The Price of Privilege: How Parental Pressure and Material Advantage Are Creating a Generation of Disconnected and Unhappy Kids

Reviewed by: Kate Garrett

In *The Price of Privilege*, Madeline Levine discusses the lives of wealthy Americans in a new and surprising way. A psychologist from Marin County, California, Levine has spent more than a quarter-century treating affluent adolescents and their families. Popular perceptions dictate that children from affluent American families have perfect, or at least ideal, lives. Our society is based on the idolization of financial success and affluent lifestyle. Education is perceived as the means to ‘excellent’ jobs. Competition, self-sufficiency, and intelligence also contribute to the ability to be successful, which in this case means achieving an affluent lifestyle. These kids live in “an upper-middle-class suburban community with concerned, educated and involved parents who have exceedingly high expectations” for them.1 Many Americans struggle for lifetimes to achieve some version of the American Dream, believing that financial security yields freedom from anxiety, stability, and even happiness.

But despite “parental concern and economic advantage, many of [Levine’s] adolescent patients suffer from readily apparent emotional disorders: addictions, anxiety disorders, depression, eating disorders, and assorted self destructive behaviors.”2 Kids whose parents are extremely successful and provide every material and economic luxury possible are increasingly becoming troubled, self-destructive, and incredibly unhappy.

Levine posits that the psychological problems faced by affluent teens are widespread and should not be marginalized. After noticing that many of her clients appeared to be “empty,” or lack any true sense of who they were as human beings, she researched more than one hundred research projects on the subject, interviewed fellow psychologists and researchers in her field,

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2 Ibid.
and looked back over her twenty-five years of working with patients.\(^3\) She brings all of this experience and research to bear on her assertion that “we can no longer afford to ignore the epidemic of serious emotional problems in our well-manicured backyards.”\(^4\)

Levine organizes her assessment of this crisis around four major discussions, or parts: “America’s New At-Risk Child;” “How the Culture of Affluence Works Against the Development of the Self;” “Parenting for Autonomy;” and “Why You Have to Stand on Your Own Two Feet Before Your Children Can Stand on Theirs.”

In Part One of her work, Levine builds the foundation of her arguments, discussing the landscape of family and community dynamics that have led to this crisis. She points out that “America’s newly identified at-risk group is preteens and teens from affluent, well-educated families,” who struggle in spite of, and perhaps because of, “their economic and social advantages.”\(^5\) She uses a combination of personal anecdotes and statistics to lay out the surprising scope of the mental health problems these kids face. Citing various research studies and institutions such as the Centers for Disease Control, Levine convincingly argues that affluent teens have much higher risk of developing problems like eating disorders, depression, and anxiety; they also have a larger tendency to “self-medicate” with drugs and alcohol.\(^6\)

Parents play a crucial role in this process, often suffering from their own social issues and creating what Levine calls the “toxic brew of pressure and isolation.”\(^7\) Often very successful and hardworking, affluent parents have very high expectations for their children’s lives. Children frequently perceive (sometimes rightly so) that their parents’ love is contingent upon external markers of success such as academic performance, extracurricular involvement, and popularity. Parents tend to pressure their children to be “successful,” thus laying on pressure, while being

\(^3\) 15
\(^4\) 16
\(^5\) 17
\(^6\) 18
\(^7\) 28
unwilling or unable to involve themselves emotionally in their children’s development. This isolation can come either from the demands of busy jobs or the parents’ own social problems.

According to Levine, affluent parents tend to use the myriad financial and social resources at their disposal to protect children from unhappiness, which yields most of these psychological problems. The author warns that the old adage, “money doesn’t buy happiness,” is completely true in this particular case. She emphasizes this notion by describing the trajectory of her therapy sessions with Allison, a teenager whose parents intervened in every instance where Allison may have had to face the consequences of her mistakes. These well-meaning parents also utilized shopping sprees to cheer Allison up whenever she seemed slightly depressed. Despite their good intentions, these parents actually robbed Allison of a chance to develop internal resources that would help her to deal with the inevitable challenges in her life. Levine argues that Allison is just one of thousands of teenagers from across the country who battle feelings of isolation and hopelessness before they even reach college.

Levine essentially situates her analysis of affluent families in what is often called *family systems theory*. This theory is predicated on the notion that members of a family are not simply individuals linked by biology or living arrangements. Rather, “a family may be viewed much like a machine, as comprising a set of interconnected elements that together make a coherent whole.” Each member of the family affects the other and its functioning; parents’ love, affection, infliction of pressure, and other behaviors affect how their children develop in the long term.

In Part Two of her book, Levine further delineates her concept of the “self” and how affluent culture undermines social development. She contrasts the stories of different teens to highlight her concept of a “healthy self:” a child with a healthy sense of self “feel loved and valued both for the mere fact of their existence as well as for their particular endowments” and are able to become “increasingly independent, capable of drawing on his own *internal* resources as [they]

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move forward.” Often, parents will put pressure on their children to follow external motivators and fail to help their children cultivate healthy inner selves.

Levine goes on to emphasize some of the characteristics and benefits of children and teens with healthy selves, listed below:

- Kids with healthy selves are ready and able to “own” their lives.
- Kids with healthy selves can control their impulses: I’m the boss of me.
- Kids with healthy selves can be generous and loving.
- Kids with healthy selves are good architects of their internal “homes.”

Levine follows her description of a well-adjusted, healthy inner self with practical suggestions on how engender it in a child. She addresses various “stages,” demarcated by age range, and discusses “typical” social and cognitive development. In each section, she also highlights common issues faced during these stages and offers specific parenting strategies.

In Part Three of her book, the author discusses different styles of connection that affect our children’s autonomy. Three kinds of parents are: the “Do as You’re Told” authoritarian parent; the “Do Your Own Thing” permissive parent; and the “We Can Work it Out” authoritarian parent. The final style is best, combining respect for a child’s autonomy, firm limits, and healthy, non-intrusive warmth.

Levine also includes a chapter devoted to discipline and control, things that a lot of affluent families avoid, or lack. She describes characteristics of parents who have the right balance of control and deference to their child’s autonomy, including:

- Firmness: Being clear about your authority.
- Monitoring: “Do you know where your children are?”
- Containment: Letting your kids know you mean business.
- Flexibility: Knowing when to skip the showdown.

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10 Levine, 64
11 70-88
12 131
13 154-160
Part Four offers perhaps Levine’s most cutting, and most important, advice to parents. She warns, “just as our children are having difficulty getting their most pressing needs met in this culture, so are their parents.”\textsuperscript{14} She acknowledges the difficulties encountered specifically by affluent parents, as well as the fact that they are likely to be met with sarcasm and lack of empathy from the less financially fortunate people around them. She addresses specific problems such as depression and isolation resulting from demanding jobs, the myth that money brings happiness, and the perils of perfectionism. Levine characterizes these problems as not only issues in their own right, but also as challenges to overcome in order to be good parents.

Ultimately, Levine ends her arguments by warning parents that they must address problems in their own lives before they can expect their children to do the same. She recounts stories of teenagers in her office, suffering from depression, drug abuse, or anxiety, who have at least one parent struggling with the exact same issues! She warns of the risks of subjugating the treatment of a parent’s social or psychological problem to those belonging to their children. In getting healthy first, parents can lay the foundation, and set an example, for way in which their children can develop healthy inner selves.

\textit{The Price of Privilege} is an engaging book that is written in a style that appeals to a wide variety of people. Levine’s anecdotes of individual patients range from hilarious (a male teen citing having “a boner most of the time” as his reason for hating math class)\textsuperscript{15} to downright tear-inducing (a boy, having finally kicked his cocaine habit, discovers that his father abuses the drug and fails to see how it affects his child).\textsuperscript{16} Any person with a mild interest in sociology, psychology, or education will find Levine’s accounts of past therapeutic victories and failures quite intriguing.

The author also anticipates the fears and concerns of her target audience members, affluent parents. She has experienced the denial, pain and frustration of parents dealing with

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\textsuperscript{15} 117
\textsuperscript{16} 174-177
troubled teenagers, and is aware of the shame and guilt they sometimes face. For that reason, she includes her own history and experiences as a parent as part of the text. She cites the struggles she has faced as a parent; she, too, has had to learn to let go of control over her teenager who wants to travel, or discipline a child who had a party behind her back. By including these types of anecdotes, Levine assures the worried, judged parent that they are all in this together, facing similar problems.

Another strength of this work is its unique contribution to the fields of psychology and sociology. People often scoff at the so-called “troubles” of the rich and famous, sarcastically commenting that life “must be rough.” Underscoring these kinds of statements is the pervading myth that people with money do not, or should not, have any problems. But Levine turns this notion on its ear, asserting that people with more money face the same problems, in perhaps higher quantity, than those who are not affluent. Myths and false assumptions are never beneficial for any discipline. In dispelling a particularly harmful myth, Levine has likely helped countless individuals and families.

Despite her engaging writing style, Levine’s reliance on personal experience, anecdotes, and training can be viewed as problematic in her writing. She cites her twenty-five years of experience in the field, conversations with “colleagues around the country,” and various scholarly texts and research studies. However, the fact remains that this book is based largely from the personal perspective of one woman who is embedded in the culture she aims to analyze.

Levine’s methodology is similar to the kind of therapy discussed in Arlene Vetere’s article, “Structural Family Therapy;” which is cited as an example of family systems theory. Levine closely adheres to the promotion of intervention into her teen patients (and often their parents’) behaviors within their community and families. Structural family therapy revolves around therapeutic intervention on three fronts: “challenging symptomatic behavior, challenging

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18 In Chibucos and Leite, 293-302
the family structure, and challenging family belief systems.” The psychologist and author intervenes to deconstruct the negative “inputs” received by patients in the form of negative social messages. For instance, community and family members may pressure teenagers to be excellent students, be popular, or excel at sports, but neglect to help them develop the internal resources to achieve such things. She also intervenes into the destructive interactions between the family members themselves, including the detrimental combination of isolation and pressure. Finally, Levine attempts to break apart the false perfection projected by teens and their families (called “outputs” in this theory) in the service of constructing healthy behaviors.

Levine’s recommendations can also be critiqued as limited in perspective. Again, she recommends practical advice and explanations regarding the troubles faced by teens and parents alike. But perspectives on child-rearing often vary greatly from professional to professional. Even lay people often distrust professionals, preferring to rely on “common sense” or instinct. Those readers who fall into these categories may disagree with some of the analyses made by Levine, as well as her solutions for fixing specific problems.

Ultimately, the biggest challenge Levine may face in those reading her book is the resistance to empathy required to buy into her arguments. In order to follow her advice, or believe her arguments, one has to first empathize with the people in question: the affluent. Many people will fail to overcome their own preconceived notions and feelings about rich and advantaged people.

Resistance to empathy may also come from an understandable comparison to the much-publicized problems of more violent at-risk situations. While affluent teens struggle with depression, anxiety, and other psychological and social problems, the media tends to publicize school killings and violence, deaths as a result of binge drinking, and other youthful issues that may seem more dramatic or shocking. There may be some readers who lack concern for youth

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19 Vetere, 294
20 Chibucos and Leite, 279
whose problems are often hidden behind academic competence and sunny, if fake, dispositions. Some of these issues may seem less urgent when compared to places where children are afraid for their lives, are abused, or have become violent themselves. Indeed, survival is a most basic need and must be satisfied before all else. However, survival is not the only need youths face; we must pay attention to the problems of those who may have different needs from the children we see on the news every night. Survival and existence of affluent children are just as valuable and precarious as that of any other child.

The fact remains that Levine backs up her arguments with sound common sense and experience. Whether or not the reader empathizes with the affluent patients, he or she will recognize the inherent truth in the author’s arguments. Levine effectively positions the problem within a modern socio-historical context and couches her analysis in current research from a variety of sources. Her anecdotes and practical wisdom will likely benefit parents of all races, classes, and creeds.