Child Study Center

Volume 11 • Number 2

December 2006

• clinical care • advanced training • scientific research • educational outreach • prevention •

5

Editors' Comment

Affluenza is the American paradox. Although Americans are twice as rich as they were 30 years ago, there has not been a corresponding increase in levels of happiness and well-being. During the same 30-year period, the divorce rate, depression, anxiety, and substance abuse have increased. The notion of affluenza has been advanced as a possible contributant to this disparity. The term has been coined to describe a condition that occurs when children view acauisition of material goods as a measure of their worth at the expense of more enduring values. Despite its name, affluenza is not confined to high-income families; its effects are widespread. The psychological symptoms of affluenza in developing children are reflected in low self-esteem, a sense of unearned entitlement, need for *immediate gratification, and unrealistic* expectations as to their role in society. Possessions come to have little value, and children do not have the opportunity to learn self-discipline, how to deal with disappointment, effective problemsolving strategies, and the connection between effort and reward.

In this issue of the NYU Child Study Center Letter we discuss the conditions that give rise to affluenza, such as increasing work demands on parents and cultural demands that emphasize consumerism. Also discussed is the impact of affluenza on children's social/emotional development as well as its impact on family life. Ways in which parents can act to interrupt the cycle and the negative impact of affluenza are presented.

AFFLUENCE – BENEFIT OR HANDICAP?

Introduction

Twelve-year-old Ashley explains why she didn't complete her math homework: "My Nanny picked us up from dance class late because she was confused and thought it was karate night. I planned to finish the assignment after we left the mall but by the time we picked up the take out and stopped to get the new Fergie CD, I was too tired. I only had enough energy to IM my four best friends on my new Motorola *V3i, because we had to decide which* matching Manolos and Sevens to wear today. Of course I had to watch MTV Laguna Beach on my plasma screen because I TiVo'd it last week. I barely had enough time to check My Space before I fell asleep!"

Many American children have expensive video games, top-of-the-line electronics, and high priced sneakers, and requests for the newest and the best are ongoing. Everyday children are influenced to buy more, spend more, and have more. As parents work hard to earn a good living, they find it rewarding to provide their children with many indulgences. Although Americans are twice as rich as they were 30 years ago, depression, anxiety, and substance abuse among children and adolescents have increased 100 to 200%. There seems to be a disconnect between the acquisition of material goods and level of well-being. Are we jeopardizing our kids and contributing to the family dysfunction called affluenza?

What is affluenza?

Affluenza is the term used to explain the unique problems and dysfunction

that occur when individuals are in pursuit of money, wealth, and material possession at the expense of other sources of self-esteem and contentment. The term affluenza erroneously suggests an ailment of the wealthy, but in fact affluenza is a "disorder" among parents and children across all socio-economic and cultural backgrounds.

Affluenza has reached epidemic proportions and has produced numerous symptoms detrimental to our children's social and emotional development. Contemporary affluenza researchers contend that if we do not begin to reject our culture's incessant demands to work harder, spend more, and buy more, our society will begin to pay later with significant effects thrust upon our offspring. The emphasis on acquisition of material goods can result in the following:

- Inability to delay gratification or tolerate frustration
- Difficulty maintaining interest in anything requiring effort
- False sense of entitlement
- Expectation of material goods without responsibility
- Loss of future motivation
- Life activities don't seem very real and nothing matters much
- Low self esteem, self worth, and loss of self confidence
- Approval dependent on possessions and status rather than on personal values
- Preoccupation with externals and habituation for more material goods

HSK/AG



• clinical care • advanced training • scientific research • educational outreach • prevention •



NEW YORK UNIVERSITY

Kenneth G. Langone Chairman, Foundation Board of Trustees

> Robert M. Glickman, M.D. Dean, NYU School of Medicine

Editorial Board

Harold S. Koplewicz, M.D., Founding Editor Arnold and Debbie Simon Professor of Child and Adolescent Psychiatry Director of the Child Study Center Chairman, Department of Child and Adolescent Psychiatry New York University School of Medicine

Anita Gurian, Ph.D., Editor Senior Content Editor, AboutOurKids.org Clinical Assistant Professor New York University School of Medicine

Howard Abikoff, Ph.D. Pevaroff-Cohn Professor of Psychiatry Director, Institute for ADHD and Behavior Disorders Child Study Center New York University School of Medicine

Laurie Miller Brotman, Ph.D. Corzine Family Associate Professor of Child and Adolescent Psychiatry Director, Institute for Prevention Science

Gabrielle A. Carlson, M.D. Professor of Psychiatry and Pediatrics New York State University at Stony Brook

F. Xavier Castellanos, M.D. Brooke and Daniel Neidich Professor of Child and Adolescent Psychiatry Director of Research Director, Phyllis Green and Randolph Cowen Institute for Pediatric Neuroscience Professor of Radiology

Stella Chess, M.D. Professor of Child Psychiatry New York University School of Medicine

Glenn S. Hirsch, M.D. Assistant Professor of Clinical Psychiatry Medical Director, Department of Child and Adolescent Psychiatry New York University School of Medicine

Rachel Klein, Ph.D. Professor of Psychiatry New York University School of Medicine

Maria Kovacs, Ph.D. Professor of Psychiatry University of Pittsburgh School of Medicine

Jess Shatkin, M.D., M.P.H. Assistant Professor of Psychiatry Director, Education and Training

- Difficulty believing people like them for themselves rather than for possessions and status
- Inability to trust prevents true friendships
- Emotional energy becomes invested in material gains and sensitivity toward others declines

How does affluenza happen?

Affluenza often starts in families with well-meaning parents who want to give their children every advantage, but ends with the unintended effect of children believing that what they have is more important than who they are. Parents today are working harder and earning more money than ever before, and they can afford to pamper and indulge their children more than any previous generation. Simultaneously, peers and media marketing cultivate children's material interests and, by middle school, their desire for extraneous possessions begins to accelerate rapidly. Current annual spending trends are soaring, with children between the ages of 8 and 12 spending 19 billion dollars annually and teens' annual consumption is reaching 95 billion dollars. The majority of these purchases are clothing, video games, and cd's. Children are finely attuned to each other's acquisitions of Game Boys, Treos, and iPods. Considering this amount of consumption, it becomes quite challenging to teach the difference between wants and needs; for some children there is literally nothing they need that they don't already have. In addition, having too many options at their disposal makes it easy to switch interests and goals when the going gets tough.

The impact of affluenza on family life

Evidence supports the adage that money does not equate happiness. Studies find that overall, Americans spend 40 minutes a week playing with their children and members of working couples talk to one another an average of only 12 minutes a day. Thus it's not surprising that a survey of 1,000 American teens found that the higher the parents' socioeconomic status, the lower the reported parent contact per week. For some parents, generosity with things replaces generosity with time and can assuage their feelings of guilt.

As parents are working harder and longer there is a decline in oldfashioned family togetherness, such as talking during mealtimes, with the result that kids miss stabilizing character-shaping experiences. Many junior high school students are left alone with minimal supervision, chores, or household responsibilities and electronic sources become their companions and sources of information and guidance.

The impact of affluenza on children

Parents preoccupied with their own work and career advancement are apt to convey to their children that approval depends on performance, on what they do rather than who they are -admission to stellar schools, academic achievement, participation in sports and other extracurricular activities. Indulgence often brings an insulation that keeps children from undertaking the expected challenges of childhood. Learning from varied experiences of success, failure, and frustration are the basis for emotional growth. Children who don't have the opportunity to learn firsthand are apt to give up easily when they meet with difficulty.

Recent studies suggest that children who are raised surrounded by wealth and indulgence are at greater risk for psychosocial and education problems, stress disorders, abuse, neglect, substance abuse, depression, and underachievement at rates exceeding their urban or middle class counterparts. Suburban youth were found to report significantly higher levels of anxiety symptoms, cigarette, alcohol, marijuana, and hard drug use. Unfortunately, children in suburban districts are less apt to receive help because parents and educators are not even aware that they are troubled, after

• clinical care • advanced training • scientific research • educational outreach • prevention •

all, "they have everything to make them happy and well adjusted." Unfortunately, recent longitudinal studies support the notion that one does not outgrow the psychosocial distresses experienced during adolescence. These difficulties are perpetuated through adulthood, increasing risk for poor quality of romantic relationships, less higher education, social impairments in work and family, likelihood of pregnancy before age 21, and lower overall satisfaction with life.

Stopping the cycle of affluenza

Families can begin immediately to decrease the influences of affluenza. First be aware that excessive overindulgence is as bad as feeding children candy every day. Following are some pointers:

Don't substitute gifts for your time. Children of all ages value time; even a short time with parents is valued more than gifts.

Show kids; don't just tell them. It is important to be a role model, as kids are quick to pick up on their parents' attitude about money. Discuss financial concepts even if the children seem too young to understand the finer points. By the time they reach junior high they can grasp practical ideas about money such as such as earning, budgeting, and spending.

Help children distinguish between wants and needs. Have them write wish lists that prioritize what they want, making it clear that they will not get everything. Take advantage of special occasions for indulgences.

Teach the connection between effort and reward. Encourage children to set goals and manage their resources to meet those goals. As they grow older, help them find ways to earn money and pay (at least in part) for their own stuff. When possessions are easily attained and replaced, they have little value. Let them make their own mistakes. Don't step in quickly to rescue children when they encounter difficulty or frustration. Allow them to experience the consequences of their decisions, even if they're negative. Children need to develop their own problem solving strategies to gain a sense of mastery. This does not mean letting them struggle; be sure the issue is attainable and appropriate for their age, be sympathetic, supportive, and offer suggestions to let them develop own resources.

Base the amount of after-school time spent in structured experiences on each child's personality. Some benefit from several activities, some from just a few. All kids need some down time to reflect, experiment and explore ideas.

As children grow they need to develop a healthy self-esteem, sense of mastery, and to feel valued because of their unique qualities, not in terms of possessions and acquisitions.

References

De Graff, J., Wann, D., Naylor, T. (2003). Affluenza: The all-consuming epidemic. Berett-Koehler. San Francisco, 268.

Lavin, M. (2001). The golden child phenomenon. *Dissertation Abstracts International.* 62, 1a, 77.

Luthar, S. (2003).The culture of affluence: psychological costs of material wealth. *Child Development*. 74, 6, 1581-1593.

Luthar, S. & Becker, B. (2002). Privileged but pressured? *Child Development*, 73, 1593-1610.

Pittnam, F.(1985). Children of the rich. *Family Process*, 24, 461-472.

Rao, B. (2003). The American way of life. *Berret-Koehler Publishers*.

Rockwell, D.(2005). Celebrity and being in the world: The experience of being famous. *Dissertation Abstracts International*, 66, 6b, 342.

ABOUT THE AUTHORS

Harold S. Koplewicz, M.D., is Founder and Director of the New York University Child Study Center. Dr. Koplewicz is the Arnold and Debbie Simon Professor of Child and Adolescent Psychiatry, Professor of Pediatrics, and Chair of the Department of Child and Adolescent Psychiatry at the New York University School of Medicine. In addition, Dr. Koplewicz is the Director of the Division of Child and Adolescent Psychiatry at the Bellevue Hospital Center and the Executive Director of the Nathan S. Kline Institute for Psychiatric Research (NKI). Author of more than 65 peer-reviewed articles and chapters on child and adolescent psychiatry, Dr. Koplewicz is also the author of several books, including the textbook Depression in Children and Adolescents (Harwood, 1993); It's Nobody's Fault: New Hope and Help for Difficult Children and their Parents (Times Books/Random House, 1996); Childhood Revealed: Art Expressing Pain, Discovery & Hope (Harry Abrams, Inc., 1999); and his most recent work on adolescent depression, More Than Moody: **Recognizing and Treating Adolescent** Depression (Putnam, 2002).

Kimberly Williams, Psy.D, an Assistant Research Scientist at the NYU Child Study Center earned her doctorate in Clinical Psychology at the Virginia Consortium Program for Clinical Psychology and completed her Post Doctoral Fellowship in Pediatric Neuropsychology at the NYU Child Study Center. Dr. Williams' clinical interests include learning disabilities, pervasive developmental disorders, organizational skills training for children with attention deficit disorders, and cognitive behavior therapies for children with mood and anxiety issues.