighboring high school, responded to Patrick's death in a letter calling for change within the community (Whiting, 2018).

Our teachers and District have simply created and maintained a system that our community/country has demanded from us over the past 20 years since college admissions mania went into hyper drive, since vocational training programs were dismantled, and since earning 'A's' in AP classes became the norm...Our teachers feel the pressure, administration and counseling feel the pressure, and now parents/students are really feeling the pressures... This competitive culture has significantly impacted our young adults. We endlessly discuss test scores, National Merit Scholarships, reading scores, AP scholars, comparisons to other school districts and this is when we start losing our collective souls – and our children... We often shield our students from failure. We think that earning a 'C' in a class is the end of the world, and we don't allow our students to advocate for themselves...we are a little embarrassed if our children wish to attend vocational training schools instead of a major university... We must reach the point, where, if our sons and daughters don't live a perfect young adult experience, it is not the end of the world...it is simply an opportunity to lift the sails and head in another direction... We need to start now (Downey, 2018).

According to the Orange County chapter of the American Academy of Pediatrics, “[T]he face of suicide is changing...the rate of suicide is increasing in Orange County and all teenagers are at risk, including our high achieving students, athletes, and artists” (Whiting, 2018). According to the American Academy of Pediatrics, “[A]n environment where success is so highly valued fuels this pressure on our teens...intolerance for mistakes and weakness make high-achieving (students) in academics, athletics, or the arts particularly vulnerable to social isolation when their self-imposed perfectionist standards are not met” (Whiting, 2018).

While we will never know exactly what caused Emma and Patrick to take such drastic measures, this paper seeks to provide some theoretical explanation about the environmental and relational circumstances that may lead high school students to such despair that they believe suicide is their only option. In addition, this paper seeks to describe the term “toxic stress” within the context of affluence and adolescence, and demonstrate how affluent communities, often unwittingly, expose their children to toxic stress and its damaging consequences.

A look to college students provides further insight into what may motivate students like Emma and Patrick to go to such extremes. An increase in college suicides over the last 10 years generated attention to the dangers related to adolescents striving for perfection. College students express their perceived need to maintain the appearance of self-assuredness, despite experiencing significant and debilitating stress, anxiety or depression. Students at some universities coined phrases to describe this state of mind. University of Pennsylvania students use the term “Penn Face” to describe a façade of perfection no matter how severe the underlying pressure, while Stanford students refer to “Duck Face,” as they compare students to a duck that gracefully, and seemingly effortlessly, glides across the water, while underneath the water’s surface, its webbed-feet paddle wildly. Female students at Duke University describe the pressure they feel to be

“effortlessly perfect” (Dent, 2015; Scelfo, 2015). Apparently, Emma Pangelinan and Patrick Turner intuitively practiced maintaining good appearances while actually paddling feverishly beneath the surface.

Counselors in college counseling centers describe a shift in student perception in the recent past. What used to be a small setback, a low grade for example, takes on great importance and may be potentially devastating. Students go to extremes and perceive themselves as failures if they are not perfect. For Kathryn DeWitt, a student at the University of Pennsylvania, “The pain of being less than what she thought she ought to be was unbearable. The only way out, she reasoned with the twisted logic of depression, was death” (Selfo, 2015).

Seven University of Pennsylvania students took their own lives in the years between 2013-2015. In 2014, 3 students at Tulane University committed suicide and in the 2009-2010 academic year, 6 students completed suicide attempts at Cornell University (Dent, 2015).

Lucy Hu (2017) in her article, “Penn Face is a part of who we are,” shares her experience. She describes the Penn Face phenomena, the fear of exposing one’s self as ‘weak,’ and feeling like an imposter. She speaks of tough competition, high stakes, and a generational obsession with image and representations on social media.

Affluent Communities

In the past, the term “at risk” referred to an individual’s financial, social and environmental circumstances, but over the last two decades, researchers have come to recognize affluent teenagers as an “at risk” population as well, albeit for very different reasons. Madeline Levine (2006,.) noted in her book, *The Price of Privilege*:

Researchers, led by Dr. Suniya Luthar of Columbia University’s Teachers College, have found that America has a new group of ‘at risk’ kids, or, more accurately, a previously

unrecognized and unstudied group of at-risk kids. They defy the stereotypes commonly associated with the term ‘at risk.’ They are not inner-city kids growing up in harsh and unforgiving circumstances. They do not have empty refrigerators in their kitchens, roaches in their homes, metal detectors in their school, or killings in their neighborhoods. **America’s newly identified at-risk group is pre-teens and teens from affluent, well-educated families. In spite of their economic advantage, they experience among the highest rates of depression, substance abuse, anxiety disorders, somatic complaints, and unhappiness of any group of children in this country** (p. 17).

Urie Bronfenbrenner (1995) suggested that one’s identity develops in the context of the interconnected systems of one’s environment, including the family, schools, neighborhoods, and religious communities; and that individuals adopt the values, ideologies, and beliefs of the larger community. According to Lund and Dearing (2012), affluence alone is not the problem; but rather, specifically during adolescence, the danger that presents as intense competition and the pressure to achieve (perhaps even the unattainable) creates a “risky” environment. Intense competition in affluent communities may contribute to decreased social support, as families pine for the same “scarce” resources and accomplishments such as the highly coveted (and limited) admission into a prestigious college (Coley, Sims, Dearing, & Spielvogel, 2018; Lund and Dearing, 2012).

Fountain Blue High School¹ (FBH), a National Blue Ribbon Award school and a recipient of the highly coveted California Distinguished School honor, is a public school located in an affluent suburb (median household income is about \$120,397) in Los Angeles County.

¹ Fountain Blue High School is a fictitious name.

Roughly 95% of FBH graduating seniors go on to college. Interviews with counselors at FBH provided insight into the community dynamics negatively impacting the school's high-achieving students.

Student perceptions of parental criticism, insensitivity or misattunement contribute to the problematic environment (Williams, Lund, Liang, Mousseau, & Spencer, 2018). A counselor at FBH describes a common situation where parents of freshmen appear in her office with a set agenda, or "life plan," an expectation about what their children will do in high school, and where they will go to college afterward. These parents want to build their students' schedules with classes and activities that will "look good for college." She says that meeting with 9th grade parents is one of her least favorite tasks, as she must "break it to them" that their children may need to consider other colleges besides the "top schools." She says, "Everyone wants their kid to go to an Ivy League school. EVERYONE."

One FBH counselor describes a young woman who came to her office in great distress. Her parents took her cell phone away because her grades had dropped from straight A's. At the time she had three A minuses. The counselor explains, "Parents worry about grades and college...nobody is worried about whether kids are getting enough sleep or feeling good inside." She notices a huge increase in anxiety, "crazy anxiety," over the last several years.

Peer pressure also influences students and impacts their outlook and behavior (Williams, Lund, Liang, Mousseau, & Spencer, 2018). An FBH counselor says that students lie to their peers about grades to save face; "Kids are worried about what others are achieving and strive to compete." He says that students take advanced, honors, and AP classes, even when they have no interest in the class, solely because they feel compelled to keep up with everyone else. "They

worry that if they do not keep up, they will not get into any college. Students who take classes they are not interested in, only to keep up with others, end up feeling higher levels of stress and achieve lower grades.”

The counselor continued. Parents and students are worried about getting into a college with a “brand name,” and whether that college experience will lead to a good job after college. He believes securing or maintaining one’s status drives some of the pressure. He believes students lack the resources necessary for managing high stress levels, and especially students, who have never faced failure of any sort, are bereft of the skills needed to overcome such challenges.

Adolescence

Adolescence, a transitional period between childhood and adulthood, involves a multitude of social, behavioral, and cognitive changes and physical growth, including changes in the functioning and structure of the brain (Crews, He, & Hodge, 2007). Adolescents may experience greater vulnerability in the midst of expanding social networks, increased social interactions with the community, and perceived or actual social evaluation (Lund & Dearing, 2012; Roxborough, Hewitt, Kaldas, Flett, Caelian, Sherry, & Sherry, 2012; Starley, 2018). The human brain continues to develop well into the 20’s so that the adolescent brain, while able to master advanced cognitive challenges, remains underdeveloped in functions related to self-regulation, frustration tolerance and executive function, especially in highly emotional situations or those involving peers (Shapiro, Applegate, & Graves, 2018).

And, while most adolescents move through this life stage with few problems, research demonstrates a 200% growth in morbidity and mortality rates in adolescence compared to childhood (Dahl, 2004). Mortality surges in adolescence relate to difficulties regulating

emotions and behavior, as well as increased risk-taking and reckless behavior, accidents, depression, substance abuse, eating disorders, risky sexual activities and suicide (Dahl, 2004).

Brain changes in adolescence “are among the most dramatic and important to occur during the human lifespan” (Steinberg, 2009, p. 2). Intense brain processes, pruning and plasticity, occur in response to the environment and experience, and contribute to increased vulnerability to stress and psychopathology in adolescence (Shapiro, Applegate, & Graves, 2018; Elbers et al., 2018; Lupien, McEwen, Gunnar, & Heim, 2009; Steinberg, 2009). Pruning is a process whereby the brain’s less-used neurons and synapses decrease, leaving only the stronger, more often used, neuronal connections. Plasticity, often referred to as a “use it or lose it” process, refers to neuronal adaptations that occur to meet environmental demands (Cozolino, 2010; Siegel, 2013; Steinberg, 2009). Pruning encourages greater efficiency as those pathways used most become stronger, while unused pathways wither away (Shapiro, Applegate, & Graves, 2018).

Healthy brain growth depends upon a delicate and complicated series of developmental and environmental experiences (Anda et al., 2006). Interference with the sequence of events necessary for healthy brain development at any time, and particularly during critical developmental periods such as adolescence, causes profound and permanent neurobiological damage to the body’s neuroregulatory systems, permanent structural changes in the brain, modification of gene function and epigenetic changes (Anda et al., 2006; Franke, 2014).

Adolescence represents a sensitive period in brain development and increased vulnerability to the long-term effects of stress (Danese & McEwen, 2012). Adolescent brain research conducted with animals suggests that adolescents experience greater hormonal stress responses than adults and evidence imply that chronic stress interferes with the adolescent’s

capacity to generate the resources necessary for optimal growth and development (Berg, Simons, Barr, & Beach, 2017; Crews, He, & Hodge, 2007; Eiland & Romeo, 2013). Additionally, exposure to chronic stress in adolescence may trigger biological stress responses that remain long after the stressful experience passes (Danese & McEwen, 2012). Such ongoing stress response mechanisms may contribute to toxic stress as more fully discussed later in this dissertation.

The major psychological task of adolescence is the development of a stable, coherent identity or sense of one's "true self," (Erikson, 1980; Harter, 1990; Ryan & Deci, 2004). A true or authentic self means that one moves through life in a way that is congruent with one's needs, motives, and values (Ryan & Deci, 2004). False self behavior is "the extent to which one is acting in ways that do not reflect one's true self as a person or the 'real me'" and reflects compliance and placation (Harter, Marold, Whitesell, & Cobbs, 1996, p. 360), a sort of alienation from one's authentic self (Erikson, 1980; Harter, et al., 1996; Ryan & Deci, 2004). While adolescents often take on different "selves" depending on the context in which they find themselves (whether with peers, family, teachers, or others), in general, those different selves reflect aspects of the individual with different emphases depending on the situation. Authenticity correlates with self-esteem, self-regard and psychological well-being (Neff & Suizzo, 2006).

According to Winnicott (1965), the true self requires an environment that promotes healthy development, responsiveness and validation of the child. A false self presents in unsafe conditions; the true self fails to fully develop because of an environmental failure. Relationships characterized by misattunement, minimal responsiveness, little validation, or even high-level control or intrusiveness, nurture a child's development of a false self (Ryan & Deci, 2004). The child learns to accommodate to the environment, thwarting the growth of the developing

authentic self. Instead, the child does whatever it takes to maintain connectedness with the primary caregiver, even at the expense of losing the freedom to express her true needs and values (Ryan & Deci, 2004). The child develops a notion that positive regard is conditional, dependent upon compliance with the expectations of the other, known as conditional regard (Kanat-Maymon, Argaman, & Roth, 2017). Essentially, the child must give up her autonomy in favor of doing whatever it takes to earn the parent's affection (Maymon, Roth, Assor, & Raizer, 2016). Studies show that peer influence works in much the same way, especially during adolescence. Teenagers often seek approval from peers by dressing or acting a particular way (Harter, et al., 1996). Extending existing theory, one would believe that teenagers, seeking to gain approval from others in a competitive community, may set, and achieve, high level goals.

Parenting

While decades of research draw a positive relationship between parental involvement and child well-being, recent research over the last decade demonstrates that intensive parenting, characterized by excessive involvement, control, and interference with important childhood tasks, such as developing autonomy, self-efficacy and a sense of self interferes with healthy maturation and development (Segrin, Givertz, Swaitkowski, & Montgomery, 2015). In contrast to a parenting behavior known as autonomy support, which encourages taking healthy risks toward maturity, overparenting involves control and criticism (Segrin, et al., 2015).

The power of parental influence is widely understood. The literature draws a strong correlation between, parental beliefs, ideas and expectations, and a child's academic performance. Despite the natural inclination to view this aspect of a parent-child relationship as positive, research demonstrates potential negative repercussions when parental aspirations exceed the child's performance (Murayama, Pekrun, Suzuki, Marsh, & Lichtenfeld, 2016).

According to Murayama, et al., (2016) parental overaspiration occurs when parents' desires for their child exceed the parents' beliefs about realistic expectations for their child; the difference between the achievement the parent *wants* and the level of achievement the parent believes the child *can* perform. Overaspiration leads to intensive, controlling parenting practices, and intense pressure on the child to achieve (Murayama, et al., 2016). "Although parental aspiration is an important vehicle through which children's academic potential can be realized, excessive parental aspiration can be poisonous" (Murayama, et al., 2016).

Self Determination Theory

Self determination theory (SDT) posits that optimal adolescent growth occurs only in an environment where parents support and meet the child's need for autonomy, a feeling of competence, and connection with others (Aunola, Sorkkila, Viljaranta, Tolvanen, & Ryba, 2018; Williams, Cox, Hedberg, & Deci, 2000). Autonomy refers to the individual's development of authenticity, and the understanding of one's personal goals and values. Competence refers to the need for self-efficacy and feelings of value. Connection refers to the need to feel loved and understood (Maymon, Argaman, & Roth, 2017). According to Williams, et al. (2000), meeting one's needs not only brings positivity and satisfaction to one's life, but also promotes physical and psychological well-being.

While literature typically describes the benefits of parental involvement and affection, the protective effect of involved parenting is lost when the parent is also highly controlling (Aunola, et al., 2018). In fact, recent research suggests that parent-child relationships high in affection and high in psychological control may be the most threatening type of relationship for adolescent well-being. Such a relationship may be confusing for the child as the parent demonstrates affection, yet also expects the child to meet extremely high standards. The child may feel that the

parent's affection depends completely on the child's compliance with the parent's expectations, a situation called parental conditional regard. The child, fearing the loss of the parent's love, and also sensing that the parent's love is only temporary, and perhaps fleeting, conforms to the parent's expectations and sacrifices her developing autonomy (Aunola, et al., 2018; Maymon, et al., 2016). A child who feels disconnected or devalued may seek validation, self-esteem, and evidence of self-worth in material possessions or in other unhealthy interests (Maymon, et al., 2016; Williams et al., 2000).

SDT distinguishes between intrinsic and extrinsic motivation. Intrinsic motivation relates to one's interest in learning, tackling challenges, self-improvement, and mastery. The pursuit of intrinsic goals promotes healthy relationships with others and the community (Ryan & Deci, 2000). Extrinsic goals relate to gaining material wealth, fame, or a particular image of oneself in the community (Kasser & Ryan, 1996). Unlike extrinsic goals, intrinsic goals reflect the individual's true self, generate feelings of connection, satisfaction, and a healthy sense of self and meaning. Not surprisingly, the pursuit of extrinsic goals over intrinsic goals relates to decreased health, decreased mental health, and decreased overall well-being (Grant & Dweck, 2003; Williams, et al., 2000). The benefits of seeking intrinsic goals include increased performance, creativity, greater persistence, greater self-esteem, and improved overall well-being (Grant & Dweck, 2003; Ryan & Deci, 2000). Intrinsic motivation relates to choice, while extrinsic behavior relates more to coercion (Mendi & Eldeleklioglu, 2016).

Often parents use conditional regard to promote behaviors believed to be in the child's "best interest." Parents may convey their expectations expressly or implicitly (Miller-Day & Lee, 2001). For example, parents may convey disappointment through withdrawal, isolation from the child, or in other ways such as using verbal asides or digs. Whether verbal or nonverbal,

children perceive parental communication of disappointment as controlling (Miller-Day & Lee, 2001). Children may receive messages through body language, such as a look from the parent or some other body language (Miller-Day & Lee, 2001).

Students receive other forms of implicit messages in the community based in a culture of “where are you going?” Describing the situation, an FBH counselor says, “Parents also feel the pressure. People compare.” She hears parents, who clearly want their child to go to a good school, talking to each other, asking, “Where is your kid going?” Kids (and parents) have pressure to meet expectations or compete with their peers. Children grow up hearing adults around them and implicitly know they must succeed. The counselor continued. “And, every kid is not going to get into Stanford. When students try to measure up to others, the stress increases.”

Carl Rogers (1951) and others discouraged the use of conditional regard since conditional regard may negatively impact the child’s self-esteem, autonomy and ability to develop close relationships (Assor, Roth, & Deci, 2004; Maymon, Argaman, & Roth, 2017). Assor & Tal (2012) distinguished between parental conditional positive regard and parental conditional negative regard. Parental positive regard occurs when the child perceives the parent as offering more affection, attention or love when the child performs according to or meets the parent’s expectations. Parental conditional regard results in introjection as the child accepts the parent’s expectations as her own to avoid shame or guilt (Ryan & Deci, 2000). In academics, parental conditional regard promotes shallow, grade-focused learning motivated by extrinsic rewards, rather than learning based on personal interests (Assor & Roth, 2005; Assor & Tal, 2012). Parental conditional regard also contributes to feelings of guilt when expectations are not met, short-lived feelings of gratification after success, feelings of emptiness and dejection, over-

striving, turning away from pleasurable activities in favor of compulsive studying, poor performance, and feelings of disapproval from and resentment toward parents. Parental conditional regard “conveys the message that ‘I will approve of, like, or favor you much more only if you do or act in a specific way’” (Maymon, Y., Roth, G., Assor, A., & Raizer, A., 2016, p. 446).

Parental contingent negative regard involves the child’s perception of the parent’s withdrawal of affection, attention or love, and a feeling of rejection, when the child does not perform according to parental demands or expectations, and also relates to negative emotion suppression in children, a well-known maladaptive strategy for emotion regulation (Assor & Roth, 2005; Assor & Tal, 2012; Maymon, Argaman, & Roth, 2017; Roth, Assor, Niemiec, Ryan, & Deci, 2009). Parenting using conditional regard is very similar to love withdrawal, a parenting style that has been deemed psychologically controlling. While some differences between the two practices exist, literature demonstrates that both parenting practices, conditional regard and love withdrawal, are detrimental to a child’s psychological and emotional well-being (Assor & Tal, 2012).

Children may perceive parental conditional regard in conditions when parents are never satisfied with their child’s success, (Mendi & Eldeleklioglu, 2016); perhaps, for example, when parents say, “you could have done better” or “you are not living up to your potential.” Critical or controlling parenting obstructs the child’s development of autonomy because such parenting includes coercive qualities (Maymon, Argaman, & Roth, 2017). Likely, the student who lost her cell phone because she did not achieve straight A’s experienced the effects of parental conditional regard as her best was not “good enough” for her parents.

Assor & Tal (2012) posit that when parental regard depends upon academic achievement, the child learns introjected regulation, a type of self-regulation where the child internalizes the parent's wishes and takes them on as their own measures of self-evaluation. Such internalization may leave the child feeling *compelled* to achieve the desired goal in order to feel worthy and lovable, and to avoid feeling shame, guilt or worthlessness (Assor & Roth, 2005). Such confusing conditions nurture contingent self-esteem. On one hand, the child may experience a sense of superiority and self-aggrandizement, and on the other hand, she may develop a vulnerable, fragile and unstable sense of self (Assor, Roth, & Deci, 2004; Assor & Tal, 2012). According to Carl Rogers (1951), healthy self-esteem grows in the context of unconditional acceptance and an environment that nurtures a child's feeling of worth and sense of value. For some students in affluent communities the environment and experience provide the opposite.

Perfectionism

Parent-child relationships characterized by contingent regard breed perfectionism as the child evaluates her achievements according to the parent's expectations (Mendi & Eldeleklioglu, 2016). Perfectionism develops out of an individual's need for love, acceptance and approval from important others, and also derives from one's fear of rejection (Mendi & Eldeleklioglu, 2016). Affluent communities that promote competition and demand high achievement create circumstances ripe for the development of perfectionism as parents, peers, coaches, and others in the community directly, or indirectly, communicate high expectations for performance and flawlessness (Starley, 2018).

While some perfectionistic tendencies may support healthy motivation and promote confidence, unhealthy perfectionism occurs when one sets "high standards of performance which are accompanied by overly critical evaluations of one's behavior" (Frost et al., 1990, p. 450).

Maladaptive perfectionism contributes to serious negative outcomes such as constant approval seeking, the need to constantly check and correct one's self, attempting to change others, alcoholism, depression, anxiety, problems in personal relationships, pessimism, high stress levels, decreased life satisfaction, anorexia, personality disorders, feelings of failure, guilty feelings, indecision, procrastination, shame, low self-esteem, and suicide (Hewitt & Flett, 1991; Mendi & Eldeleklioglu, 2016). Unhealthy perfectionism occurs when one sets and strives for unreasonable goals, selectively focuses on, and overgeneralizes, any failure, overly self-criticizes, and engages in all-or-none thinking so that *total success or total failure* are the only available options (Hewitt & Flett, 1991). Perfectionists find themselves in a never-ending loop of striving for perfection, harsh self-criticism, and feelings of disappointment or failure (Smith et al., 2016).

At FBH, students often express their concern that they “won’t get in anywhere” even when they are at the very top of their class. A counselor explained, one “high flyer,” (a term used to describe the students with the high grades, multiple APs and honors classes), was not sleeping or eating. He created a bald spot on his head because he nervously ran his hand through his hair all day. According to this counselor, the “high flyers” experience the most stress and he considers them “at risk.” “They cannot adjust and have a hard time dealing with the stress; they are as much of a risk factor as a kid who lives in an abusive home.”

Hewitt and Flett (1991), conceptualized a multidimensional model of perfectionism, and considered both individual and social elements at play in perfectionism. Parenting influences a child's bent toward perfectionism as children with critical, demanding, (Flett, Hewitt, Oliver & Macdonald, 2002; Lozano, Valor-Segura, & Lozano, 2105; Miller & Speirs-Neumeister, 2017), intrusive (Chen, Hewitt, Flett, Cassells, Birch, & Blasberg, 2012), or over-indulgent parents

(Pishva & Besharat, 2011) may perceive that parental praise, affection, love or approval as contingent upon the child's performance. Growing up with a perfectionist parent may influence a child's perfectionist tendencies (Randall, Bohnert, & Travers, 2015).

Hewitt and Fleck (1991) distinguished between three different types of perfectionism: self-oriented perfectionism (demanding perfection of oneself) (SOP), other-oriented perfectionism (demanding perfection of others) (OOP), and socially prescribed perfectionism (the perception that others demand perfection of oneself) (SPP). Perfectionistic self-presentation describes the individual's need to appear perfect in three distinct ways: "*perfectionistic self-promotion* (the need to actively promote one's supposed 'perfection'), *nondisplay of imperfection* (the need to avoid revealing one's perceived imperfections) and *nondisclosure of imperfection* (the need to avoid disclosing one's imperfections) (Chen, et al., 2012).

SOP relates to one's expectation that they achieve perfection. Individuals demonstrating self-oriented perfectionism set high goals and strive for perfection while also critically appraising their own performance and behavior. SOP leads to guilty feelings and self-blame, and may contribute to anxiety, anorexia, and depression (Hewitt & Fleck, 1991). OOP relates to one's expectations and demands of others. The other oriented perfectionist sets unrealistic standards for others, expects others to be perfect and judges others with exacting criticism. OOP begets blaming others, hostility toward others, and lack of trust (Hewitt & Fleck, 1991).

SPP relates to an individual's perception of pressure to perform to meet others' unrealistic expectations of them, and the feeling that others may judge or evaluate them rigorously. Socially prescribed perfectionists internalize beliefs that others expect complete and total excellence, and they worry constantly about others' negative appraisal of them. The socially

prescribed perfectionist's self-esteem depends upon constant flawlessness and recognition from others. Socially prescribed perfectionists perceive themselves as having low levels of social support (Rice, Lopez, & Vergara, 2005). In addition, SPP may cause identity confusion as the individual presents a false self that meets the community's demands, but struggles to reconcile the real self with the false self. Finally, perfectionism may interfere with the separation-individuation process that is such a critical process in adolescence (Sherry, et al., 2007).

Patrick Turner articulated the pressure he felt from the school community to perform according to expectations, and may have suffered from socially prescribed perfectionism. He specifically stated, "It is purely the school," specifically identifying the locus of the pressure that he believed led to his distress and untimely death.

The stress of constantly striving for perfection contributes to decreased well-being and psychopathology. SPP promotes anger, anxiety, depression, obsessive-compulsive disorder, and helplessness, as well as a feeling of loss of control, resulting from a perceived inability to meet the demands of others. SPP may develop in the context of insecure attachment relationships where missattuned or perfectionist parents set unrealistic standards for their children, are never satisfied with their children's accomplishments, and/or prioritize extrinsic achievement over intrinsic development (Blatt, 1995; Chen, Hewitt, & Flett, 2014; Rice, Lopez, & Vergara, 2005).

Perfectionism may also interfere with behavior that promotes well-being such as healthy eating and sleep habits and regular exercise (Elbers, et al., 2018). Perfectionists demonstrate greater stress reactivity, decreased ability to regulate stress, and higher and more prolonged reactivity to failure. Studies relate perfectionism to poor emotional coping styles, and pernicious cortisol activity, both of which contribute to increased health problems, including eating disorders, addiction and decreased cognitive function (Molnar, Sirois, Flett, Janssen, & Hewitt,

2017; Richardson, Rice, & Devine, 2014). According to Molnar, et al. (2017, p. 18), “the chronic exposure to stress, or ‘toxic stress,’ experienced by perfectionists due to their constant strivings, internal pressures, and ruminative tendencies can be considered a direct health risk” (Molnar et al., 2017, p. 18).

Since 1995, when Sidney Blatt’s (1995) article, “The Destructiveness of Perfectionism,” appeared, researchers recognize perfectionism as a risk factor for suicidal ideation and behaviors especially in adolescence, a period of increased vulnerability (Chen et al., 2012; Hewitt, Flett, Sherry, & Calian, 2006; Roxborough et al., 2012; Smith et al., 2016). Research demonstrates a causal link between SPP and suicide ideation, attempts and completion (Blatt, 1995; Roxborough et al., 2012).

Too often we read anecdotal accounts of the ‘superstars’ who appear not to have a care in the world, but, inexplicably, attempt or complete suicide. Berman and Jobs (1991) discuss perfectionism among high achieving ‘star’ students whose suicides are often very shocking to those left behind. It is often only after the fact that the degree of pain and torment the person was experiencing becomes clear (Roxborough, et al., 2012, p. 229)

The Perfectionism Social Model suggests that perfectionism develops as a result of one’s need to feel connected with others. Unfortunately, however, as with some other coping skills that backfire, perfectionism actually results in a sense of detachment from others (Chen et al., 2012; Chen, Hewitt, & Flett, 2014). Socially prescribed perfectionists may experience social disconnection, alienation and loneliness as they strive to perform to gain others’ approval and also avoid self-disclosure even when distressed because of fears of rejection or abandonment (Randall, Bohnert, & Travers, 2015; Roxborough, Hewitt, Kaldas, Flett, Caelian, Sherry, & Sherry, 2012).

Phenomena such as Penn Face and the Stanford Duck portray the efforts individuals make to protect the image of perfection and control, as well as the loneliness that accompany such behaviors. Clusters of suicides on high school and college campuses affirm the disastrous consequences resulting from perfectionistic mindsets and activities.

Social Self Preservation Theory

Social self-preservation theory offers a different approach to understanding the phenomena that occur in school settings. According to the social self-preservation model, humans strive to protect themselves from threats to their social selves, such as situations that may result in decreases in self-esteem, status, acceptance, or social worth (Dickerson & Kemeny, 2004; Woody, Hooker, Zoccola, & Dickerson, 2018). Social threats, such as negative judgment by others, trigger a psychobiological response, the activation of the fight or flight response, and the cortisol system in the human body.

The human body may tolerate brief periods of stress and easily return to homeostasis. When individuals live with persistent stress related to maintaining one's social self, allostatic overload occurs because the body's stress response system remains continually activated (Dickerson & Kemeny, 2004; Woody et al., 2018). Chronic activation of the stress response system results in negative health and mental health outcomes (Cozolino, 2010; Hellman, Morris, Rao, & Garber, 2015) as described in the Adverse Childhood Experiences (ACE) study (Anda et al., 2006).

Allostatic Load

Allostasis describes the human biological survival mechanisms engaged in the face of stressful events. The physiological changes that occur involve the highly integrated nervous, endocrine and immune systems that typically respond adaptively to environmental demands.

Allostasis represents the body's attempt to return itself to homeostasis after a stressful experience (Danese & McEwen, 2012; Juster, et al, 2010; McEwen, 2001). Allostatic load refers to ongoing and repeated stress and the damaging biological impact of persistent psychosocial stress. The body's capacity to adapt effectively in response to stress depends on one's resilience which relates to several factors including genetics, development, coping skills, and life experience (Juster et al., 2010).

When the body encounters repeated or chronic stress, the allostatic load (the 'wear and tear' the body experiences) (Juster, et al., 2010, p. 3) may increase to allostatic *overload*, wherein the biological responses overwhelm the body so that the body cannot right itself, resulting in vulnerability to long term physical and mental harm (Applegate & Shapiro, 2005; Danese & McEwen, 2012; Juster et al., 2010). For example, the body's flight or flight response may become engrained in the neurological system when facing ongoing stress, resulting in heightened sensitivity to future stress and also neurobiological changes resulting in decreased capacity to navigate stressful experiences and other negative affective states (Applegate & Shapiro, 2005). Research suggests allostatic overload causes changes in the prefrontal cortex and neuronal loss (Elbers et al., 2018).

Individual responses to stress and the potential for allostatic overload, depends on a multitude of factors. For example, socio-economic status, race, social environment, family relationships and genetics all affect the allostatic system and its capacity to respond effectively to stress (Juster et al., 2010). Research repeatedly correlates chronic stress and allostatic overload with poorer health and a variety of illnesses (Juster et al., 2010; Miller, Chen, & Zhou, 2007).

ACEs Study and Toxic Stress

Since the publication of the Adverse Childhood Experiences (ACEs) study in 1994, preventing and mitigating the profound, long-term and systemic effects of adverse childhood experiences (ACEs) has become one of the nation's most pressing public health concerns (Anda et al., 2006). Neurobiological and epidemiological research suggests that early exposure to ACEs such as poverty, domestic violence, community violence, mental health problems, substance abuse, incarceration and racial or ethnic discrimination causes "toxic stress," a perceived inability to respond effectively to severe or persistent circumstances (Anda et al., 2006; Bethell, Gombajav, Solloway, & Wissow, 2016; Mersky, Topitzes, & Reynolds, 2013; Shonkoff et al., 2011).

Stress occurs when an individual feels overwhelmed, or out of control, and lacking in resources in relation to the circumstances. Toxic stress occurs when the body's stress response systems are activated in response to one extremely stressful experience or in response to repeated and consistent stressors occurring over a prolonged period of time (Elbers, Jaraden, Yeh, & Golianu, 2018; Shonkoff, 2016). Toxic stress causes a multitude of health problems, including, but not limited to, heart, lung, and respiratory problems, cancer, interference with the development of organs, metabolic functions, sexually transmitted diseases, skeletal fractures, diabetes, obesity, heart disease, cancer, stroke, Chronic Pulmonary Disease, hypertension, hepatitis, sleep problems, and overall poor health (Burke, Hellman, Scott, Weems, & Carrion, 2011; Marie-Mitchell & O'Connor, 2013; Murphy et al., 2014). In addition, toxic stress contributes to mental health and other problems such as mood disorders, anxiety, nightmares, intrusive thoughts, emotional numbing, hypervigilance, flashbacks, bullying, panic disorders, somatic symptoms, inability to regulate mood and affect, decreased stress tolerance, increased

risk for personality disorders, school dropout, tobacco, alcohol and other substance abuse, interference with personal relationships, aggression or risky behaviors, low self-esteem, incarceration, depression, attempted suicide and suicide (Anda et al., 2014; Bethell, Gombojav, Sollaway, & Wissow, 2016; Larkin, Felitti, & Anda, 2014; Mendelson et al., 2010; Nurius, Green, Logan-Greene, & Borja, 2015; Schindler et al., 2015; Shonkoff, 2016). Finally, children experiencing toxic stress are regularly misdiagnosed with Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, and Learning Disabilities (Anda et al., 2004; Perry & Daniels, 2016).

Despite the fact that the term toxic stress was developed in the context of the ACEs study, and was used to describe the experience children typically understood as “at risk,” the term toxic stress also captures the experience of affluent adolescents who are the topic of this paper. In fact, Elbers et al. (2018) specifically pointed to the potential toxicity of stress related to perfectionism and prolonged academic stress. The biological mechanisms and systems activated during extreme and/or prolonged stress are the same in the bodies of youth living in affluent communities as in the bodies of those experiencing multiple ACEs. Despite their privileged status, children living in affluent communities, and experiencing intense and ongoing pressure to succeed are vulnerable to the deleterious effects of toxic stress.

One FBH student went to a counselor feeling worthless and hopeless because she believed that she “could not go on” if she did not get into a certain school. She ruminates day after day about feeling overwhelmed. When the counselor reached out to her parents, her parents confirmed that they had discouraged the student from decreasing her workload because she “needed” to maintain a certain level of achievement to get into a specific college. Unbelievably, these parents appeared to convey the message that they valued their child’s potential for success

more than they were concerned about her well-being, or perhaps they focused so much on their child's success that they were totally oblivious to the toll this striving for success was taking on their child.

Conclusion

Undoubtedly, parents and other adults in affluent communities do their best to provide the greatest opportunities and protect their children from harm. As adolescents in affluent communities appear to have everything they need materially, many overlook the qualities that place these children at risk, affluence and adolescence. Pervasive pressures placed on children to achieve high levels of success continue to be the norm in affluent communities despite rises in substance abuse and mental health issues. While some students thrive in highly stressful conditions, many suffer. Because of the belief that admission to the "good college" will reap great rewards, parents and other adults in affluent communities may be in denial of, or unable to recognize, the signs of suffering in their children. In addition, some adults may actually believe that the benefits outweigh the risks. Unfortunately, this push for success at any cost continues as schools continue to develop more stringent programs and the competition for the much sought-after place in the freshman class of top-notch colleges accelerates. Adolescents in these affluent communities, for their part, often become fixated on achievement, are exposed to and shaped by achievement obsessions, and internalize explicit and implicit messages from the environment to take on the mission to fulfill their communities' expectations.

Although it is frequently assumed that affluent adolescents have all the resources they need to get through challenges and stress, recent research clearly paints a different picture. Affluent adolescences, like the Stanford Duck, appearing to be just fine, are suffering internally as they "paddle" their way frantically through high school. And, while affluent adolescents may

or may not experience any of the Adverse Childhood Experiences (ACEs) specified in the ACEs study (for example, child abuse, domestic violence or poverty), the biological mechanisms at work in adolescent brains in response to chronic and ongoing stress puts affluent adolescents at significant risk. Recent research clearly shows increases in substance abuse problems, mental health issues and suicide resulting from the ongoing push to be perfect, or at least appear perfect. While this dissertation seeks to use theory to explain the aspects of the affluent situation that puts adolescents at risk, future research may seek more specific understanding directly from the adults and children in affluent communities in order to provide a more comprehensive representation of the problems occurring for adolescents in affluent communities.

Shared Conclusion and Implications

One of the main tenets of social work practice involves identifying and serving at-risk populations in a non-discriminatory manner (Zakour & Harrell, 2008). Despite the evidence that illuminates the risks affluent adolescents face, recognition of this population as at-risk remains elusive. As social workers we seek to diminish the harm experienced by at risk populations, and also support the development of resilience in vulnerable populations. While the preceding two paper analysis developed a framework for understanding the underpinnings of the toxic environment in which affluent adolescents live, the question remains, “What do we do now?”

In the recent past, some colleges made changes in the application process aimed at decreasing pressure (and for other reasons, such as racism and classism inherent in the college application process). For example, several colleges dropped the standardized SAT or ACT exam scores as an application requirement (Selingo, 2018). Recently, Stanford announced its decision to release information about application numbers only as required by the federal government and only at the end of the admissions cycle. Stanford Provost Persis Drell relates that the decision

was made in an effort to empower students to seek a college that best matches the student's interests rather than for the sake of seeking admission to the most competitive or most prestigious school (Bliss, 2018).

Some researchers encourage a more pronounced emphasis on developing resilience. Carol Dweck, in her book entitled *Mindset* (2008), described the difference between a fixed mindset and a growth mindset. A growth mindset relates to challenges with curiosity and intrigued which, Dweck suggested, provides increased resilience. Angela Duckworth, a University of Pennsylvania professor, suggests that natural talents may not be the key to unlock the door to success, but rather, the secret to success lies in the ability to persevere and maintain one's passion over time despite roadblocks that may occur on the way (Duckworth, 2016). Vicki Abeles, in the movie *Race to Nowhere* calls for decreasing or even abolishing all homework. And, Denise Pope, Co-Founder of Stanford's Challenge Success program, encourages students to strive for more balance, seeking a more holistic outlook on success that includes developing skills related to ethics and resilience (www.challengesuccess.org).

In the year since Patrick Turner's death, his parents founded "Patrick's Purpose," a foundation intended to encourage inclusivity and kindness. Additionally the foundation awards scholarships to students for the purpose of supporting their efforts in trade school, vocational school, or community college, for example. Patrick's Purpose also participated in coordinating The Newport Mesa Unified District's efforts to create curricula more focused on seeking a more holistic definition of success and creating more balanced curricula and school environments.

On Tuesday, March 12, 2019 news broke about William "Rick" Singer, a private college counselor, and the widespread conspiracy he masterminded. Federal prosecutors named roughly 50 individuals, including Singer, parents and college athletic coaches, and alleged they

committed multiple instances of fraud for the purpose of gaining or facilitating admission to elite colleges. This most recent case exemplifies the strength and power of attachment to the idea of “success,” and also shows the lengths that adults in affluent communities will go to secure their child’s admission into a “good” college; these parents risked their own freedom and good names for the sake of college admission (Medina, Benner, & Taylor, 2019).

The recent break of the “largest college admissions scam ever prosecuted by the Department of Justice” (“College Admissions Scandal, 2019) may provide the opportunity for discussion about the dangers of growing up affluent. Although academia like Soniya Luthar have long recognized affluence and adolescence as risk factors, this unlikely population of vulnerable individuals remains somewhat invisible in the social work realm. Research is limited and many questions remain open and ripe for future research.

As the intricacies of the affluent lifestyle and adolescent experience (hopefully) becomes part of mainstream discussion, perhaps masters and doctorate level social work programs may begin to recognize affluent adolescents as a vulnerable population and inform future social workers accordingly. Certainly affluent adolescents would benefit if social workers forging out into schools and affluent communities arrived armed with the information necessary to recognize and identify risk factors of affluence.

The dis-ease plaguing high school students developed over a long period of time, and intersects several layered converging concerns to create a tightly woven fabric. Untangling the web created by the attachment to success and the pressure to perform will likely require efforts on multiple fronts. Hopefully the trend toward recognizing affluent adolescents as at-risk will continue. With that, the potential to change mindsets and long-standing ideas and practices may follow.

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