

6-2016

The Privilege Paradox: The Effect of Affluence on the Adolescent Experience

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**The Privilege Paradox:
The Effect of Affluence on the Adolescent Experience**

By
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Submitted in partial fulfillment of the requirements for
Honors in the Department of Sociology

UNION COLLEGE
March 2015

BERGER, DARCY, The Privilege Paradox: The Effect of Affluence on the Adolescent Experience, Department of Sociology, March 2015.

ADVISOR: Ilene Kaplan

Abstract

The purpose of this research is to identify and discuss the pressures of adolescents who come from affluent families in American society. This is an important group to study, because recent studies suggest there are misconceptions regarding how “privileged,” or isolated from psychosocial maladjustment, these adolescents may actually be. 21 qualitative, in-depth interviews with college students were conducted at a private institution in order to analyze possible areas of distress and mental health concerns. Findings suggest that upper class youth have a unique set of stressors that can potentially lead to mental health problems. High achievement pressures, excessive parental criticism, and perfectionism were salient themes found among affluent youth in this study. In addition, substance abuse was identified as a prevalent coping mechanism. Comparisons between findings of this study and other research of affluent adolescents and their pressures are made and discussed.

This research project is a tribute to my parents, Lori and Ken Berger. Because you taught me the value of self-advocacy throughout my own adolescence, I feel prepared to advocate for others in my future career as a clinical social worker. Thank you for embracing the little girl who turned her bedroom into an orphanage for her dolls. You encouraged her to become the author of this project, instead of the subject.

This thesis is also dedicated to my children, whom I don't know yet, but already love unconditionally. I promise you, no achievement or failure –no matter how big or small - will ever change that.



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Introduction

Adolescence is a distinct, separate subculture in American society, and Frydenberg (2008: 8) describes this group as coming from “their own world,” “another planet,” and “a different culture of species.” Adolescents are not simply older children; rather, they are their own definitive society with a unique set of norms, values, and stresses. Adolescence is a complex stage of the life course that must be studied carefully. The problems that teenagers face –such as unprotected sex, drug abuse, eating disorders, self-harm, and suicide – are serious societal concerns (Frydenberg 2008).

The purpose of this research is to identify and discuss the pressures of adolescents who come from affluent families in American society. This social stratum is selected, because it calls into question whether fulfilling the American Dream avoids maladjustment during adolescence. Unlike teenagers from disadvantaged populations - who face pervasive social problems such as poverty, hunger, and crime - privileged adolescents seem to have all of the elements to succeed. Because of this widespread belief, the well-beings of affluent adolescents have generally been ignored in social research, until the latter part of the 20th century (Luthar 2003). Recent studies over the past two decades have found that teenagers from the highest end of the socioeconomic spectrum are suffering from serious maladjustment concerns (Luthar and D’Avanzo 1999, Luthar and Becker 2002, Luthar and Latendresse 2005, Levine 2006, Yates et al. 2008, etc.).

Adolescents from affluent, well-educated families experience among the highest rates of depression, anxiety, substance abuse, and unhappiness of any group of young individuals in America (Levine 2006, Luthar and Sexton 2004). By examining the pressures of affluent youth in a college setting, this study aims to contribute to a newly started conversation in sociological

and psychiatric research: there is a new, unexpected group of at risk youth in American society today (Luthar 2003, Levine 2006).

The first chapter will be a broad overview of adolescence in contemporary American society. The first chapter will also identify social forces that influence behaviors during this developmental stage. The second chapter will review recent evidence of maladjustment among adolescents from affluent, well-educated families, and explore possible causes of distress. The third chapter will cover the methods and procedures used in this qualitative study. The third chapter will also detail the results from the in-depth interviews conducted with affluent college students at a private institution. The fourth chapter will discuss results from the present study in comparison to the findings from previous studies reviewed in the second chapter. The fifth chapter will consider limitations of the present study, as well as make recommendations for future sociological research of this social stratum.

Chapter 1

Adolescence: A Contemporary Sociological Construct

The Emergence of Adolescence

Adolescence, a socially created concept to define the transitional period between childhood and adulthood, has only recently emerged as a research topic (White 1992, Arnett 2007). In 16th and 17th century American society, just two life stages existed: childhood and adulthood. Expectations for children and adults were explicitly separated. Young children were dependent upon older family members until they became physically capable to help around the house. Children were expected to fulfill the old adage, *children shall be seen but not heard* (Thompson and Bynum 2013).

The onset of puberty was considered to be the rite of passage into adulthood. An adult was considered to be a man or a woman who had gone through puberty, physically developed, and reached mature size (Thompson and Bynum 2013). Once puberty was achieved, adult responsibilities such as employment and marriage were assumed (Felson and Boba 2009). Thus, the transition between childhood and adulthood was distinct and understood.

Urbanization, factory production, and the migration of rural families into large cities led to traumatic experiences for children. Children were viewed as cheap laborers and they lived in cruel conditions. By the end of the 19th century, child labor laws were enacted to advocate for youth who worked in harmful environments (Thompson and Bynum 2013). As children were taken out of work conditions and put into school systems, the gap between childhood and adulthood widened. Preparation for entering the workforce extended; consequently, the period of dependency lengthened (Elkind 1987). Young people were faced with an ambiguous societal role where childhood behavior was not accepted, but privileges associated with adulthood were not yet

afforded (Thompson and Bynum 2013). A life stage was therefore socially constructed in order to define this period in which a young person was no longer a child, but not considered to be an adult (Arnett 2007). Thus, the concept of adolescence emerged as a crucial phase of transition and development.

According to the 2012 U.S Census, there are approximately 42 million individuals between the ages of 10 and 19 living in America today. Around 26 million Americans are between the ages of 15 and 20 (US Bureau of the Census 2012). Along with the increasing population of adolescents, there has been a growing interest in studying this social group (Frydenberg 2008). The Society for Research in Adolescence, the professional society that encompasses multidisciplinary and international researchers interested in the adolescent population, recently celebrated its 29th birthday (Smetana et al. 2006). Two major handbooks of adolescence (Adams & Berzonsky 2003, Lerner & Steinberg 2004, 2009), along with major reviews (Steinberg 2005) have been published recently in the 21st century (Smetana et al. 2006). However adolescence is a fluid and constantly changing concept and thus, perceptions of the timing and duration of adolescence varies in literature.

Defining Adolescence in a Contemporary Context

Adolescence has been commonly described in literature as a phase of life that begins in biology and ends in culture (Clark 2004, Smetana et al. 2006). Most researchers share the view that the beginning of adolescence is marked by the biological changes associated with puberty (Clark 2004, Smetana et al. 2006). However, according to the American Medical Association (2003) and the United States Centers for Disease Control (2014), the age of puberty is slowly dropping, especially for young girls. A century ago, the average age for the onset of puberty was 14.5 for girls. Today, the average age has dropped to 12 years old (Clark 2004). Although this

change makes it hard to delimit the exact age that adolescence begins, the milestone of achieving puberty is accepted in literature as the transition from childhood to adolescence.

However, the transition to adulthood is much less identifiable (Clark 2004, Smetana et al. 2006). Transitions to adulthood have been socially defined in terms of completion of education, entrance into the professional world, marriage, and parenthood (Smetana et al. 2006). That being said, these traditions occur at a range of ages and have significant cultural variations. A report by the United States Children's Fund (2006: 1) supported this argument by saying, "if adolescence is viewed as a transitional stage between childhood and adulthood, from dependence on family to autonomy, adolescence could terminate in one's late twenties or even early thirties in some regions."

Arnett's (2000) conception of "emerging adulthood" proposed that the period of life between the ages of 18 and 24 should be treated as a distinct developmental phase between adolescence and adulthood. His theory demonstrated how normative traditions and milestones considered to define adulthood have changed in our contemporary society. He used demographic shifts, such as higher education and delayed marriage, to support his theory that the nature of development between the ages of 18-25 has dramatically changed over time. In 1970, the median age of marriage in the United States was 21 for women and 25 for men; by 1996, the age had risen to 25 for women and 27 for men (U.S Bureau of the Census 1997). Furthermore, the percentage of young people in America achieving higher levels of education has dramatically risen from 14% in 1940 to over 60% by the mid-1990s (Bianchi and Spain 1996). Additional research on this subgroup found that traditions such as education completion, employment, marriage, and parenthood ranked bottom on the list of milestones to meet in order to reach adulthood (Arnett 1997, 1998, Clark 2004). Rather, significant factors that young people cited

included accepting responsibility, making independent decisions, and becoming financially independent (Arnett 1997, 1998, Greene et al 1992, Scheer et al 1994). These descriptors show how assessments of adulthood vary and are dependent upon societal values.

Until recently, most research on adolescence focused on the “teen years,” which the psychology community considers to be the early and middle stages of development (American Psychological Association 2002, Smetana et al. 2006, American Academy of Child and Adolescent Psychiatry 2008). However, there is an increased academic interest in studying late-stage adolescence, given the rapid social changes in this period (Arnett 2007, Smetana et al 2006).

Given these fluctuations in normative beliefs, values, and traditions, the age markers for adolescence varies widely in literature and across multiple disciplines. The United Nations Population Fund and the World Health Organization both agree that adolescents are between the ages of 10 and 19 (UNICEF 2006). Studies on the importance of significant relationships in adolescence both use a population ranging from 11 to 19 (Clark-Lempers 1991, Lempers 1992). Furthermore, 90% of studies published in the *Journal of Research on Adolescence* and the *Journal of Youth and Adolescence* use samples of young people up until the age of 18 (Arnett 2000). The American Academy of Child and Adolescent Psychiatry (2008) defines adolescence as the period between the ages of 12 and 19. The American Academy of Pediatrics (2003) refers to adolescence as the years from 11-21. The World Program of Action for Youth, the World Bank, and the International Labor Organization all refer to adolescence as a time frame between the ages of 15 and 24 (UNICEF 2006).

Despite his research on emerging adulthood, Arnett (2000: 476) provided a tight definition for the ever-changing phenomenon of adolescence. He said:

In our time, it makes sense to define adolescence as ages 10-18. Young people in this age group have in common that they live with their parents, are experiencing the physical changes of puberty, are attending secondary school, and are part of a school based-peer culture...Although some scholars have suggested that the late teens and early twenties should be considered late adolescence (Elliott & Feldman 1990), for the most part scholars on adolescence focus on ages 10-18 as the years of adolescent development.

Though a watertight framework of adolescence does not exist in literature as of yet, scholars can agree that the transition from childhood to adulthood is an imperative life phase that must be studied in great depth.

Adolescent Stresses and Pressures

Adolescence is an exciting time when young people establish roles, develop new capacities for thought and moral commitment, foster new social skills, explore sexualities, test rules, strive for independence, shape identities, and establish self-concepts (American Academy of Pediatrics 2003, UNICEF 2006, Frydenberg 2008). While adolescence is a period that brings opportunities for growth and development, there is also an increased likelihood of risk. Young people face a multitude of stressful problems unique to their life stage, and may cope with such pressures in harmful, dysfunctional ways (Frydenberg 2008). Frydenberg's (2008) extensive research on adolescent stress and coping reported that young people today report more psychological problems than ever before. She detailed the stresses particular to adolescents by addressing social evaluative concerns, body image and weight concerns, achievement pressures, and relationship stress (Frydenberg 2008). Dryfoos and Barkin's (2006) research is consistent with the claim that adolescents are struggling more today than they have before; they found that a 25% of 10-17 year olds were most at risk for various psychosocial problems.

As adolescents attempt to navigate the increasing complexity of their lives, they experience an ironic mix of incredible resilience and profound despair (Clark 2004). It is

important to understand the scope of risk-taking behaviors such as sexual intercourse, substance use, and unhealthy coping outlets, among American youth today.

The Pressure to Have Sex

Forming a sexual identity is a key characteristic of adolescence (American Academy of Pediatrics 2003, AACAP 2004). Although engaging in sexual behaviors can coexist with positive feelings of intimacy and connectedness, it also poses fundamental challenges for young people. (Crockett et al 2003). A young individual is adjusting to a maturing and changing body, controlling new sexual desires, confronting values regarding sexual intercourse, and experimenting sexually with peers. (Crockett et al 2003). The challenge is that the attention to being sexually attractive, the unfamiliarity of sexual arousal, and the new level of psychological vulnerability created by sexual encounters are all interwoven with the process of forming a sense of self during adolescence (Crockett et al 2003). Thus, establishing a sexual identity can be a serious source of pressure for young people.

In his research on the initiation of sexual intercourse among middle school adolescents, Santelli et al. (2004) discussed factors that can be used to understand adolescent sexual behaviors. Sociological factors that have been associated with earlier engagement of sexual activity include: poverty, family structure, parenting practices, school underachievement, and involvement in other risky behaviors (Santelli et al 2004). Psychosocial factors, especially in predicting condom usage, include: self-efficacy, peer influences, and perceived risk for pregnancy and sexually transmitted diseases (Santelli et al. 2004).

According to reports given by the U.S Centers for Disease Control and Prevention (2011, 2014), the rate of adolescents who are engaging in sexual intercourse has declined since the early 1990s. The CDC (2011) found that fewer than half of high school students (47%) were engaging

in sexual intercourse. Additional findings included: 14% of high school students had sex with 4 or more partners, 24% had intercourse within the past 3 months, and 25% of those who had sexual intercourse within the past 3 months drank or used drugs. According to research conducted by Dryfoos & Barkin (2006), the biggest change from 1991 to 2003 was increased condom use. This result remained the same in a follow-up report by the National Center for Health Statistics (2011). In 2011, 60% of sexually active students reported using a condom the last time they had sex, and 23% of sexually active high school students reported using alternative birth control methods (NCHS 2011).

However, teen pregnancy, abortion, and birth rates in the United States remain the highest among the industrialized world. Three in ten girls will be pregnant before their 20th birthdays (National Conference of State Legislatures 2013). Furthermore, these girls are far more likely to be Black or Hispanic and from socioeconomically disadvantaged communities. Moreover, it is probable that these girls will not receive adequate comprehensive sex education in schools and will lack a support system in their homes (Centers for Disease Control and Preventions 2014, Domenico et al. 2007). Additionally, estimates of STD diagnoses in 2000 ranged from 15 to 19 million new cases (Alford et al. 2003). If this estimate is correct, then 5% of 15-19 year olds may have had an STD (Dryfoos and Barkin 2006). Thus, despite the declining trends, adolescent sexual behavior remains a potent source of stress and poses a danger to the health and quality of life for young people in American society.

It is important to note that an added pressure for adolescents engaging in sexual activities is the contemporary trend of “hooking up.” While research shows that teenagers who are in exclusive relationships are initiating sex at an earlier age (Collins et al 2009, Kirby et al. 2005, Kirby and Lepore 2007), it is commonplace among the adolescent population to engage in casual

sexual encounters without being in a relationship (Dryfoos and Barkin 2006). In the United States, young people tend to initiate sexual intercourse at around the same age as in other Western countries; however, they are more likely to have two or more sexual partners (Dryfoos and Barkin 2006). Furthermore, according to the National Center for Health Statistics (Martinez et al. 2010), 14% of female adolescents and 25% of male adolescents had sex for the first time with someone they had just met or with someone who they were “just friends” with. This highlights the casualness regarding sexual behavior that exists in the modern adolescent subculture. The informality of sexual encounters, exacerbated by peer interactions and media messages, collides with social expectations to respect bodies and show restraint (Crockett et al 2003). These mixed messages can be a serious source of stress for adolescents, who are seeking to fit in with the crowd, while also trying to establish an individual identity.

Emotional Distress and Harmful Coping Outlets

Frydenberg (2008) explained that the depression and anxiety that can be experienced during adolescence subsists on a continuum. The spectrum starts with “feeling down” and “boredom,” reaches feelings of anxiety and depression toward the middle, and the extreme end of the spectrum covers self-harm and/or suicide. Anxiety and depression often coexist, a combination that can be profoundly detrimental to developing adolescents. In two-thirds of major depressive disorders, anxiety has preceded the depression (American Psychiatric Association 2000, Frydenberg 2008). Teenagers - who are trying to establish their identities while battling achievement, relationship, and social sources of pressure - are vulnerable to moving across the anxiety and depression continuum. Furthermore, contextual factors such as family dynamics, peer interactions, exposure to popular media, and socioeconomic status have the power to increase this vulnerability (Frydenberg 2008).

Adolescents experience various forms of anxiety including generalized anxiety, post-traumatic stress, separation anxiety, social phobia, obsessive-compulsive disorder, and panic disorder (American Psychiatric Association 2000, Frydenberg 2008). As previously mentioned, anxiety often coexists with depression, which is a mental health disorder so common that it affects adolescents more than any other mental health concern (Frydenberg 2008). According to the Youth Risk Behavior Survey (2003), 29% of all high school students reported feeling sad or hopeless. The National Institute of Mental Health (2014) reports that about 11% of adolescents will have a depressive disorder by the age of 18, with girls at a higher risk. Adolescent girls tend to experience greater depression, and use more emotion-related coping mechanisms (Li et al. 2006).

While diagnoses of anxiety and depressive disorders undoubtedly affect the adolescent experience, it is also important to discuss how teenagers are vulnerable to harmful copying styles. Anxiety and depression often manifest into other behaviors, such as eating disorders, self-harm, and suicide (Frydenberg 2008, Agras 2001).

a. Adolescent Eating Disorders

Anorexia nervosa, bulimia nervosa, and other types of eating disorders are closely associated with depression. Taken at face value, eating disorders are characterized by an intense pressure to be thin and a severe dissatisfaction with body image. Females are 10 times more likely to develop an eating disorder; for females in the 15-24-age bracket, cases are 12 times more prevalent than for the general population (Frydenberg 2008). Extensive literature supports the notion that certain stresses of the adolescent experience can make young individuals more vulnerable to developing an eating disorder (Agras 2001, Jones et al 2004, Sassaroli et al 2008).

Budd (2007) described the onset of an eating disorder as a mechanism for seeking control and consistency when life feels too overwhelming.

In a qualitative study, patients who were battling Anorexia nervosa referenced that their eating disorder gave them a sense of drive, identity, self-confidence, and helped obtain a sense of stability (Gustafsson 2011, Nordbo et al 2006). Gustafsson (2011)'s research suggested that an eating disorder serves an important purpose for an adolescent experiencing profound emotional distress. This distress may be intensified by society's emphasis on appearance, enforced by mass media, family, and peers (Stice and Shaw 1994). However, Gustafsson's (2011) research advised that eating disorders are a way to cope with various sociocultural pressures present in the daily lives of adolescents. Adolescents can be negatively affected, not only by their exposure to social expectations but also by the way they internalize social pressures own ways of dealing with these expectations.

b. Self-harm

Self-harm, also referred to as non-suicidal self-injury, is commonly described as the deliberate destruction of body tissue without conscious suicidal intent (Lloyd-Richardson 2008). It is estimated that approximately 4% of the population has suffered from self-harm. However, it has been found that up to 38% of college-aged students have engaged self-injurious behaviors (Lloyd-Richardson 2008). This statistic suggests that the adolescent population is increasingly vulnerable to engaging in self-harm as a coping mechanism. Clinically speaking, self-harm functions as a way to cope with anxiety, guilt, loneliness, self-hatred, and a perceived lack of self-control (Lloyd-Richardson 2008, Gratz 2003, Yates et al. 2008).

A study that looked at self-harm behaviors among 633 high school students found that self-harm is prevalent in the adolescent population, as it occurred in 46% in the community sample (Lloyd-Richardson et al 2009). As with eating disorders, self-harm is a non-productive coping outlet (Frydenberg 2008) that adolescents use to deal with various stresses. Frydenberg (2008) pointed out that some scholars include anorexia and bulimia under the umbrella as self-harming practices.

c. Suicide

The rate of adolescent suicide has quadrupled since the 1950s, a crippling increase that must not be ignored (Levine 2006). Today, suicide is among the top three causes of death in the 10-24 year age group (CDC 2015). Suicide is a complex mechanism to comprehend, but scholars agree that suicide involves complicated motives, including underlying psychiatric conditions, namely depression and anxiety disorders (Frydenberg 2009, Bridge et al 2006).

According to the results from the Youth Risk Behavior Survey (2003), 17% of high school participants have considered suicide and 9% have attempted to kill themselves. The research conducted by the Centers for Disease Control and Prevention (2015) adds further support to the prevalence of youth suicide in contemporary society. They found that 16% of high school students in public and private schools reported seriously considering suicide, 13% created a plan, and 8% followed through with their plans.

The World Health Organization (2006) explained that suicide among adolescents resulted from emotional, behavioral, and social problems. They referenced the inability to cope with life's pressures as motive for suicide. Examples of these life stressors include: pressure, loss of romantic relationships, issues with poor-problem-solving skills, and low self-esteem.

The life stressors mentioned above are repeated throughout research on non-productive coping outlets. The adolescent experience can be challenging, overwhelming, and profoundly stressful for young people who are trying to find their places in the world. Some may approach these pressures with stride, while others may cope in dysfunctional, life-threatening ways. The difference may lie in the social forces present in an adolescent's environment.

Social Influences On the Adolescent Experience

Identity formation during adolescence is not an entirely individualistic process. Rather, the social environment is a powerful influence on adolescent development (Lerner and Miller 1993). Jessor's (1992, 1993) framework further exemplifies this ecological approach. He discussed contexts important to adolescent development, such as the family, peer group, and neighborhood. The social learning theory tells us that human behavior is socially learned through a process of socialization; socialization can be defined as "the process in which we learn and internalize the attitudes, values, beliefs, and norms of our culture and develop a sense of identity" (Thompson and Bynum 2013: 176). Familial relationships, peer interactions, and media influences are powerful agents of socialization and can explain the differences that are inextricably intertwined with the continuities of adolescent development.

Family Relationships

The quality of adolescents' relationships with parents is one of the most heavily researched topics on adolescence (Smetana et al. 2006). Despite the perception that adolescence is a period filled with significant moodiness and disobedience toward parents, evidence indicates that alienation from parents, rejection of authority, and rebellion are the exception, and not the norm (Collins & Laursen 2004).

Earlier research findings depict both the consistencies and the changes of familial interactions during adolescence (Belsky, Lerner, and Spanier 1984). For most youth, the quality of parent-child relationships existing during childhood remains the same during the adolescent years, and core values tend to be adopted (Douvan and Adelson 1966, Lerner and Knapp 1975). This view received additional support by Smith's results (1976) that revealed how in important situations, where values about the future were required, adolescents were more likely to reach out to their parents rather than their peers. Rosenberg's findings (1979) showed how parents ranked higher than peers in interpersonal significance.

The association between parental relationships and adolescent well-being has been a topic of considerable interest in literature. It is widely accepted that family dynamics play a powerful role in shaping the adolescent experience (Raja et al 1992). In earlier studies by Burke and Weir (1978, 1979), psychological well-being during adolescence was strongly related to satisfaction with the support provided by parents. Furthermore, Greenberg et al.'s (1983) findings showed that parent attachment is a more powerful predictor than other social influences of well being in adolescence. Armsden and Greenberg (1987) found a significant relationship between perceived quality of parental relationships and psychological well-being (Armsden and Greenberg 1987).

More recent studies support earlier findings that parental relationships are a critical variable associated with psychological well-being in adolescence. According to the results from Raja' (1992) study, adolescents who perceived low attachments to parents had significantly lower scores on the measures of well-being (Raja et al. 1992). Additionally, relationships with parents that were conflict-ridden, less warm, and less supportive were predictive of increased dieting and lower body image (Archibald et al. 1999). Adolescent females who developed eating

disorders reported feeling more criticized, less accepted, and less close to their parents (Swarr and Richards 1996). Specifically, conflict within the mother-daughter relationship related to increases in weight concerns (May et al. 2006). Research by Bearman et al. (2006), Ricciardelli et al. (2000), and Stice and Whitenton (2002) supports claims made above that positive relationships with parents and emotional support from family helps adolescents develop and maintain a positive body image.

Additionally, Repetti (2002) characterized risky families as ridden with conflict, aggression, and cold, unsupportive relationships. She theorized that these characteristics foster certain vulnerabilities that disrupt psychosocial functioning and stress-responsive regulatory systems. Consequently, this puts adolescents at further risk for mental health disorders (Repetti et al 2002). Domenico and Jones (2007) also studied the strength of familial influences on the adolescent experience. They found that adolescent females living in unstable family situations became sexually intimate as a sense of affection and comfort. Furthermore, parental absence and rejection led adolescents to seek relationships elsewhere. Additionally, strong familial relationships and in-tact parental relationships were associated with lower incidents of adolescent pregnancy (Domenico and Jones 2007). These studies provide further support for the strength of familial influence.

Adolescence is a transformational period ridden with fundamental social changes. Adolescent-parent relationships fluctuate significantly and, due to the increasing importance of peers during this time, adolescence can be the most challenging stage of childrearing.

Peer Relationships

During childhood, the family is the major institution of socialization (Lerner 1993). However, as children become adolescents, the influence of peers heightens (American Academy

of Child and Adolescent Psychiatry 2008). Steinberg and Silverberg's research (1986) found an inverse relationship between parents and peers during adolescence. They reported that youngsters tended to shift away from parents, and turn to peer groups as the main source of influence during adolescence.

An alternative viewpoint suggested that both familial and peer influences are two separate entities, or *social worlds* (Boyce 1985). The importance of these two groups depends on which group the adolescent considers significant for self-esteem and self-evaluation. Thus, in stressful situations, dysfunctional relationships to parents can be compensated by strong attachments to peers (Boyce 1985). Updated research supports this claim and highlights that the parents and peers are both influential on adolescent development, but in different ways.

Parents remain important sources of influence regarding long-term morals, values, and beliefs. However, peers tend to influence orientations to adolescent culture (Harris 2000). Brown (2004) discussed the formation of "cliques," during adolescence as a congregation of small groups that share activities and interactions. Clique members are likely to be of the same age, socioeconomic status, and the same sex. Additionally, Brown (2004) introduced *crowds* as a stereotyped image among youth who do not necessarily spend much time together (e.g jocks, nerds, geeks). Crowds depict the social hierarchy and assist adolescents in interacting with peers who share their image and reputation. Thus, crowds provide a context for development and identity formation (Brown 2004).

The quality of adolescent peer groups has been researched considerably in recent years (Smetana et al. 2006). Friendships become closer, more intimate, more disclosing, and more supportive with age. The closeness of these relationships is a double-edged sword for the adolescent experience. The opportunities for improved social skills are salient during this time

and they provide contexts for interaction, a necessary function for adolescent well-being (Brown 2004).

Recently, new research emerged that focused on the dark side of adolescent friendships and peer groups (Smetana et al 2006). Roth and Parker (2001, 2005) examined jealousy in adolescent friendships; they focused on how same-sex (mainly female) friendships changed as members developed romantic interests. Jealousy is linked to loneliness and aggression in social relationships (Smetana et al 2006). Additionally, Rubin et al. (1998) and Steinberg & Morris (2001) conducted research on qualities of “popular” and “unpopular” adolescents. Allen et al.’s research (2005) described the positive and negative effects associated with popularity status. While popularity can entail social adaptation and adjustment, it can also lead to increases in deviant and delinquent behavior (Allen et al. 2005). Popular adolescents are known, attractive, athletic, and accepted (Adler and Adler 1998), unpopular teenagers are associated with withdrawn behavior, loneliness, low self-esteem, and at risk for internalizing disorders (Rubin et al. 1998). Raja’s study on the link between psychological well-being in adolescence supports this notion, as the findings portray that adolescents with high perceived attachments to both parents and peers had the highest scores on a measure of self-perceived strengths. However, a high attachment to peers did not compensate for a low attachment to parents in regards to mental health. Thus, these results depict the importance of quality relationships with both parents and peers for a healthy adolescent experience.

The Media

Popular media are a potent source of socialization; their messages are influential, and their rhetoric is the terrain upon which cultural norms are shaped and reinforced. As Lana Rakow

(2001: 199) proposed, “Media texts do not present messages about our culture; they are culture.”

The degree to which the media influences adolescent behavior is debated in scholarly literature.

Considerable research has been conducted to find associations between media content and body image satisfaction amongst adolescents (Ferguson et al 2011). Becker (2004) reported that the media is such a powerful agent of socialization that it can influence the onset of eating disorders among adolescents. Additional scholars have backed up this view by explaining that mass media encourages teenagers, namely females, to form unrealistically petite body ideals that are impossible to attain (Field et al 1999, Tiggemann et al 1996, Field et al. 2001). Stice et al (1994) found positive associations between media exposure to fashion magazines and higher levels of eating disorder symptomatology. Field et al. (2001) theorized that exposure to mass media increases the likelihood of a young girl developing concerns with her weight because popular discourses depict unrealistic and unhealthy models as the standard of beauty. However, Ferguson et al.’s most recent study (2013) examined how television, social media, and peer competition influenced body dissatisfaction, eating disorder symptoms and life satisfaction; their results showed that neither exposure to thin ideals in television nor social media predicted negative outcomes. Peer competition was a stronger predictor of dissatisfaction (Ferguson et al. 2013). Additionally, other scholars point out that the development of body image perception extends to other contextual factors explained above, such as personality traits, family environment peer interactions, (Becker et al. 2004, Holmstrom 2004).

Summary

Adolescence is a contemporary sociological construct that emerged as a result of rapid social changes. This transitional period from childhood to adulthood is an exciting time of growth, development, and identity formation; however, it is also ridden with various stresses,

pressures, and risk-taking behaviors that can be potentially life threatening (Frydenberg 2008). The adolescent experience is largely molded by contextual factors, such as familial dynamics, the strength of peer interactions, and exposure to popular media.

Chapter 2 will review recent empirical evidence of maladjustment among affluent youth in American society. While social literature tends to use the phrase “at-risk” youth to describe those from low-income families (Luthar 2003), this next chapter will analyze the stresses and pressures that have been found to be specific to the upper end of the socioeconomic spectrum.

Chapter 2

Evidence of Maladjustment Among Affluent Adolescents

Introduction

Recent studies have suggested that adolescents from affluent families in American society are high-risk for developing depression, anxiety, and substance abuse disorders, despite socioeconomic advantages (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Levine 2006, Yates et al. 2008, etc.). Research conducted with children across the socioeconomic spectrum has found that youth from affluent families are often the most troubled, and the most at-risk for experiencing maladjustment during their teenage years (Luthar and Sexton 2004, Levine 2006).

This chapter begins with a brief overview of how the scholarly definition of at-risk youth stems from early sociological theories. Then, the remainder of the chapter will review recent studies of the pressures and problems identified among adolescents from affluent homes in American society.

Who Are the “At-Risk Youth” in American Society?

In the beginning of the 20th century, impoverished children and their families were largely ignored in social research. Rather, child development theories and working models were developed based on research conducted with children from middle-class families. However, halfway through the century, the plight of children in poverty received growing recognition and in turn, empirical research with this vulnerable population increased. While the focus has shifted toward children from disadvantaged backgrounds, the problems among youth from the upper end of the socioeconomic spectrum have been overlooked (Luthar 2003).

Researchers use the term “at-risk” to include a wide range of meanings; however, there is widespread agreement that the concept of “at-risk” goes hand in hand with contextual factors, such as class, neighborhoods, and familial structures (Resnick and Burt 1996, Thompson and

Kelly-Vance 2001, Keating et al. 2002, Cho et al. 2005, Thompson and Bynum 2013). For example, Resnick and Burt (1996), typified “at-risk children” to be those who engaged in risky behaviors such as unsafe sexual behavior, alcohol and drug use, truancy, running away, and associating with delinquent peers. Furthermore, several studies have emphasized how exposure to certain environments might place a child at higher risk for a variety of social problems, including lack of education, health risks, mental illnesses, delinquency, and unemployment (Keating et al. 2002, Cho et al. 2005, Garofalo et al. 2006, Schinke et al. 2000).

In Thompson and Kelly-Vance’s (2001) study on the impact of mentoring at-risk children, the population they used is an illustrative example of how researchers tend to conceptualize vulnerable youth. They gathered their participants from Big Brothers/Big Sisters, an agency that serves children from low socioeconomic backgrounds, who also come from single parent homes (Thompson & Kelly-Vance 2001). Additionally, each participant in Thompson and Kelly-Vance’s study (2001) had an additional risk factor: truancy/running away; living in poverty; associating with delinquent peers; history of physical/emotional/sexual abuse; tobacco/alcohol/drug use; family history of domestic violence; family history of substance abuse; involvement in juvenile justice system; academic problems; and frequent school absences (Thompson & Kelly-Vance 2001).

Many early sociological explanations of adolescent maladjustment were context-specific, and emphasized how socioeconomic class and neighborhoods can be powerful influences on adolescent development. Burgess’s Concentric Zone Theory (1925) was an early contribution to cultural transmission theories in the 20th century. Using the city of Chicago as his model, Burgess developed a series of concentric zones spreading out from the city center and the home of central businesses (Zone I). He found that Zone II, or the region right outside of the city center, was an

area saturated with social problems. This zone was home to new waves of immigrants, ethnic minorities, and lower class residents who struggled with various adjustment problems. In other words, maladjustment tended to be associated with those from lower class backgrounds who lived in disadvantaged neighborhoods.

Merton (1938) took an alternative approach to explaining deviance. A social strain theorist, he speculated that maladjustment was an anomic reaction from disadvantaged people in the lower classes, who realized that that goals associated with the American dream (money, power, social status) were unreachable. Thus, people from the lower end of the socioeconomic spectrum were more likely experience strain, which would manifest into various adjustment problems.

Miller (1958) expanded on Burgess' assertion by explaining that there is a distinctive culture in lower-class populations that encourage delinquent behaviors. Shaw and McKay (1969)'s theory also built on Burgess's earlier work by documenting the spatial distribution of crime and delinquency on maps of American cities. Like Burgess, they found that crime and delinquency were concentrated in urban communities. These high delinquency areas pointed to the Burgess' Zone of Transmission: the central district of the city. Deteriorated, poverty-ridden areas produced social disorganization, which ultimately engendered social problems.

These theories, developed in the 20th century, provide sociological explanations of why youth maladjustment continues to be associated with the lower end of the socioeconomic spectrum in the 21st century. Although children from affluent families do not share certain descriptors of at-risk youth, recent studies conducted over the past two decades (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar, Shoum, and Brown 2006, McMahon and Luthar 2006, Levine 2006, Yates et al. 2008) suggest that unhappiness, psychosocial

maladjustment, and serious mental health problems, are quite prevalent among adolescents from “privileged” homes. According to Levine (2006: 17),

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 schools, or killings in their neighborhoods. America’s newly identified at-risk group is preteens and teens from affluent, well-educated families. In spite of their economic and social advantages, they experience among the highest rates of depression, substance abuse, anxiety disorders, somatic complaints, and unhappiness of any group of children in this country.

While the historical sociological theories presented above can be useful in explaining lower-class maladjustment, they fail to offer sufficient insight into the problems of affluent adolescents. There are misconceptions about the well-beings of adolescents in this social stratum because these adolescents are rarely seen as being high-risk; and, if they are suffering from distress, they have economic resources to help them (Luthar and D’Avanzo 1999, Luthar 2003). Empirical evidence suggests that this societal belief is a fallacious assumption.

Evidence of Maladjustment Among Privileged Youth

Despite a universal belief that material wealth produces happiness, historical data suggest that Americans are twice as rich now but no happier than they used to be (Diener 2000, Myers 2000). Myers (2000) referred to this as the “American Paradox,” for suicide and depression rates have exponentially increased among teenagers and young adults in the United States, in spite of the nation’s wealth. Myers’ American Paradox can be applied to a smaller subgroup in American society – adolescents from families who are positioned on upper end of the nation’s socioeconomic spectrum. Levine (2006) referred to this subgroup as America’s newest group of maladjusted, unhappy adolescents at risk for developing mental health problems.

Luthar and D'Avanzo's (1999) pivotal study made revolutionary discoveries about the well-beings of adolescents from affluent families in American society. They compared substance abuse among high school students from upper class, suburban communities and their inner city counterparts from lower class backgrounds. This study was originally conducted to identify and examine risky behaviors of adolescents from disadvantaged populations. The suburban teenagers were selected from a school that ranked second of nine categories of school districts grouped by family socioeconomic status. Conversely, the inner-city school that was studied ranked in the lowest of the nine districts. They found that substance use levels among affluent, suburban teenagers were significantly higher than among their inner-city counterparts (Luthar and D'Avanzo 1999).

A primary goal of Luthar and D'Avanzo's study (1999) was to examine underlying reasons that led to substance use, and how these varied across the socioeconomic spectrum. Their findings suggested that adjustment problems were surprisingly common among affluent teens. One in five suburban girls showed clinically significant depressive symptoms – this rate is three times that from the normative sample. Furthermore, the rates of clinically significant anxiety symptoms were higher than the normative average for both boys and girls. Moreover, Luthar and D'Avanzo (1999) suggested that suburban, affluent teenagers were using substances to self-medicate, while their inner-city counterparts were not, a finding that hinted about significant pressure and distress among this subgroup.

Luthar and Becker (2002) conducted a follow up study to explore adjustment problems among middle school students from affluent families. Sixth and seventh grade students from an affluent community outside New York City were studied; the average family income was \$120,000. In conjunction with the evidence obtained from the preliminary study (Luthar and

D'Avanzo 1999) findings revealed high rates of substance use among this sample of wealthy middle school students.

A particularly noteworthy finding from this study was the stark difference between sixth grade students and seventh grade students. The sixth grade students in the sample reported low levels of substance use, anxiety, and depression. However, the seventh grade students reported unexpectedly high levels of psychopathology. The patterns of substance use were associated with four of five self-reported adjustment issues among girls, specifically: physiological anxiety, social anxiety, depression, and delinquent behaviors (Luthar and Becker 2002, Luthar and Sexton 2004). Furthermore, the findings from this study revealed that clinically depressive symptoms were unusually high among suburban girls (Luthar and Becker 2002). Seventh grade girls reported rates of clinically depressive symptoms that were double the national average. Luthar and Becker (2002) additionally suggested that substance use in this population was a mechanism for internalizing adjustment problems. These results validate earlier findings: affluent youth can experience equal, or more, maladjustment issues than their counterparts whose families are of lower socioeconomic status.

Additional studies of affluent youth in American society yielded similar findings (Luthar and Sexton 2004, McMahon and Luthar 2006). Luthar and Sexton (2004) reported significantly higher levels of substance use among popular, affluent seventh grade students than a similar sample of sixth grade students. McMahon and Luthar (2006)'s cluster analysis found notable associations between psychosocial adjustment concerns and substance usage among high school students from an affluent, suburban community.

In addition to the reported prevalence of depression, anxiety, and substance use among affluent adolescents, teenagers from upper class communities have also been found to suffer

from eating disorders and self-injurious behaviors at higher rates than the national average (Price 2004, Levine 2006, Yates et al. 2008). Levine (2006) detailed a case study involving a fifteen-year-old girl from an affluent background who used a razor to carve the word *empty* into her skin. This young girl was smart and personable, had adoring parents, and access to many resources, but Levine (2006:1) reported, “I tried to imagine how intensely unhappy my young patient must have felt to cut her distress into her flesh.” Yates et al. (2008)’s study consisting of two samples of suburban, upper-middle class adolescents on the West Coast found that non-suicidal self-injury was a prominent behavior among teenagers from privileged backgrounds.

Levine (2006) warned that depression, anxiety, substance use, and other somatic disorders are becoming an epidemic among adolescents from affluent families, for they are affecting this subgroup *in excess of normal expectancy* (Last 2001). As many as 30-40% of affluent adolescents, ages 12 to 18, are suffering from psychiatric symptoms; 10-15% of which are suicidal and suffer from anorexia nervosa (Luthar and Sexton 2004, Price 2004). These unexpected high rates of maladjustment among adolescents from affluent families are significantly higher than national averages, and greater than adolescents living in poverty (Levine 2006). According to Levine (2006), the only privilege that privileged adolescents seem to have is financially secure parents.

Possible Causes of Maladjustment

In the studies mentioned above, the findings indicate that affluent youth may struggle with a unique set of stressors that can subsequently lead to psychosocial maladjustment and emotional distress. Recent studies (Luthar and D’Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, Levine 2006, Yates et al. 2008) have proposed potential constructs that are salient in affluent communities and could be potential causes of

evident maladjustment: achievement pressures, parental emphasis on excellence, maladaptive perfectionism, and parental isolation.

Achievement Pressures

In wealthy, upwardly mobile communities, a heavy emphasis is often placed on academic and extra-curricular excellence. The pressure to receive admission to top-ranked colleges can make adolescents strive to achieve perfect grades, and excel at a multitude of extracurricular activities (Luthar & D'Avanzo 1999, Luthar and Sexton 2004, Luthar and Latendresse 2005). However, studies demonstrate how the pressure to excel in a competitive environment could lead to a variety of adjustment problems.

Gilbert (1999) reported that many youngsters develop insomnia, severe headaches, anxiety, and depressive symptoms when faced with the expectation of excellence - and, the obvious corollary, that being mediocre is the same as having failed. Luthar and D'Avanzo (1999) suggested that high levels of distress among high school students from upper class families were a product of excessive achievement pressures. In-depth interviews with affluent students in their sample revealed that securing placement to prestigious colleges was a main priority, as well as an intense source of pressure. Luthar and Becker (2002) found a significant association between the overemphasis on achievement and signs of maladjustment among middle school students from affluent homes, including clinically depressive symptoms among 7th grade girls. Additionally, Luthar and Latendresse (2005) found that excessive achievement pressures, both in academic and extra-curricular endeavors, could manifest into psychosocial problems, such as anxiety, depression, and substance use disorders. Levine (2006) reported how excessive achievement pressure experienced in adolescence was a common phenomenon in her upper-middle class community. She described multiple young patients who were struggling with

a variety of psychiatric symptoms, due to an unrealistic pressure to achieve felt from an early age.

Additionally, Huber (2003) researched the six adolescent suicides over a three-year span in an affluent New Jersey suburb. According to Huber (2003), the suicides were believed to reflect a larger social issue- mental health disturbances stemming from excessive achievement pressures. The daughter of the town's superintendent, who attempted suicide after battling depression, reported,

You have so much to accomplish in such little time before you can be someone or do something with your life...I think a big stress a lot of kids face is not knowing what to do or feeling pressured into going to college because their friends are doing it, or because their parents are making them and it's not something they want to do. Everything builds on top of that. I think a lot of kids feel so stressed and so pressured into doing things; it overpowers them (Huber 2003 as cited in Luthar and Sexton 2004: 129).

Levine (2006) echoed this concept, by arguing that many adolescents in her affluent California suburb feel such strong pressures to be perfect, that it results in anxiety, phobia, and – for some – suicide. Furthermore, unrelenting achievement pressures leave adolescents with the debilitating sense that if they do not succeed, then they do not have a place in the world. Studies suggest that the combination of parental emphasis on excellence, and an adolescent's own perfectionist striving, intensifies the excessive achievement pressures in affluent communities (Luthar and Becker 2002, Luthar and Latendresse 2005, Levine 2006).

Parental Emphasis on Excellence

Previous findings of maladjustment among affluent adolescents examined how upper class, well-educated parents can exert serious pressure on the children (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, Yates et al. 2008). Although a bit outdated, Goodman, Simonoff, and Steveson's (1995) research with adolescents suggested that achievement-focused parents put excessive pressures on their children

to excel. Furthermore, Proweller (1998) found that upper-middle class parents believe that their children's educational achievements will surpass their own. More recent findings, discussed below, suggest that this type of pressure can place adolescents at higher risk for psychosocial adjustment problems.

Luthar and D'Avanzo (1999) found a positive association between parents' intelligence and children's clinical psychopathology in their study of affluent youth. Luthar and Becker (2002)'s study of adolescents from upper class homes yielded positive links between adolescent girls' perceptions of parental emphasis on achievement and emotional distress. Luthar and Latendresse (2005) measured affluent adolescent's perceptions of their parents, and found that upper class students reported significantly higher rates of parental expectations than their lower class, inner city counterparts. Levine (2006) discussed how academic performance tends to be at the top of affluent parents' priority lists, which can translate into adolescents developing anxiety disorders while striving to live up to the expectations their parents have set forth. Yates et al. (2008) reported how parental criticism was a factor strongly associated with non-suicidal self-injury among upper-middle class youth. According to Levine (2006), there is a difference between parents having high expectations for children, and socializing children to believe that a parent's love is contingent upon the caliber of their achievements. The latter, she argued, can be prevalent in affluent milieus, and is when adolescents are at risk for developing serious mental health problems.

Maladaptive Perfectionism

Maladaptive perfectionism has been defined by multiple researchers (Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, Levine 2006) as a type of perfectionism that impairs functioning, and can manifest into depression and anxiety. Levine

(2006) describes how the child who can't sleep, or throws up, because he is anxious for an exam exemplifies the concept of maladaptive perfectionism.

Luthar and Becker (2002) found that maladaptive perfectionism was prominent among middle schools students from affluent families. Furthermore, they found strong links between maladaptive perfectionism and self-reported distress. The students who had high perfectionist strivings, and viewed achievement failures as personal failures, were those who had relatively high levels of clinical depressive symptoms, anxiety, and substance use (Luthar and Becker 2002, Luthar and Sexton 2004). Luthar and Latendresse (2005) reported how maladaptive perfectionism was a potential cause of maladjustment in affluent suburbia, and indicated that maladaptive perfectionism went hand-in-hand with parents who overemphasized adolescent's accomplishments. Additionally, Halmi et al. (2005) found that perfectionism was a salient theme present in a study of 607 young individuals battling anorexia and bulimia nervosa. Though this specific study did not classify the socioeconomic background of the participants in the sample, it suggests that perfectionist striving - a salient theme in affluent communities - can have serious consequences on an individual's physical and mental well being.

Furthermore, Levine (2006) discussed a strong relationship between perfectionism and suicide among adolescents from affluent communities who are intellectually and athletically gifted. She emphasized how suicide is usually triggered by a perceived failure, and the prototypical adolescent is idealistic and highly self-critical. Thus, communities that emphasize achievement and excellence gives rise to the adolescent who cannot cope if anything below perfection is achieved.

Isolation From Parents

Studies of affluent youth consistently report that parental isolation, and subsequent lack of perceived parental closeness, both play fundamental roles in producing maladjustment among developing adolescents (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, Levine 2006). Luthar and D'Avanzo (1999) cited survey data from the U.S Department of Health and Human Services (1999), which found an inverse relationship between reported closeness to parents and household incomes among 12-17 year old participants. Additionally, Luthar and Sexton (2004) indicated that adolescents were more likely to be unsupervised by adults if their families were on the upper end of the socioeconomic spectrum. According to Levine (2006), there is a phenomenon existing in affluent milieus where adolescents feel their parents are *everywhere* and *nowhere*, both at the same time. She reported that only 13 % of preadolescents from affluent homes felt close to parents, leaving over 80% of upper class youth to view their relationships with their parents as distant. Additionally, these low levels of closeness to parents were associated with high rates of depression, anxiety, and substance use (Levine 2006, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and D'Avanzo 2002)

Levine (2006: 32) suggested that affluent, well-educated parents “consider themselves enlightened about parenting issues,” and are “shocked to find out that their daughter had an abortion without consulting them, or their first hint that their son was substance abusing came when the police picked him up for dealing.” Simply put, children who do not feel close to their parents do not confide in them. Levine (2006) warned that affluent parents, in particular, have to be cautious, because they tend to underestimate the importance of their absences and overestimate their closeness with their teenagers. According to Luthar and D'Avanzo (1999),

affluent teens tend to be amongst the most troubled youth in American society, because they experience excessive achievement pressures, severe unhappiness, chronic feelings of isolation, plenty of unsupervised time – and ample money do with as they wish. This combination is what Levine (2006) referred to as a *toxic brew* for maladjustment.

Summary

Historical sociological theories (Burgess 1925, Merton 1938, Miller 1958, Shaw and McKay 1969) suggest that socially disorganized neighborhoods, typically found in lower class and impoverished communities, give rise to youth adjustment problems. While these are useful in explaining deviant behaviors amongst disadvantaged youth, they neglect to offer insight into the problems that affluent adolescents in American society may face. Recent studies (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, etc.) suggest that adolescents from affluent homes experience a unique set of pressures that manifests into high rates of maladjustment problems including: depression, anxiety, substance use, eating disorders, self-harm, and suicide. Excessive achievement pressures, perceived parental emphasis on achievement, maladaptive perfectionism, and isolation from parents have been identified as possible causes of maladjustment in affluent communities in American society.

Chapter 3

Methods and Results

Purpose

This is an exploratory study that examines possible maladjustment among adolescents from affluent families in American society. A qualitative analysis of interviews of college students at a private institution was conducted to identify any stresses and pressures that affluent college students may feel.

Procedure

The Human Subjects Research Review Committee gave permission for this study to be conducted. Data were collected on three separate days in the college's main student center. Participants were selected at random, based on who was sitting at every third table in the campus center. After signing a consent form, each student was asked to respond to seven open-ended questions. Following the interview, students were provided a comprehensive list of on and off-campus counseling services during the debriefing session. The list of interview questions can be found in Figure 1.

Participants in the sample were asked to self-report their socioeconomic status as lower class, middle class, or upper class. A family income of at least \$75,000, or higher, was the marker used to distinguish the upper class from the middle class. Researchers define affluence differently; an income of \$75,000 was chosen for this study to be consistent with the concept of "mass affluence," the social group in American society targeted by marketing magazines (Levine 2006).

Figure 1

<i>Interview Questions</i>
Age:
Class Year:
Sex:
Race:
Socioeconomic Class Identification: <ul style="list-style-type: none">a) Lower classb) Middle classc) Upper Class
*Upper Class: Family Income 75,000 and above
1. On a scale of 1-5 (1 being no pressure, 5 being very pressured) how pressured do you feel to excel academically?
2. On a scale of 1-5, how pressured do you feel to shine in extracurricular activities?
3. On a scale of 1-5, how pressured do you feel to make a lot of money in the future?
4. What are your major causes of stress on a day-to-day basis?
5. How do you cope with these daily stresses and pressures?
6. On a scale of 1-5 (1 being do not identify, 5 being strongly identify) how strongly do you identify with this phrase: My parents expect excellence from me?
7. On a scale of 1-5, how strongly do you identify with this phrase: I set higher goals than most people, and if I fall short, I feel like I failed.

Sample

21 college students participated in this study, all of whom are full-time students at a private, four-year institution. The age of participants ranged from 19 to 22 years old, with a mean age of 20.3. The sample included 14 females (67%) and 7 males (33%). 17 participants (81%) self-reported their socioeconomic background as “upper class,” while 3 participants (14%) self-reported their socioeconomic background as “middle class.” 1 participant (5%) self-reported his socioeconomic background as “lower class.” 19 participants identified as White/Caucasian, 1 participant identified as Hispanic/Caucasian, and 1 student identified as African-American.

Given this class breakdown (as can be expected for the sample population from this college), only the affluent student results are reported below.

Results

The interview questions are clustered into 4 constructs that are representative of frequently researched areas in other academic studies on affluent adolescents: achievement pressure, perceptions of parental pressure, perceived maladaptive perfectionism, and coping with distress.

Achievement Pressures

To measure the degree to which college students felt pressured to achieve inside and outside the classroom, participants in this study were asked to rank, on a 5-point Likert scale, how pressured they felt to achieve academically, excel in extra-curricular endeavors, and to secure lucrative careers in the future. *Little pressure* was operationalized as a ranking of a 1 or a 2; *moderate pressure* was operationalized as a ranking of a 3, and *strong pressure* was operationalized as a ranking of a 4 or a 5 for each of the three questions pertaining to

achievement pressures in this study. See Table 1, Table 2, and Table 3 for a display of results regarding achievement pressures.

Table 1: Academic Pressures

	<i>Frequency</i>	<i>Percent</i>
Little	1	5.9
Moderate	1	5.9
Strong	15	88.2
Total	17	100.0

N=17

Of the 17 upper class participants in the study, 15 (88%) reported feeling strong pressures to excel in their academic endeavors. Their responses revealed one omnipresent theme that contributed to such a high level of academic pressure: the competitive culture of private school.

I was raised in a private school environment, and have been pressured to be the best at everything since I was 5 years old. I'm 22 now, and almost done with my private school career, but the pressure is still very much there. I want to be a dentist, and I want to take a year or two off before I go back to school, but my parents don't want me to. [laughs] I'll still be at a private institution when I am 26 years old. - Female, age 22

I went to boarding school, which obviously was crazy competitive. I was always the middle of the pack, but that was never good enough. Getting a B wasn't acceptable there, which was really hard for me, because I worked insanely hard to get B's. It's not much better here, there's just less people on you to get A's. But school, in general, and the competition, has always been a lot for me. -Female, age 21

It is important to note that many participants reflected on their high school experiences when discussing their profound academic pressures. Interwoven in a few responses was the notion that achieving top grades wasn't as "important" in college, because the end-goal was to

get a “good job,” which many upper class participants said was a product of having “connections” and “knowing the right people.”

Grades only matter in high school. I was really pressured in high school, because academics did not come as easy to me as they did to my friends...and grades were really important then. I definitely only got in here because of my high school GPA. If you're personable, and you know people, you'll get a good job. It doesn't matter what your grades are once you're in college. Now, it's about connections. But that has it's own stress. - Male, age 21

However, the competitive values instilled in these students from an early age still seemed to persist into their college years. Of the 15 students who reported high levels of academic pressure, 11 (73%) described how the competitive environments they grew up in shaped their daily stresses in college, beyond academic pressure.

I feel like everyone here is very smart, and I'm a competitive person. At this point on my life, the big things are academics, getting a job, and being social. So, that's what I'm competitive about. When my friends are in the library, I am too. It stresses me out when other people are going to career fairs, or having phone interviews, and I'm not. I hate when someone does better than me, in anything. Female – age 21

Table 2: Extra-Curricular Pressures

	<i>Frequency</i>	<i>Percent</i>
Little	0	0
Moderate	1	5.9
Strong	16	94.1
Total	17	100.0
N=17		

Achievement pressures experienced by participants in this sample extended beyond academics. The pressure to excel at extra-curricular activities and to have a well-rounded resume was substantial. 16 of the 17 participants (94%) reported feeling strong pressures to be actively involved outside the classroom. Interestingly, the responses revealed that extra-curricular activities seemed to be only a means-to-an-end, rather than hobbies rooted in students' passions. According to these responses, it seems as though the obligation to have a well-rounded resume began in early adolescence, heightened in high school, and continued into the college years.

To be a top candidate for getting a job, have to have much more than a solid GPA. You will be excluded from the applicant pool. In order to have the best, you have to be the best, and being the best in college is about being well-rounded. If internships didn't matter, I would have spent my summers as a camp counselor, because that's what I love. But at a certain point you have to grow up and realize that this matters and your resume matters for your future. - Female, age 21

I wasn't a great student in high school, but I went to a really elite, preppy boarding school and you have to be amazing there. Everyone in my life – my parents, my counselors, my teachers – told me to pursue my sport because it would get me into a much better college than I could get into on just academics. It wasn't like it was money, like I needed a scholarship to go to college – it was just the pride of saying that I was going to a top school. During my sophomore year of high school, I was good at lacrosse, but I didn't want to play in college. I started playing on travel premiere programs and I remember we had to sit down and talk to the director about what we wanted – I mean, I was 15 years old. I had no idea what I wanted. - Female, age 21

I remember the exact moment in high school when sports went from being a hobby to being an obligation. I'm 19, and it's still an obligation for me. A lot of people would be disappointed in me if I stopped playing, even though I would be much happier. - Male – age 19

Table 3: Career Pressures

	<i>Frequency</i>	<i>Percent</i>
Little	2	11.7
Moderate	1	5.9
Strong	14	82.4
Total	17	100.0

N=17

Responses to academic and extra-curricular pressure were relatively consistent among affluent youth in the study. However, the distribution of responses for upper class students was more spread out. Roughly 18% of participants reported little to moderate pressure, to maintain their affluent status in the future. The responses for these students were relatively consistent – they did not aspire to expose their children to certain aspects commonly found in the affluent culture.

I mean, there's some pressure of course. I want to have a big family and live in a house by the ocean, and I need money to do those things. But I will never send my children to private school. It's toxic. I want them to be around more grounded people. - Female, age 21

I feel like a lot of my life has been planned out for me, and it's finally my chance to change that. I want a job that I'm passionate about. I want to love going to work everyday. I want to teach that to my children. Money is not equivalent to happiness. –Male, age 21

However, the remaining 82.4% of participants reported significant to tremendous pressure to maintain their socioeconomic statuses by entering lucrative fields. Although responses were more varied, there was one common theme: they feared humiliation, both familial and societal, if they didn't obtain the type of success that they are expected to.

Where I come from...well...I guess you could say I have seen what success looks like. I see what successful people have, and I want that too. I also think it is something I am expected to have. –Female, age 21

My parents built their success from the ground up, and gave me opportunities that I know other people don't have. I've been on incredible vacations, have a second home, I've been to the best schools there are, and I've never wanted anything I couldn't have. I want that for my children, and I also want to make my parents proud of me. I want to continue the legacy they started, and I don't want them to be disappointed. There's a lot of pressure to, like, really make something of myself because if I don't, then their hard work would have been for nothing. – Female, age 21

My dad made a lot of money, and he expects me to do just the same. I would love to write and produce comedy, but I just accepted a job on Wall Street. It is what it is. –Male, age 22

Being a guy, and being where I am from, it is just expected that I am going to make a lot of money because my parents do. It stresses me out though, because my friends talk about finance jobs and getting business degrees, and that's not me. I want to be a coach, or teacher, or something like that. But, I grew up in an environment where guys don't do that. I would be embarrassed if I didn't live up to the expectations that people have for me. –Male, age 22

Responses from affluent youth in the study revealed excessive achievement pressures, in a few different areas, among this social stratum. Another construct examined in this research was the extent to which adolescents believed their parents were the drivers behind these extreme pressures.

Perceptions of Parental Pressure

A notable finding among upper class participants in this study was the perception that parents are a major source of pressures to compete, and excel, during adolescence. Participants were asked how strongly they identified with the phrase “my parents expect excellence from me” on a scale of 1-5. Little perceived parental pressure was operationalized by a ranking of 1 or 2, moderate perceived parental pressure was operationalized by a ranking of 2, and strong perceived parental pressure was operationalized by a ranking of a 4 or 5. The results are displayed in Table 4.

Table 4: Perceptions of Parental Pressure

	<i>Frequency</i>	<i>Percent</i>
Little	0	0
Moderate	2	5.9
Strong	15	88.2
Total	17	100.0
N=17		

Approximately 88% of participants reported strong perceptions of parental pressure. The remaining 12% of students in the study reported that they identified moderately with this phrase. They explained that their parents had certain expectations for them, but they were mostly concerned with happiness.

My mom and dad definitely want the best for me, but they also want me to land on my two feet. –Male, age 22

Their number one priority is that I’m happy. But, in the best way possible, they want me to have the best of everything. –Female, age 21

However, the remaining 88% of participants in the study discussed, rather emphatically, how their parents micromanage every facet of their lives, push them to succeed, and encourage endeavors that are “socially acceptable”, rather than what the adolescents actually desire. A common theme throughout these responses was how the intense criticism from parents affected, and continues to affects, the adolescent experience.

My parents are very critical. I used to get privileges taken away from me if I got below a 90 on something. They were also very critical of me after [sports] games, if I didn’t play well. One time, my dad drove away from a tennis match, because I was about to lose. –Male, age 19

I remember being in middle school, and I got an A- on a paper, but I could have rewritten it for an A. I told my parents, thinking they would commend me for the high grade I achieved initially. Instead, they berated me for not rewriting it, and I ended up almost pulling an all-nighter re-doing the paper to get an A. I think they were trying to teach me not to accept mediocrity, but I didn't think an A- was mediocre to begin with. – Female, age 19

In high school, I was really good at [*a sport*]. My coach called my parents when I was a freshman, and told them I should pursue playing in college. It was very exciting when I was 14, but the novelty wore off by the time I was 16. It was a lot of pressure, feeling like my future was riding on something I didn't even like to do. I used to get sick before games, because I was so nervous that I would mess up. Finally, I decided I wanted to quit, and I sat down with my parents to tell them that. They basically wouldn't let me. They told me they didn't raise me to be a quitter, and that I had such a bright future ahead of me. I really do think they had my best interest in mind because I wouldn't be here without it. But, I always wondered who the sport was for – them or me. – Female, age 21

Interestingly, just under half of the participants (41%) seemed to validate such criticism by saying they understood, that they wouldn't have been as successful without their parents micromanaging their accomplishments, and that they will likely act the same way with their children in the future.

I don't think my parents are trying to control me, I think they just want the best for me. I feel a lot of pressure from them, but that has just made me expect more of myself. - Male, age 21

I mean, it drives me crazy, but I get it. There is no way I would be where I am without my parents. I'll probably be the same way when I'm a mom. I understand that our parents want the best for us, and that they are investing a lot of time and money into making sure big things happen for us. – Female, age 22

Perceived parental emphasis on achievement was a ubiquitous finding among affluent participants in the study. Perceived maladaptive perfectionism was the third factor measured in this study.

Perceived Maladaptive Perfectionism

Maladaptive perfectionism, a factor commonly associated with achievement pressure, is widely believed to be a main source of adjustment problems among adolescents in affluent communities (Luthar 2002, Levine 2006). Perceiving perfectionist striving was measured by

asking participants to rank how strongly they identified with the phrase, “I set higher goals than most people, and if I fall short, I feel like I failed.” Low maladaptive perfectionism was operationalized by a ranking of 1 or 2, moderate maladaptive perfectionism was operationalized by a ranking of 3, and high maladaptive perfectionism was operationalized by a ranking of 4 or 5. The results are displayed in Table 5.

Table 5: Perceived Maladaptive Perfectionism

	<i>Frequency</i>	<i>Percent</i>
Low	4	23.5
Moderate	6	35.3
High	7	41.2
Total	17	100.0
N=17		

Approximately 41% of participants reported high perceived maladaptive perfectionism. These students discussed feeling that no matter the caliber of their achievements, there was still a feeling that they had to do more, or do better, because their success wasn’t enough. In addition to setting very high standards for themselves, they discussed consequences of such self-induced pressure. Conversations with participants revealed that these students have pressured themselves to the point of feeling physically ill before exams, games, or other important events, because they feared failure. Interestingly, this data suggested gender-specific pressures, as all 7 students who reported experiencing perfectionist strivings were female.

Maybe this is just the way I’m wired, but I always focus on what I did wrong. If I get, like, a 96 on a test – I’m upset about the 4 points I lost. I used to be a dancer, and even if I won, I was

upset about points I lost for wobbling or a bad turn. That sounds really depressing, but it's just the way I am. –Female, age 20

I've been grinding my teeth since I was 13 years old. I stress out, even in my sleep, before tests because I am just so nervous. I used to have a habit of throwing up before big things, because I couldn't handle the pressure. The weird thing, is, the more stress I put on myself, the better I did. It paved a dangerous path, though, because I became someone who thrives under pressure. But that's not good for me. – Female, age 21

While these responses showed how strongly some identified with the perfectionist label, the remaining 10 affluent participants (59%) reported moderate or low perceived perfectionism. The distribution for this cluster's data was the most spread out, and the least consistent.

Participants who reported “moderately” identifying with the phrase (i.e. a ranking of 3) suggested that, although they set high goals, they were not frightened by the concept of failure. Furthermore, conversations revealed that these participants weren't too concerned with putting pressure on themselves.

I mean, I set high goals, but I don't think I'm more motivated than my peers. And if I fall short, it's not the end of the world. – Male, age 21

I'm really not that worried about failure. If I try and fail, I'll try again. I'm just not that hard on myself. – Female, age 20

The remaining 3 participants reported feelings consistent with those mentioned above. Notably, one student reported that perhaps her affluent peers who are not perfectionists feel as though everything will be handed to them.

I feel like a lot of the kids I grew up with in private school, and a lot of the kids I go to school with [here] don't have to be perfect, because everything will turn out perfect for them. Like, they don't have to be caught up with getting perfect grades in college, or having the perfect resume because their connections will get them somewhere. Actually, thinking about the kids I know, you're either one or the other...either a crazy, anal perfectionist, or really [relaxed] and laid-back about important things. – Female, age 21

Although these results are spread out, and seemingly ambiguous, they suggest that perhaps females are more susceptible to developing maladaptive perfectionist behaviors. This merits further, gender-specific research on this topic.

Coping With Distress

Participants were asked, in an open-ended fashion, to describe their main sources of daily stress and frequent coping mechanisms. Responses covered a range of different and personal topics, including: a fresh divorce between parents, a younger sibling with Cystic Fibrosis, and a few recent relationship arguments. However, a common source of stress detailed by multiple participants seemed to be maintaining constant happiness, despite achievement pressures.

a. Social Pressures

I'm a freshman, and I have had a good year so far, but I look at pictures on Facebook and Instagram and I feel like other people are happier than me. And that worries me, like I'm doing something wrong. – Female, age 19

53% of students participating in the study shared the concern that they weren't as happy as their peers seemed to be, or at least appeared to be on social media. In other words, a little over half of the sampled participants highlighted the same concern, in an open-ended response.

I am really lucky. I have amazing friends, I got into the sorority that I wanted to, and I have a boyfriend. But I still feel like something is missing, like other people, who have less, I don't know, networks, are much happier than I am. –Female, age 21

Your parents run into people from home, and they always ask how you're doing at school, and you want your parents to say, 'they're great!' so I get stressed out when I hear how happy my friends from home are, almost like it's a competition. - Male, age 21

I think it appears as though I have a lot of things so I should be happy, but the truth is, I feel alone a lot. Alone, and empty, even though, I don't know, I guess on the outside I have a lot. – Female, age 21

Body image was also mentioned as a main source of daily stress. It was mentioned in 6 responses, all of which were given by affluent females. That is, exactly half (50%) of the upper

class female participants brought up issues pertaining to body image as a main stressor in their lives.

I struggled a lot with appearance in boarding school. Everyone who was ‘someone’ was thin, athletic, and beautiful. It was hard to keep up. It was bad in boarding school, but it’s still, like, a constant stress for me. –Female, age 21

Eating really stresses me out. It always has. - Female, age 20

I was always an athlete in high school, and I was always super in shape. I never worried about anything. Now that I’m in college, and my lifestyle is very different, I’m always very conscious of what I eat and when I workout. Nothing in a bad way, you know, but it’s definitely something I think about more than I probably should. – Female, age 19

b. Coping Mechanisms

Given the nature of open-ended responses, participants’ answers to their coping methods fluctuated greatly. 62% of participants talked about healthy coping styles, such as exercising, yoga, reading, and hanging out with friends. However, a notable concern was the prevalence of unhealthy coping mechanisms detailed by affluent youth in this study. One student recalled her own observations of her peers from her private high school, explaining,

Half of the girls I went to high school with starved themselves, and the other half cut themselves. It was all under wraps though, because their accomplishments covered up their issues. Everybody talked about it, but nobody would ever confront someone about their obvious problems.– Female, age 21

Another participant reflected on the coping struggles among her high school peers, and how they were often hidden under the guise of success and popularity.

I went to a really competitive high school that demanded a lot from students. There were obviously people who couldn’t handle it, but even the people who seemed to be dealing with the pressure were definitely struggling inside. It was hidden very well. I’m not saying it was everyone, of course, but like, the pretty popular girl going to an Ivy League school? She definitely had an eating disorder. But nobody ever noticed. – Female, age 20

In addition to observations of peers, most participants talked about their own methods to cope with their day-to-day pressures. Substance abuse was identified as a common coping mechanism among affluent youth in this study. 65% of participants elaborated about substance abuse, none of whom mentioned such activities as unhealthy.

[laughs] Um...drinking? Am I allowed to say that? –Class Female, age 21

Xanax, [marijuana]...you know...– Male, age 21

Going out on the weekends...and sometimes during the week if my schedule allows. Drinking with my friends is always what I look forward to when I'm crazy stressed during the week. –
Female, age 20

Definitely drinking. –Male, age 19

I know it sounds like I'm making an excuse, but we all work so hard, that I think that's why we get so belligerent on the weekends. It makes up for all the pressure we put on ourselves. –
Female, age 22

Ritalin to get through the day, Xanax to get through the night. – Male, age 22

Despite findings of positive, healthy methods of coping, the prevalence of responses that centered on substance use suggest a *work hard, play harder* mentality among affluent adolescents in this study. This type of approach can potentially be damaging to adolescents in this social construct, who have been socialized to value hard work and achievement from a young age.

Summary

This qualitative study was designed to identify any pressures experienced among affluent adolescents in a private college setting. Results from this study suggest that adolescents from upper class, well-educated homes experience competitive achievement pressures in academic, extra-curricular and social affairs. Furthermore, these pressures may be exacerbated by parental criticism and inner maladaptive perfectionism, which could manifest into serious adjustment

concerns, and mental health problems.. These findings are compared to those found in previous academic studies in the next chapter.

Chapter 4

Discussion of Results

Introduction

The purpose of this exploratory study was to identify and discuss the pressures experienced by adolescents who come from affluent families in American society. This research was designed to question whether fulfilling the American Dream avoids maladjustment during adolescence. In conjunction with evidence obtained from other academic studies of affluent teenagers, findings from this study suggest that adolescents from this social stratum experience a unique set of stressors that can lead to maladjustment problems. Results are discussed in the four examined clusters: achievement pressures, perceptions of parental pressure, perceived maladaptive perfectionism, and coping with distress.

Achievement Pressures

Interview responses indicated high levels of achievement pressures experienced by affluent youth in the study. Participants consistently reported feeling intense pressure to excel inside and outside the classroom. One omnipresent theme represented in participants' responses was the competitive nature of their academic backgrounds, specifically the culture of the private school environment. Responses suggest that being raised in such competitive environments might give way to feeling profound pressure, not only to succeed at various endeavors, but also to excel over peers, and friends. Conversations with participants detailed the fear of earning a respectable "B" in a course, the embarrassment associated with mediocrity, and the pressure to live up to expectations deemed by parents, school personnel, societal norms, and their own strivings.

Furthermore, noteworthy responses detailed intense academic pressure in high school in order to secure admissions at top institutions. However, some admitted feeling less academic pressure in college. One student in particular reported,

Getting into college was a big deal and it was really stressful in high school to have a perfect transcript. Now that I'm here, I don't feel as much stress to get straight A's because experience and a degree are more important. Also, it's definitely about who you know. I feel like as long as you're a solid student, and you have a good personality, and you know the right people, you'll get a good job after graduation. – Female, age 21

Also notable was the consistent finding that extra curricular endeavors were not rooted in passion, but rather were mundane obligations participants felt pressured to fulfill. A commonly discussed notion was the desire to quit a certain activity or choose a different career path, but participants felt they had certain societal expectations to uphold. One student expressed how living a “fake” life contributed to daily stress, because her academic and extra-curricular pursuits did not match her authentic interests. Another student reported feeling “trapped,” for the same reason.

Earlier studies that examined achievement pressures among upper class youth yielded similar findings to this study. Luthar and D'Avanzo (1999) speculated that high levels of distress among upper class, suburban youth was a product of high pressures to achieve. Data obtained from in-depth conversations with affluent high school students revealed that for many teens, gaining admission to stellar colleges was a top priority, and a source of profound distress. Luthar and Becker (2002) found associations between excessive achievement pressures and clinically depressive symptoms in 7th grade girls, as well as internalizing symptoms and substance abuse among middle school boys and girls. Additionally, high levels of substance use, anxiety, and depression have been found to be manifestations of pressures associated with excessive involvement in extra-curricular activities and being over-scheduled in order to build a

competitive resume (Gilbert 1999, Luthar and Sexton 2004, Luthar and Latendresse 2005).

Levine (2006) found this phenomenon to be common among the upper-middle class adolescents she treats as a psychotherapist. She described the “unrealistic pressure to achieve” as a catalyst for the “tearful, hunched-over child in [her] office” (Levine 2006: 30). The findings obtained from this study can build on those found in previous academic studies, by contributing up-to-date evidence that affluent adolescents experience tremendous pressures to achieve in all endeavors - academic and extra-curricular alike. The results from this study validate those from prior studies that warn about links between achievement pressure and maladjustment among upper class youth.

Perceptions of Parental Pressure

Conversations with affluent adolescents in this study revealed that these students perceive their parents to be fundamental agents of their achievement pressures. Participants consistently expressed the involvement of their parents in their endeavors, whether in academic accomplishments, athletic activities, college choices, or career paths. The concerning element of these responses was not necessarily the perceived over-involvement of parents in their adolescents’ lives, but rather how the participants described their parents’ emphasis on competition and achievement, and the subsequent criticism they exuded if their children fell short. 88% of upper class students in the study reported that their parents expected excellence from them.

Notably, the results from this study also suggest a dichotomy between parents’ expectations (perceived by the adolescents in the study) and their adolescents’ actual interests. A predominant phrase expressed in participants’ responses was, *I would do this, but my parent’s won’t let me*, or *my parents have certain expectations for me, and I don’t want to disappoint*

them. Adolescents in this study referred to this concept as the backbone for most of their important choices. Not only was this concerning, for parental pressure could engender unhappiness and anxiety among adolescents, but it also disrupts the fundamental process of development from a child to a functional, independent adult who can make his or her own decisions.

Prior studies (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, Levine 2006, Yates et al. 2008) that examined maladjustment among affluent teens almost always investigated the role of the parents in generating such high levels of pressure. Though a bit outdated, epidemiological research with hundreds of adolescents yielded positive associations between parents' intelligence and children's clinical symptomatology, suggesting that achievement-oriented parents may place significant pressure on their own children to excel in all facets of their lives (Goodman, Simonoff, and Stevenson 1995, Luthar and D'Avanzo 1999). More recently, Luthar and Becker (2002)'s study found links between adolescent perceptions of parental emphasis on achievement and high distress, albeit only among young girls in the study. Results from a recent study found that perceived parental criticism was strongly associated with increased non-suicidal self injury among upper-middle class, suburban youth (Yates et al. 2008).

Levine (2006) discussed how "anxious parents make anxious children," and academic performance is invariably at the top of upper class parents' priority lists. This concept was found in the present study, most specifically with getting into a top college and securing a prestigious post-graduate career. While Luthar, Shoum, and Brown (2006) cautioned society from assuming that parents who have high expectations for their children are doing their children a psychosocial disservice, Levine (2006) clarified by warning parents that when their children feel that love is

conditional on achievement is when they are at risk for serious emotional problems. Although the present study did not ask participants to go into such detail about their relationships with their parents, the results suggest a hazy line between participants feeling that their parents want the best for them, and for them to be the best in their endeavors.

Perceived Maladaptive Perfectionism

Prior findings (Luthar and Becker 2002, Luthar 2003, Luthar and Sexton 2004, Levine 2006) suggest that perceived parental pressure and maladaptive perfectionism go hand-in-hand. In the words of Levine (2006), anxious parents make anxious children, who consequently become perfectionists out of fear of falling short to their parents' exceedingly high standards. This study examined both indices as possible sources of distress among affluent adolescents. Whereas 88% of students in the study reported that their parents expected excellence from them, the results pertaining to perfectionism yielded findings that were less telling.

Approximately 41% of participants reported experiencing maladaptive perfectionist strivings. These participants admitted to focusing on failure, rather than achievement, despite the caliber of their successes. They relayed how failure terrified them, and made them anxious to the point of feeling physically ill. Furthermore, these participants were all female, a social distinction that merits mention.

Conversely, the remaining 59% of affluent adolescents in the study reported neutrality on the topic. In a particular conversation with one student, she inferred that her upper class peers were either "crazy" perfectionists, or the opposite. The latter, she said, likely felt no need to achieve perfection, especially in college, because their position on the socioeconomic spectrum would guarantee them success. Perhaps the sharp contrast between the students in the sample is not a reflection of who works harder to achieve success, but rather an illustrative distinction

between those students who have been socialized to strive for perfection and fear failure, and those who are more accepting of life's ebbs and flows. To ascertain more significant results, more detailed information (i.e. extensive family background, parents' values) would need to be obtained to determine why some students strive for perfection to the point of physical illness, and why others are more content to let life unfold.

Earlier studies (Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005) found strong associations between maladaptive perfectionism and distress, while the present study only analyzed the prevalence of perceived maladaptive perfectionism among the sample population. While the greater majority of students in the sample reported healthier, adaptive strivings, those who exhibited signs of maladaptive perfectionism – a moderately high percentage of 41% – cannot be ignored. Furthermore, the fact that the 41% is comprised entirely of females calls for further investigation. Although previous findings did not report gender distinctions, it has been argued before that upper class females have certain gender-specific challenges (Luthar 2003). However, these studies are more focused on the plight of upper class adult women who feel pressured to excel in demanding career roles, as well as in their roles as mothers (Luthar 2003, Kantrowitz et al. 2001). Although this does not pertain to female adolescent college students, it is worth noting and merits further research on gender-specific pressures.

Luthar and Becker (2002) found that levels of maladaptive perfectionism had strong associations with subjectively perceived distress, and self-reported delinquency. Levine (2006) detailed the robust relationship between perfectionism and suicide, especially among “gifted” adolescents. She discussed how the combination of being self-critical and experiencing parental pressure to meet achievement demands is bound to result in perceived failure. This is a lethal,

and too typical, pattern, considering the fact that adolescent suicide is often rooted in a perceived failure, whether it be at home, school, or in relationships (Levine 2006). Levine (2006: 30) warns how the constructs that have been discussed thus far – high achievement pressures, unrelenting parental pressure, and perfectionist strivings - “leads to depression, anxiety, even suicide in some children, and a debilitating sense of not being able to keep up in many more.” Thus, these findings add support to the conversation of a *new* social problem - adolescents who appear successful, happy, and ever *perfect* on the outside, can be put at high-risk for experiencing serious maladjustment and distress.

Coping With Distress

In the final component of the in-depth interview, participants were probed about their day-to-day stressors and subsequent coping mechanisms. These were open-ended responses, which led to specific conversations about personal stressors, such as fighting parents, an uncommitted relationship, and the like. However, a significant overlapping theme found throughout the responses suggested that achievement pressures might not be limited to academic and extra-curricular activities. Among the participants in the present study, there seemed to be a pressure to “achieve” socially as well. Students reported feeling that their peers seemed happier than they were; an inkling exacerbated by pictures posted on social media sites. One student attempted to justify why she *should* be happy: socially active peers, participation in Greek Life on campus, perceived popularity, good grades, etc. However, she admitted feeling that something was “missing.” Another participant corroborated this finding by saying he felt his life was “robotic” and “boring.” A few conversations included students feeling pressure to maintain aesthetic appearances, at any cost. Similar responses were shared by 53% of the students in the sample – a little over half. While previous results were discussed in terms of falling short from

impossibly high expectations, this common finding suggests that adolescents who seem to succeed at being the perfect student and the star athlete may still be bound for maladjustment problems, because they aren't *happy*. In other words, the poster image of perfection may only be a guise for some privileged, gifted adolescents. They can seriously suffer on the inside.

Levine (2006) talked about this disturbing concept as a common phenomenon in her practice. She detailed the case study of a bright, adoring fifteen-year-old girl from an upper class family who used a razor to carve the word "empty" into her skin. She was so intensely unhappy, despite her supposedly "privileged" status, she felt the need to cut her unhappiness into her skin (Levine 2006). According to Levine (2006), her appointment book is filled with affluent patients who exhibit profound unhappiness and fragility, despite the caliber of their achievements.

Notably, the present study identified substance abuse as a prevalent coping mechanism among participants in this study. In conjunction with results obtained from previous studies (Luthar and D'Avanzo 1999, Luthar and Becker 2002, McMahon and Luthar 2006), results from the present study suggest substance use is a mechanism to self-medicate from distress associated with achievement pressures, parental criticism, and intense fear of failure. 65% of the students in the sample brought up substance use as a method for coping with daily stressors. Though the number was unsurprising, given previous results, it was unexpected that roughly two thirds of the participants would bring up substance use without being directly asked. Students discussed their substance use, specifically alcohol, illicit drugs, and prescription painkillers, in terms of a "work hard, play harder" mentality prevalent in the institution's social culture.

These results are consistent with those from previous studies. Luthar and D'Avanzo (1999) found higher rates of substance use among teens from affluent, suburban families, compared to their inner-city counterparts from low socioeconomic backgrounds. They suggested

that high levels of substance use among affluent, suburban teens was strongly related to self-reported maladjustment. Luthar and Becker (2002) found significant links between internalizing symptoms and substance use among affluent middle school students. McMahon and Luthar (2006) discussed links between substance use and both anxiety and depression among affluent teenagers. They found that physiological manifestations of anxiety were correlated with higher levels of substance use. The results from the present study corroborate those obtained in prior academic research.

Conclusion

In conjunction with prior evidence obtained from academic studies of affluent teenagers, findings from this study suggest that adolescents from this social stratum may experience a unique set of stressors that can lead to maladjustment problems, and mental health problems. Students in this sample reported high levels of achievement pressures, exacerbated by both perceived parental emphasis on excellence and maladaptive perfectionist strivings. Furthermore, participants reported experiencing additional pressure to fulfill such expectations, and still maintain constant happiness. Substance abuse was identified as a common coping mechanism for this set of pressures experienced by affluent students in the sample. Limitations of the present study, implications for future research, and recommendations going forward are discussed in Chapter 5.

Chapter 5

Concluding Remarks

Summary of Findings

The purpose of this qualitative study was to identify the pressures and possible areas of maladjustment among adolescents who come from affluent families in American society. In conjunction with previous studies of the pressures experienced by affluent youth (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Luthar and Latendresse 2005, McMahon and Luthar 2006, Levine 2006), the present study found that affluent participants felt significant pressure to excel at their academic, athletic, professional, and social endeavors. Affluent youth in the study perceived their parents' emphasis on achievement as a salient source of pressure. Just under half of the participants in the study perceived themselves as maladaptive perfectionists, who are afraid of failure. Substance use was identified as a prevalent coping mechanism among this sample. Comparisons with previous findings were made and discussed in Chapter 4.

Limitations

The method of conducting qualitative interviews was a suitable measurement to identify key pressures experienced by affluent youth in the study. Conversations with participants produced detailed responses that were invaluable results for examination. Furthermore, conducting interviews face-to-face may have dissuaded participants from producing negligent, false answers. However, it is possible that, because the interviews were face-to-face, participants could have shied away from revealing certain aspects about their personal lives (i.e. micromanaging parents, strained relationships with parents); they may have been more comfortable underneath the cloak of anonymity.

Despite the quality of responses from participating students, the sample size (N=17) was limited due to time constraints of the research project. The procedure called for participants to be selected at random in the student center in a manageable amount of time. The sample was drawn from a student body at a private college, where the upper class is well represented. The limited size also inhibits meaningful, statistical analyses, but rich quotes and attitudes were recorded, and these contributed to the overall strength of this analysis.

In addition, although this research was carefully and intentionally designed to reduce confounding variables, it would be fallacious to assume that every student who reported experiencing pressure was suffering from maladjustment and distress. This study did not, and could not, measure the mental health of participations, for there would have been serious ethical concerns. As a fellow peer of participants in this study, I could not ethically or morally probe participants about matters pertaining to mental health. The results from this study simply suggest that adolescents experience a set of stressors that could *potentially* lead to mental health problems.

Furthermore, it is recognized that 15-minute conversations with these students could not possibly obtain exhaustive results regarding stresses and pressures in college. It is believed that the results exhibit high validity, because the interview questions accurately measured what the researcher hoped to capture in the qualitative study. However, there is low reliability in the results. For instance, data were collected during mid-term examinations. Thus, it is possible that stress levels were significantly higher during this point in the semester. Perhaps, if interviews were conducted one week later, the results would be different.

Finally, there is caution for committing an individualistic fallacy. Although the results from the present study support those from previous academic findings, it would be wrong to

assume that all teenagers whose families are living the American Dream experience such significant pressures that could have consequences, such as mental health problems and substance addictions. It would be misleading to conclude that all parents of privileged adolescents are focused only on their children's achievements, and not on happiness and health. The results obtained from participants in this sample provide additional support for suggestions made by recent studies. They do not make conclusions about an entire subgroup in American society.

Implications for Future Research

It is important to note that this research is not intended to de-emphasize the plight of youth from disadvantaged populations in American society. Rather, it questions how "privileged," and how isolated from maladjustment, adolescents from affluent, well-educated homes may actually be. There are many recommendations for future research on this topic. With additional time and resources, a follow-up study would include a much larger sample size, and a comparison sample comprised of adolescents from lower class backgrounds. An ideal follow-up study would replicate the research conducted by Luthar, D'Avanzo, and Becker (1999, 2002). Luthar and D'Avanzo's (1999) initial study involved two equally large samples of high school students from affluent backgrounds and from lower class backgrounds. They were able to compare findings from both samples, and suggest that adolescents from more privileged backgrounds experienced higher levels of maladjustment than their counterparts from lower socioeconomic statuses (Luthar and D'Avanzo 1999). Luthar and Becker (2002) repeated the study with a middle school population. It would be interesting to conduct a study of this magnitude in a private college environment to compare and contrast the pressures experienced by older adolescents.

Furthermore, the fact that the present study found an obvious gender difference in one construct (maladaptive perfectionism) suggests that affluent females and males may experience certain gender-specific pressures. Follow-up studies would be advised to control for gender, for there is suspicion that they could find important results about this subgroup in American society.

Levine (2006) relied heavily on case studies from her affluent patients who were in treatment for psychosocial distress for her own research. These case studies were able to identify the adolescent pressures that had manifested into depression, anxiety, and other coexisting disorders (substance abuse disorders, eating disorders, self-mutilation), all within the context of an upper class, suburban community. To advance the knowledge on this topic, it would be valuable to conduct qualitative interviews in an adolescent psychiatric setting. Rather than identifying pressures that *could* lead to maladjustment, this method would examine the pressures that *did* lead to mental health problems. However, there would be serious ethical and logistic issues with this measurement, given confidentiality laws and restricted patient access.

In sum, the findings from the present study represent preliminary efforts to contribute to the conversation that America has a new at-risk group of adolescents – those whose families are living the American Dream (Luthar and Becker 2002, Levine 2006). However, there are several suggested ways to improve the methodology to obtain more advanced results about this social stratum.

Going Forward

While the purpose of this study was to identify key pressures among affluent adolescents in a college setting, previous academic findings (Luthar and D’Avanzo 1999, Luthar and Becker 2002, Levine 2006) caution that these pressures can have serious consequences on the adolescent experience. Achievement pressures, parental pressure, and maladaptive perfectionism have been

strongly associated with various indices of maladjustment and distress: symptomatology, substance abuse, and suicide (Luthar and D'Avanzo 1999, Luthar and Becker 2002, Luthar and Sexton 2004, Levine 2006). Thus, it would be to the detriment of America's children to ignore the findings from this study.

The present study builds upon a recently started conversation in social research – there is a new, unexpected group of “at-risk youth” in American society (Luthar 2003, Levine 2006). Despite their position on the socioeconomic spectrum, teenagers from affluent, well-educated families experience the highest rates of depression, anxiety disorders, substance abuse, and unhappiness among all children in American society (Luthar 2006). However, these serious adjustment problems can go unnoticed, because these children appear happy, well adjusted, and successful. Going forward, it is important for parents, caregivers, and school personnel to be cautious that highly pressured adolescents can be at serious risk for life-threatening mental health problems. The line between wanting children to do their best, and wanting them to be *the best*, can be blurred – and the developing, self-critical adolescent can suffer because of it.

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