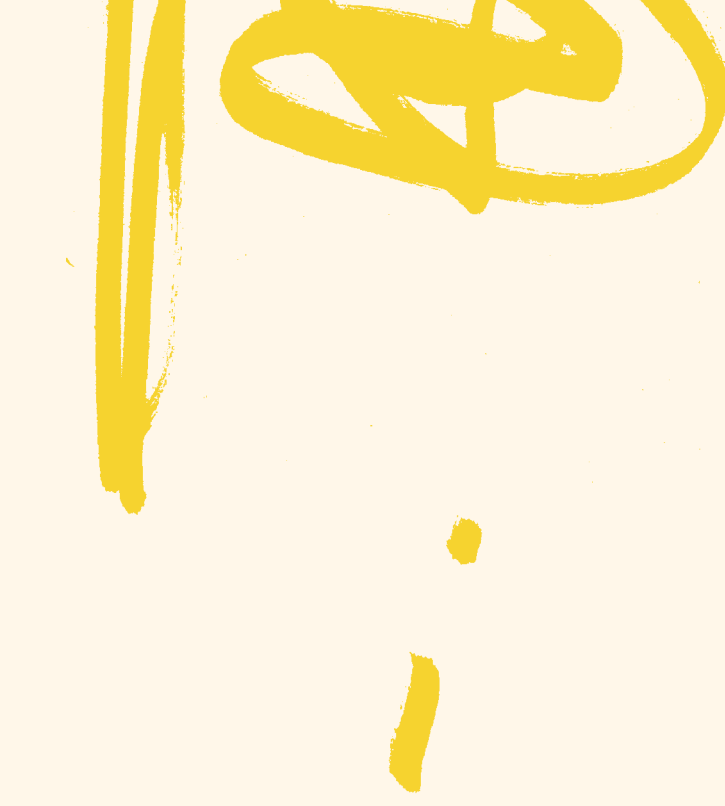




childhood
in
an
anxious
age

and the crisis of modern parenting

By Kate Julian



year shot up from 8 percent to 13 percent—meaning that, in the span of a decade, the number of severely depressed teenagers went from 2 million to 3.2 million. Among girls, the rate was even higher; in 2017, one in five reported experiencing major depression.

An even more wrenching manifestation of this trend can be seen in the suicide numbers. From 2007 to 2017, suicides among 10-to-24-year-olds rose 56 percent, overtaking homicide as the second leading cause of death in this age group (after accidents). The increase among preadolescents and younger teens is particularly startling. Suicides by children ages 5 to 11 have almost doubled in recent years. Children's emergency-room visits for suicide attempts or suicidal ideation rose from 580,000 in 2007 to 1.1 million in 2015; 43 percent of those visits were by children younger than 11. Trying to understand why the sort of emotional distress that once started in adolescence now seems to be leaching into younger age groups, I called Laura Prager, a child psychiatrist at Massachusetts General Hospital and a co-author of *Suicide by Security Blanket, and Other Stories From the Child Psychiatry Emergency Service*. Could she explain what was going on? "There are many theories, but I don't understand it fully," she replied. "I don't know that anyone does."

One possible contributing factor is that, in 2004, the FDA put a warning on antidepressants, noting a possible association between antidepressant use and suicidal thinking in some young people. Prescriptions of antidepressants to children fell off sharply—leading experts to debate whether the warning resulted in more deaths than it prevented. The opioid epidemic also appears to be playing a role: One study suggests that a sixth of the increase in teen suicides can be linked to parental opioid addiction. Some experts have suggested that rising distress among preteen and adolescent girls might be linked to the fact that girls are getting their period earlier and earlier (a trend that has itself been linked to various factors, including obesity and chemical exposure).

Even taken together, though, these explanations don't totally account for what's going on. Nor can they account for the fragility that now seems to accompany so many kids out of adolescence and into their young-adult years. The closest thing to a unified theory of the case—one put forth in *The Atlantic* three years ago by the psychologist Jean M. Twenge and in many other places by many other people—is that smartphones and social media are to blame. But that can't explain the distress we see in kids too young to have phones. And the more the relationship between phones and mental health is studied, the less straightforward it seems. For one thing, kids the world over have smartphones, but most other countries aren't experiencing similar rises in suicides. For another, meta-analyses of recent research have found that the overall associations between screen time and adolescent well-being range from relatively small to nonexistent. (Some studies have even found positive effects: When adolescents text more in a given day, for example, they report feeling less depressed and anxious, probably because they feel greater social connection and support.)

A stronger case can be made that social media is potentially hazardous for people who are already at risk of anxiety and

Imagine for a moment that the future is going to be even more stressful than the present. Maybe we don't need to imagine this. You probably believe it. According to a survey from the Pew Research Center last year, 60 percent of American adults think that three decades from now, the U.S. will be less powerful than it is today. Almost two-thirds say it will be even more divided politically. Fifty-nine percent think the environment will be degraded. Nearly three-quarters say that the gap between the haves and have-nots will be wider. A plurality expect the average family's standard of living to have declined. Most of us, presumably, have recently become acutely aware of the danger of global plagues.

Suppose, too, that you are brave or crazy enough to have brought a child into this world, or rather this mess. If ever there were a moment for fortifying the psyche and girding the soul, surely this is it. But how do you prepare a child for life in an uncertain time—one far more psychologically taxing than the late-20th-century world into which you were born?

To protect children from physical harm, we buy car seats, we childproof, we teach them to swim, we hover. How, though, do you inoculate a child against future anguish? For that matter, what do you do if your child seems overwhelmed by life in the here and now?

You may already know that an increasing number of our kids are not all right. But to recap: After remaining more or less flat in the 1970s and '80s, rates of adolescent depression declined slightly from the early '90s through the mid-aughts. Shortly thereafter, though, they started climbing, and they haven't stopped. Many studies, drawing on multiple data sources, confirm this; one of the more recent analyses, by Pew, shows that from 2007 to 2017, the percentage of 12-to-17-year-olds who had experienced a major depressive episode in the previous

depression. “What we are seeing now,” writes Candice Odgers, a professor at UC Irvine who has reviewed the literature closely, “might be the emergence of a new kind of digital divide, in which differences in online experiences are amplifying risks among [the] already-vulnerable.” For instance, kids who are anxious are more likely than other kids to be bullied—and kids who are cyberbullied are much more likely to consider suicide. And for young people who are already struggling, online distractions can make retreating from offline life all too tempting, which can lead to deepening isolation and depression.

This more or less brings us back to where we started: Some of the kids aren’t all right, and certain aspects of contemporary American life are making them less all right, at younger and younger ages. But none of this suggests much in the way of solutions. Taking phones away from miserable kids seems like a bad idea; as long as that’s where much of teenagers’ social lives are transacted, you’ll only isolate them. Do we campaign to take away the happy kids’ phones too? Wage a war on early puberty? What?

I HAVE BEEN THINKING about these questions a lot lately, for journalistic reasons as well as personal ones. I am the mother of two children, 6 and 10, whose lineage includes more than its share of mental illness. Having lost one family member to suicide and watched another ravaged by addiction and psychiatric disability, I have no deeper wish for my kids than that they not be similarly afflicted. And yet, given the apparent direction of our country and our world, not to mention the ordeal that is late-stage meritocracy, I haven’t been feeling optimistic about the conditions for future sanity—theirs, mine, or anyone’s.

To my surprise, as I began interviewing experts in children’s mental health—clinicians, neuroscientists doing cutting-edge research, parents who’d achieved this unofficial status as a result of their kids’ difficulties—an unusually unified chorus emerged. For all the brain’s mysteries, for everything we still don’t know about genetics and epigenetics, the people I spoke with emphasized what we do know about when emotional disorders start and how we might head more of them off at the pass. The when: childhood—very often early childhood. The how: treatment of anxiety, which was repeatedly described as a gateway to other mental disorders, or, in one mother’s vivid phrasing, “the road to hell.”

Actually, the focus on anxiety wasn’t so surprising. Of course anxiety. Anxiety is, in 2020, ubiquitous, inescapable, an ambient condition. More than a quarter of all doctor visits in America now end with a prescription for an anti-anxiety medication

such as Xanax or Valium. As for the kids: A study published in 2018, the most recent effort at such a tabulation, found that in just five years, anxiety-disorder diagnoses among young people had increased 17 percent. Anxiety is the topic of pop music (Ariana Grande’s “Breathin,” Julia Michaels and Selena Gomez’s “Anxiety”), the country’s best-selling graphic novel (Raina Telgemeier’s *Guts*), and a whole cohort’s sense of humor (see Generation Z’s seemingly bottomless appetite for anxiety memes). *The New York Times* has even published a roundup of anxiety-themed books for little ones. “Anxiety is on the rise in all age groups,” it explained, “and toddlers are not immune.”

The good news is that new forms of treatment for children’s anxiety disorders are emerging—and, as we’ll see, that treatment can forestall a host of later problems. Even so, there is a problem with much of the anxiety about children’s anxiety, and it brings us closer to the heart of the matter. Anxiety disorders are well worth preventing, but anxiety itself is not something to be warded off. It is a universal and necessary response to stress and uncertainty. I heard repeatedly from therapists and researchers while reporting this piece that anxiety is uncomfortable but, as with most discomfort, we can learn to tolerate it.

Yet we are doing the opposite: Far too often, we insulate our children from distress and discomfort entirely. And children who don’t learn to cope with distress face a rough path to adulthood. A growing number of middle- and high-school students appear to be avoiding school due to anxiety or depression; some have stopped attending entirely. As a symptom of deteriorating mental health, experts say, “school refusal” is the equivalent of a four-alarm fire, both because it signals profound distress and because it can lead to so-called failure to launch—seen in the rising share of young adults who don’t work or attend school and who are dependent on their parents.

Lynn Lyons, a therapist and co-author of *Anxious Kids, Anxious Parents*, told me that the childhood mental-health crisis risks becoming self-perpetuating: “The worse that the numbers get about our kids’ mental health—the more anxiety, depression, and suicide increase—the more fearful parents become. The more fearful parents become, the more they continue to do the things that are inadvertently contributing to these problems.”

This is the essence of our moment. The problem with kids today is also a crisis of parenting today, which is itself growing worse as parental stress rises, for a variety of reasons. And so we have a vicious cycle in which adult stress leads to child stress, which leads to more adult stress, which leads to an epidemic of anxiety at all ages.

How do you inoculate a child against future anguish? What do you do if your child already seems overwhelmed in the here and now?



I. THE SEEDS OF ANXIETY

Over the past two or three decades, epidemiologists have conducted large, nationally representative studies screening children for psychiatric disorders, then following those children into adulthood. As a result, we now know that anxiety disorders are by far the most common psychiatric condition in children, and are far more common than we thought 20 or 30 years ago. We know they affect nearly a third of adolescents ages 13 to 18, and that their median age of onset is 11, although some anxiety disorders start much earlier (the median age for a phobia to start is 7).

Many cases of childhood anxiety go away on their own—and if you don't have an anxiety disorder in childhood, you're unlikely to develop one as an adult. Less happily, the cases that don't resolve tend to get more severe and to lead to further problems—first additional anxiety disorders, then mood and substance-abuse disorders. “Age 4 might be specific phobia. Age 7 is going to be separation anxiety plus the specific phobia,” says Anne Marie Albano, the director of the Columbia University Clinic for Anxiety and Related Disorders. “Age 12 is going to be separation anxiety, social anxiety, and the specific phobia. Anxiety picks its own friends up first before it branches into the other disorders.” And the earlier it starts, the more likely depression is to follow.

All of which means we can no longer assume that childhood distress is a phase to be grown out of. “The group of kids whose problems *don't* go away account for most adults who have problems,” says the National Institute of Mental Health's Daniel Pine, a leading authority on how anxiety develops in children. “People go on to develop a whole host of other problems that aren't anxiety.” Ronald C. Kessler, a professor of health-care policy at Harvard, once made this point especially vividly: “Fear of dogs at age 5 or 10 is important not because fear of dogs impairs the quality of your life,” he said. “Fear of dogs is important because it makes you four times more likely to end up a 25-year-old, depressed, high-school-dropout single mother who is drug-dependent.”

Compounding this, the young kids with mental-health problems today may have worse long-term prospects than did similar kids in decades past. That is the conclusion drawn by Ruth Sellers, a University of Sussex research psychologist who examined three longitudinal studies of British youth. Sellers found that youth with mental-health problems at age 7 are more likely to be socially isolated and victimized by peers later in childhood, and to have mental-health and academic difficulties at age 16. Concerningly, despite decreased stigma

and increases in mental-health-care spending, these associations have been growing stronger over time.

Big societal shifts such as the ones we've undergone in recent years can hit people with particular traits particularly hard. A recent example comes from China, where shy, quiet children used to be well liked and tended to thrive. Following rapid social and economic change in urban areas, values have changed, and these children now tend to be rejected by their peers—and, surely no coincidence, are more prone to depressive symptoms. I thought of this when I met recently with the leaders of a support group for parents of struggling young adults in the Washington, D.C., area, most of whom still live at home. Some of these grown children have psychiatric diagnoses; all have had difficulty with the hurdles and humiliations of life in a deeply competitive culture, one with a narrowing definition of success and a rising cost of living.

The hope of early treatment is that by getting to a child when she's 7, we may be able to stop or at least slow the distressing trajectory charted by Sellers and other researchers. And cognitive behavioral therapy, the most empirically supported therapy for anxiety, is often sufficient to do just that. In the case of anxiety, CBT typically involves a combination of what's known as “cognitive restructuring”—learning to spot maladaptive beliefs and challenge them—and exposure to the very things that cause you anxiety. The goal of exposure is to desensitize you to these things and also to give you practice riding out your anxious feelings, rather than avoiding them.

Most of the time, according to the largest and most authoritative study to date, CBT works: After a 12-week course, 60 percent of children with anxiety disorders were “very much improved” or “much improved.” But it isn't a permanent cure—its results tend to fade over time, and people whose anxiety resurges may need follow-up courses.

A bigger problem is that cognitive behavioral therapy can only work if the patient is motivated, and many anxious children have approximately zero interest in battling their fears. And CBT focuses on the child's role in his or her anxiety disorder, while neglecting the parents' responses to that anxiety. (Even when a parent participates in the therapy, the emphasis typically remains on what the child, not the parent, is doing.)

A highly promising new treatment out of Yale University's Child Study Center called SPACE (Supportive Parenting for Anxious Childhood Emotions) takes a different approach. SPACE treats kids without directly treating kids, and by instead treating their parents. It is as effective as CBT, according to a widely noted study published in the *Journal of the American Academy of Child & Adolescent Psychiatry* earlier this year, and reaches even those kids who refuse help. Not surprisingly, it has provoked a tremendous amount of excitement in the children's-mental-health world—so much so that when I began reporting this piece, I quickly lost track of the number of people who asked whether I'd read about it yet, or talked with Eli Lebowitz, the psychology professor who created it.

In working directly with parents, Lebowitz's approach aims to provide not a temporary solution, but a foundation for a lifetime of successful coping. SPACE is also, I have come to



believe, much more than a way of treating childhood anxiety—it is an important keyhole to the broken way American adults now approach parenting.

WHEN LEBOWITZ TEACHES other clinicians how to do SPACE, he starts by telling them, several times, that he's not blaming parents for their kids' pathologies.

"Because we represent a field with a very rich history of blaming parents for pretty much everything—autism, schizophrenia, eating disorders—this is a *really* important point," he said one Sunday morning in January, as he and his collaborator Yaara Shimshoni kicked off a two-day training for therapists. A few dozen were in attendance, having traveled to Yale from across the country so that they might learn to help parents reduce what Lebowitz calls "accommodating" behaviors and what the rest of us may call "behaviors typical of a 21st-century parent."

"There really isn't evidence to demonstrate that parents *cause* children's anxiety disorders in the vast majority of cases," Lebowitz said. But—and this is a big *but*—there is research establishing

a *correlation* between children's anxiety and parents' behavior. SPACE, he continued, is predicated on the simple idea that you can combat a kid's anxiety disorder by reducing parental accommodation—basically, those things a parent does to alleviate a child's anxious feelings. If a child is afraid of dogs, an accommodation might be walking her across the street so as to avoid one. If a child is scared of the dark, it might be letting him sleep in your bed.

Lebowitz borrowed the concept about a decade ago from the literature on how obsessive-compulsive disorder affects a patient's family members and vice versa. (As he put it to me, family members end up living as though they, too, have OCD: "*Everybody's* washing their hands. *Everybody's* changing their clothes. *Nobody's* saying this word or that word.") In the years since, accommodation has become a focus of anxiety research. We now know that about 95 percent of parents of anxious children engage in accommodation. We also know that higher degrees of accommodation are associated with more severe anxiety symptoms, more severe impairment, and worse treatment outcomes. These findings have potential implications even for children who are not (yet) clinically anxious: The everyday efforts we make to prevent kids' distress—minimizing things that worry them or scare them, assisting with difficult tasks rather than letting them struggle—may not help them manage it in the long term. When my daughter is in tears because she hasn't finished a school project that's due the next morning, I sometimes stop her crying by

coaching her through the rest of it. But when I do, she doesn't learn to handle deadline jitters. When she asks me whether anyone in our family will die of COVID-19, an unequivocal "No, don't worry" may reassure her now, but a longer, harder conversation about life's uncertainties might do more to help her in the future.

Parents know they aren't helping their kids by accommodating their fears; they tell Lebowitz as much. But they also say they don't know how to stop. They fear that day-to-day life will become unmanageable.

Here are some things that, over the course of the SPACE training, I heard of parents doing to avoid setting off their anxious children:

Going upstairs to get a child's backpack before school because the child is scared to be alone in any area of the house and the parent doesn't have time to argue about it. Driving a child to school because the child is frightened of the bus, with the result that the mother is late to work every single day.

Tying and retying a child's shoes until they feel *just right*.

Spending 30 minutes a day, on average, checking and rechecking a child's homework.

Announcing one's presence as one moves around the house, so that a child will at all times know where to find a parent ("I'm going to the kitchen, Oliver"). Accompanying a 9-year-old child to the toilet because he is afraid to be alone. Allowing a 9-year-old to accompany a *parent* to the toilet because he is afraid to be alone. Peeing in a bucket—a mother, not a child—because the basement playroom has no bathroom, and the child is afraid to be alone.

Allowing a child to sleep in the parents' bed. Sitting or lying with a child while he falls asleep.

Always carrying a plastic bag because a child is afraid she'll vomit.

Cutting a 13-year-old's food because she's afraid of knives.

Ceasing to have visitors because a child is intensely shy. Speaking for a child in restaurants. Asking a child's teacher not to call on her in class.

Installing the Find My Friends app on a child's phone so that the child can track the *parents'* whereabouts.

Preparing different foods for a child because she won't eat what everyone else eats.

Buying a new burglar alarm. Buying a new car. Seriously contemplating buying a new house.

The list went on and on. The most disorienting thing about it was not its length, but the way it merged stories that seemed to me bizarre but turned out to be commonplace with stories that sounded familiar but upon further consideration seemed unhealthy. Many of us think nothing of preparing different meals for different family members. Bedtime has become such a protracted affair that parents may now do the work a stuffed animal once did.

I barely suppressed a laugh at the idea of a kid tracking his parents, rather than vice versa, but murmurs of recognition sounded around the room. "That's *common*," one therapist said. The idea of buying a new house must have made my eyebrows go up, because another woman leaned over and whispered: "I have a family that moved to a split-level because the daughter didn't like to be out of earshot."

Over the course of 12 sessions, SPACE helps parents figure out how to start reducing their accommodations, while also expressing empathy for their child's suffering and confidence in her capabilities. If it works, and usually it does, it sets in motion a virtuous cycle: As parent behavior changes, kids will start coping for themselves. As they cope, they'll come to feel more capable, and they will be treated as such by their parents, who will further reduce accommodation. In turn, the entire family's well-being will improve.



II. THE ANXIOUS PARENT

Most critiques of this century's child-rearing practices have treated parents as rational actors, however extreme some of our actions might be. If we hover above our children (or lawn-mower or bulldozer or snowplow a path for them), we are said to do so in reaction to the surrounding conditions—media coverage of kidnappings, for example, or plummeting college-admission rates. In other words, modern parents, or at least the upper-middle-class ones who populate most articles about parenting trends, are widely perceived not as flailing but as the opposite: too hyper, too competent, too vigilant. And yet, despite more than a decade's evidence that helicopter parenting is counterproductive—see, among other widely read takedowns, the *Atlantic* articles "How to Land Your Kid in Therapy," by Lori Gottlieb, and "The Overprotected Kid," by Hanna Rosin, and such books as Julie Lythcott-Haims's *How to Raise an Adult*—kids today are perhaps *more* overprotected, *more* leery of adulthood, *more* in need of therapy.

Which raises a question: If modern parents are so unrelentingly on top of things, why have we not corrected course? Could it be that we are not at all on top of things? Might our children's faltering mental health be related less to our hard-driving style than to our exhaustion and guilt and failure to put our foot down? We complain about kids being thin-skinned and susceptible to peer pressure, but maybe we're the ones who are hypersensitive, to the judgment of our peers and, especially, of our children. And the harder we try to do the right thing—the more we nurture them, the more quickly we respond to their needs—the more we tie ourselves in knots.

Recently, several longtime commentators on the parenting scene have begun to sound similar notes. Take the evolution of Madeline Levine, the Bay Area psychologist whose 2006 best seller, *The Price of Privilege*, (reasonably) chastised parents for imposing their own ambitions on their children. Her new book, *Ready or Not*, offers a darker if also more sympathetic take on what it's like to rear children in a world that appears to be unraveling, noting "the damage [that] unchecked anxiety does to parents' decision-making."

Despite more than a decade's evidence that helicopter parenting is counterproductive, kids today are perhaps *more* overprotected, *more* leery of adulthood, *more* in need of therapy.

Consider, too, the 2018 book *The Self-Driven Child*, by William Stixrud, a clinical neuropsychologist, and Ned Johnson, who runs a successful Washington, D.C., tutoring business (as close as one gets to a ringside seat at the meritocratic circus). They argue that today's parents deprive children of meaningful control over their own lives, putting them at heightened risk of anxiety and depression. And they devote a whole chapter to how *parents'* mental health is harming that of their children. "Children don't need perfect parents, but they do benefit greatly from parents who can serve as a non-anxious presence," they write.

The book has struck such a chord among parents that, two years after its publication, Stixrud and Johnson are still on the national speaking circuit. In their hundreds of appearances and thousands of conversations with parents, they have come to believe that parents' anxiety about their kids is even greater than they had realized, and more concerning. Watching them do a Q&A with private-school parents in December, I could see why. The audience was vibrating with self-doubt, asking fumbling questions about everything from academic pressure to sleep.

When I had coffee with Johnson the next day and later emailed with him, he told me that, since writing the book, he has concluded that parents' overprotection of kids includes an

under-recognized element of self-protection. When we shelter kids from difficulty or challenge, he says, we are not merely shielding them from distress; we are warding off the distress that their distress causes us. Moreover, when school and family systems both have a baseline level of stress—when adults are always on high alert—kids don't get a chance to rebound, and so they resist taking on the sorts of natural and healthy risks that will help them grow. "*Et voilà*," he said, "a generation of anxious kids, looking fearfully at the world around them, who become anxious adults.

"What happened to us adults that made *us* the helicopter parents we too often are?"

ANXIETY TRAVELS IN FAMILIES. It travels in families partly because it has a hereditary component: Studies of twins suggest that about 30 to 40 percent of a person's risk for an anxiety disorder is genetic (versus 60 percent or more for bipolar disorder, autism, and schizophrenia). To an even greater extent, anxiety travels in families because it is contagious—from spouse to spouse, from child to parent, and especially from parent to child. More than half of children who live with an anxious parent end up meeting the criteria for an anxiety disorder themselves.

Recognizing the relationship between parental and child anxiety suggests an important means of prevention and intervention: Because anxiety is only partially genetic, a change in parenting style may well help spare a child's mental health.

In one famous study of how changes to parental health affect a child's health, Myrna Weissman, a professor at Columbia University, established that treating a depressed mother with antidepressants quickly reduced depressive symptoms in her child; other researchers have since found that treating a mother with psychotherapy (such as CBT) has the same indirect benefit for her kids. In 2015, Golda S. Ginsburg of the University of Connecticut published the results of the first American study specifically focused on preventing anxiety disorders in children of anxious parents. The intervention, which involved giving anxious parents and their children eight weekly sessions with a therapist who taught them about anxiety, had dramatic effects: Within a year, only 5 percent of the children whose families had received the intervention met the criteria for an anxiety disorder, compared with 31 percent of children in a control group.

Another hint as to how parenting can affect childhood anxiety comes from the research on what's known as behavioral inhibition—a shy, sensitive temperament that's found in about 15 percent of 3-year-olds and that constitutes one of the strongest known risk factors for the development of anxiety disorders. Nathan Fox of the





University of Maryland has spent the past few decades conducting longitudinal studies that explore how this temperament predicts experiences later in life. About 20 years ago, as Fox and his colleague Kenneth Rubin combed through the data from the first of these studies, trying to figure out what differentiated the kids who overcame their inhibition from the ones who didn't, they came across an unexpected clue: Those who went to day care for their first two years were far more likely to be spared anxiety down the line than those who stayed home.

"On one level, it's intuitive," Fox says. "You put them into an environment with other kids; they're desensitized to novelty or unfamiliarity; they get to interact at a very early age with other kids." Fox and Rubin suspected that day care was also giving some behaviorally inhibited kids a much-needed break from their parents, who were likely to have an anxious parenting style—again, anxiety runs in families. Day care wasn't the key factor; parenting was. Fox and Rubin found, and other researchers have since confirmed, that parenting style at age 2 predicts continuing behavioral inhibition at age 4—and, in turn, later risk of psychological problems. As Rubin put it to me: "The kids who maintain reticent behavior are the kids whose parents bubble-wrap them."

III. SHORT-TERM GAIN, LONG-TERM PAIN

We all have dreams, and Angela and Seth's was to stop making turkey loaf.

By the time they sought help from the SPACE program's Yaara Shimshoni last year, they had served it to their then-6-year-old son, Owen, some 3,000 times. (I have changed parents' and children's names.) Put another way, virtually every day for four years—two-thirds of his life—Owen had eaten turkey loaf for both lunch and dinner. For breakfast, he favored dry Cheerios.

Calling Owen a picky eater wouldn't have captured the extent of the problem. He was terrified of most foods. On those rare occasions when he tasted something new, he would gag. Going out together as a family was a minor ordeal: Either they packed turkey loaf to take with them, or they hurried home before the next meal. Mostly, the family just stayed in. "If we ran out of it, Owen would have an absolute fit," Seth said when he and Angela spoke with me in February. Once, after a supermarket strike disrupted the local turkey supply, he spent the night driving from store to store, searching for enough meat to get through the week.

Trying to understand how two down-to-earth-sounding people had found themselves in this predicament, I asked Angela and Seth whether they had been fans of turkey loaf to begin with. Was the recipe an old family favorite? "Oh God, no," Seth

said, horrified, explaining that they'd found it on a kids'-food blog when Owen was a toddler. "Disgusting," Angela said with conviction. "It looks like prison food," Seth added. They were very clear about another thing, too: They hadn't simply found themselves in this predicament; over the course of their 12-week program with Shimshoni, they'd concluded that they'd helped create it. "Owen started off with eating issues"—he had been born prematurely and stayed in the NICU for a month because he refused to feed—"and we started getting our own anxieties" is how Seth put it. "I thought that I was doing the right thing by just keeping him happy and making him comfortable," Angela said.

As ready as Owen's parents were to take responsibility for his issues, I couldn't help but notice the role played by something else: time, and the juggling acts parents develop to compensate for the lack of it. Owen wouldn't have been fed turkey loaf 3,000 times had he and his parents been sharing meals; they wouldn't have stood for it. But, like many parents, they staggered their work schedules. Seth picked Owen up at day care and fed him dinner. He and Angela ate later, after Owen was asleep. One of the first changes Shimshoni recommended was that they begin having dinner as a family. Owen didn't have to eat everything his parents ate, but he could choose only from among the foods on the table—no substitutions. After dinner, the kitchen closed for the night. Shimshoni says her goal is not to turn a picky eater into an omnivore, but to get a kid like Owen to the point where he can find something to eat in most situations. When I spoke with Angela and Seth, Owen was several months into his post-SPACE life. He isn't an adventurous eater, but he now gets by without bringing turkey loaf everywhere.

If the instinct to protect a child leads many of us into the trap of overparenting, I've come to believe that time pressures keep us there. In conversation after conversation with parents who were struggling to reduce a child's dependency and fearfulness, rushed weekday mornings and evenings emerged as the crucible in which bad habits had formed. Eli Lebowitz makes much the same point. "One of the reasons parents accommodate is a child in distress, but another big reason is *I want to get my child to school*. That is a powerful driver too," he said: "*I have to get to work after I drop you at school*."

Ruthie Arbit, a therapist who specializes in maternal and pediatric mental health, observes that for mothers, especially, time pressure can be compounded by guilt. "When there's all the guilt that, as a working parent, I missed X, Y, Z," she told me, "it's a lot harder to follow through with an unpleasant behavioral intervention." And if you have only an hour with your child at night, you'd like it to be a pleasant one. A parent's own underlying anxiety may also come to the fore. More than once in my interviews with SPACE parents and clinicians, I found myself thinking of the program as a form of exposure therapy not just for kids but for parents: If we learn to tolerate our children's discomfort, we can stop getting in the way of their efforts to cope with it.

THERAPISTS WHO TREAT ANXIETY like to talk about how short-term pain leads to long-term gain—how enduring discomfort now can make you more resilient later. In recent

decades, however, the opposite principle has guided many American parents, and not only when it comes to the parenting of anxious children: On everything from toilet training to eating and sleeping habits, many of our parenting strategies trade short-term gain (a few minutes saved here, a conflict averted there) for long-term pain.

That we would cut corners in this way is maybe inevitable in a country that lacks adequate parental leave or quality, affordable child care; one in which school and employment schedules are misaligned, and in which our work culture expects employees to always be on. Add to the mix a permissive streak in American child-rearing, one that has simultaneously indulged children and encouraged their independence, and you have an extremely labor-intensive recipe for parental misery. “The accusation that American mothers coddle their children is not new,” writes the historian Paula S. Fass in her 2016 book, *The End of American Childhood*—but its recent combination with maternal employment has made for especially overburdened lives. By way of illustrating the point, she relates the contrast that Sara Harkness and Charles Super, two ethnographers, have drawn between American and Dutch parents:

American parents much more frequently emphasize individual attention, active interaction, and the developmental needs of the child ... Dutch parents put their faith in regularity of habits (rest, quiet, and cleanliness) and family time together, especially around meals ... One result of these different goals in households equally devoted to children’s welfare was that American parents were often tired and appeared frazzled. They tended to complain about their children’s sleeping habits and gave in to their demands because they were too exhausted to fight in the middle of the night.

The problem isn’t that American parents aren’t trying; if anything we’re trying *too* hard, but in ways that backfire, leaving us less time for the things that matter most. At a lab I visited at the University of Maryland, I learned about the Turtle Program, an intervention that, among other things, directs parents to set aside five minutes of “special time” each day with their behaviorally inhibited preschoolers, to be spent doing whatever the child chooses, with no directions or corrections given by parents. Parents told me how thirstily their children had drunk up this modest amount of time, so I tried it on my (non-anxious) 6-year-old. He was at first incredulous and then overjoyed. I realized, in dismay, just how divided my attention is most of the time, and how many of our interactions are dominated by my telling him to do this or not to do that, especially when I am rushing.

Changes in the way we’ve approached toilet training are a particularly dramatic example of how something that seems child-friendly can turn out to be parent-unfriendly and therefore everyone-unfriendly. As the early-childhood expert Erika Christakis notes in *The Importance of Being Little*, the age at which children are toilet trained has crept up over time. Several decades ago, 60 percent of 18-month-olds were fully trained. Studies earlier this century show only about half of American children being toilet trained by age 3, and today it’s not uncommon to

see 4-year-olds wearing Pull-Ups. Some people have attributed this to a move away from harsh, old-school training methods, but I wonder whether an equal problem isn’t parents’ lack of time. Around my daughter’s second birthday, I saw a copy of *Potty Training for Dummies* by the register at Buy Buy Baby and impulsively bought it. I might not have, had I realized that it prescribed a festive three-day boot camp mortifyingly called “Potty Mambo Weekend.” In any case, the approach worked—but in conversations, I noticed how overwhelmed some friends seemed by the idea. Who had three days to spare? And yet, as Christakis notes, “time spent changing diapers is surely worth something, too.” (Delayed potty training makes for a strange contrast with the fact that many preschools have recently become more academic. The split screen between the two things—learning to read and write, still in diapers—foreshadows the situation later on, when high-school kids shoulder intense academic pressure even as many are behind in developing life skills.)

Or consider sleep. Whichever side one takes in the wars over infant sleep-training and bed-sharing, as children grow older, it can be easy to fall into the trap of privileging one night’s sleep over long-term sleep skills. Among parents I surveyed, certain refrains emerged. “I often let my 9 year old fall asleep w/u/s b/c she has anxiety at night,” one mother wrote me. “The sleeping in our bed is just us wanting to go to sleep as well.” Others mentioned how different their approach was from that of their parents. “As a kid, I was terrified of the dark. I had a night-light, and that was it,” another mother observed. “I don’t think it even occurred to me to ask my parents to stay with me while I fell asleep, nor can I imagine they would have entertained it if asked.”

Of course, the more we parent this way day to day, the more time parenting consumes over the years. Understanding this cycle sheds light on a widely remarked-upon and baffling statistic: Time-use studies tell us that parents today spend significantly more hours caring for children than parents did 50 years ago, despite the fact that we work more hours outside the home. One explanation for this strange fact, as has been widely noted, is that kids today spend less time on their own. But a second, as we’ve just seen, is that parents really are doing more for their kids—and many kids are doing less for themselves.

IV. FAILURE TO LAUNCH

For one hint of just how much parenting style may influence a child’s anxiety level, consider the diverging paths of boys and girls.

“There is no greater risk factor for anxiety disorders than being born female,” Andrea Petersen writes in *On Edge*, her exploration of anxiety. “Women are about twice as likely as men to develop one, and women’s illnesses generally last longer, have more severe

symptoms, and are more disabling.” Weirdly enough, females start off the less anxious sex; male newborns are the fussy, irritable ones. Various theories have been advanced as to why women end up more fearful and inhibited than men, but to my mind the most convincing is that, when we were kids, adults responded disparately to our fears. “When girls are anxious, adults are more likely to be protective and allow them to avoid scary situations. Boys are told to suck it up ... It is as if boys are engaged in continual exposure therapy,” Petersen writes, going on to detail a damning body of research showing how parents have, through the decades, encouraged bravery and independence in boys while discouraging those traits in girls.

Maybe the way to think about recent parenting is this: All kids today are being overprotected the way only girls used to be. Except the changes in childhood are far broader than that. Even girls, after all, used to get themselves around the neighborhood and have summer jobs and chores. Today, only 10 percent of kids walk or bicycle to school, a steep decline from decades past. Forty years ago, 58 percent of teenagers got summer jobs; today, 35 percent do, and the after-school job is an even rarer species. When Braun Research surveyed more than 1,000 American adults, 82 percent said that as children they’d had regular chores—but only 28 percent said their own children did.

The problem with these declines is not that the activities in question are inherently virtuous, but that they provide children with two very important things, the first of which is experience tolerating discomfort. When I began interviewing clinicians, I was struck by how many of them talked about the importance of learning to endure emotional upset as well as physical distress and even pain. (Elisa Nebolsine, a child therapist who specializes in CBT, told me that when she meets parents, one of her first questions is: “How does your kid do being uncomfortable, being tired, being hot, being hungry?”) This message was so consistent, in fact, that some of the therapists started to sound like members of a cult with a sadistic bent. But I came to understand their concern. The more I thought about it, the more I saw myself shielding my kids from even the mild discomforts of my own childhood. Unless I had a high fever as a child, I was never given an analgesic. Why was I so ready to dole out liquid Tylenol, and in a choice of flavors? Speaking of flavors, why was I buying Crest Kid’s Sparkle Fun Toothpaste at a 50 percent markup over regular, I mean “spicy,” toothpaste (the only kind I knew as a child)? And why was I vetting my kids’ movie selections on Common Sense Media, a website that exhaustively catalogs frightening or otherwise objectionable content in children’s entertainment?

The more overwhelming the world gets, the more adults try to blindfold children.

Doing chores and getting oneself where one needs to go also provide another, more obvious benefit: a sense of personal competence. This may be why doing chores from age 3 or 4 onward has been found to be a very strong predictor of academic, professional, and relational success in young adulthood. Obviously many people do just fine in life without ever having a summer job or walking themselves to school. But these developments combine with the recent changes in child-rearing and technology to create a particularly toxic combination: teenagers with a deficit of life skills, a lack of practice weathering the frustrations to which that deficit may lead, and the means to retreat and distract themselves from those frustrations.

OVER THE PAST FIVE YEARS, the age at which most kids get a smartphone has continued to tick downward. In 2015, according to a study by Common Sense Media, 32 percent of 11-year-olds had one; last year, 53 percent did. Several factors appear to be driving this and related trends. For kids of all ages, screens are cheap and reliable babysitters (see: time famine). Some parents embrace phones because they enable tracking of kids (see: parental anxiety). Others surrender to demands for technology because they can’t tolerate either their own kids’ anger or peer pressure from other kids’ parents. Finally, many parents have difficulty limiting their own device use, which may weaken their feeling of authority on the matter.

Again, technology is not necessarily bad for mental health, especially as kids get older; for many teens, it can be a conduit for social support. But if you have an anxiety disorder and want to avoid things—other people, say, or the outside world—various aspects of digital life are ideally (meaning disastrously) suited to that goal. This appears to be especially true for two groups in particular. The first is young adults experiencing failure to launch—not working or attending school, and dependent on their parents. The second is those teenagers practicing “school refusal.” Lebowitz’s approach to both groups is multifaceted, as it must be—by the time young people get to this point, their problems tend to be pretty complicated. One key tactic is to strategically limit internet access when it seems to be making avoidance of something too comfortable—much the way he tries to limit parental accommodation. In school-refusal cases, for example, he counsels that if a kid is home during the school day, she shouldn’t have access to things she wouldn’t have if she were at school: TVs, phones, tablets, video games, parental attention, even recreational reading. “Books are highly entertaining, and boredom is our *ally* in this particular struggle,” Lebowitz explained during the SPACE training I attended.

This was the only moment in the two-day workshop when I heard participants express skepticism—our lives were too enmeshed with tech, they suggested, and kids were too tech savvy; removing internet access, even for a school day, was a lost cause. Lebowitz held firm. If you want to, you can. TV connected to the wall? Take the cord and the remote to work. Too many devices to keep track of? Get Circle, an access controller that attaches to your router. He is hair-on-fire about this point: For vulnerable kids, on-demand internet access makes hiding out much too comfortable. “It’s almost like the internet is devised to enable these problems, because you’re not naturally bored,” he said. “You can have social stimulation without the social stress of actual people.”

Lebowitz published a small study in 2012 on his work with parents of failure-to-launch young adults and has since treated a few dozen more families, with promising results. He says one of the most gratifying parts of his work is when, years later, he gets letters from parents with updates on a son or daughter who has finally gone to college or gotten married or otherwise picked up a life that was on hold. In February, I talked with the parents of one such young adult, Andy, who is in his early 20s. When Clive and Nora started working with Lebowitz, early last year, Andy hadn’t attended school regularly in several years, due to a stew of learning issues, depression, and anxiety. He was enrolled in a private high school, though he essentially never went. They had tried, with mixed success, different therapies, but eventually he refused help. Most of the time, he stayed in his room.

Lebowitz encouraged Clive and Nora to pick a single goal—Andy finishing high school—and to focus on how their accommodations (housing Andy, feeding him, giving him a car and a phone and Wi-Fi) were helping him avoid it. Jumping back into school overnight was unrealistic, so Lebowitz advised breaking the goal into achievable steps. The first, which lasted for a few weeks, was for Andy to get himself to school every day. He didn’t have to go to class, but he did need to send his parents a selfie proving that he’d been there; if he didn’t, they would withhold internet access for 24 hours.

When Clive and Nora announced this plan, Andy said it was really stupid. But within a day or two, he was complying, and he took more small steps in the months that followed. He started dating, and even had a girlfriend for several months; today, he’s almost finished with high school. Clive and Nora’s own thinking and behavior have also shifted radically. Nora says that if she had known sooner what she knows now, she would have reacted far less to Andy’s anxiety from the beginning. “Even when he was 4 or 5, he would ask me to stay home from school, and I often accommodated that,” she said. Clive now realizes that the more he helped Andy solve problems over the years, the worse Andy’s own problem-solving skills got.

This isn’t to say that the past year has been entirely smooth; along the way Nora and Clive have repeatedly been tempted to swoop in and help. One example of this has stuck with me. When Andy skipped school for a few days, they turned off the internet, so he began using his phone’s data and soon ran out. He wanted to go see his girlfriend, but he didn’t know how to get to her house without Waze, so he started sending his parents panicked texts, asking what they expected him to do. In turn they had a crisis of

confidence. They wanted him out of the house and seeing people. Should they buy him more data? They called Lebowitz. “It’s not your problem,” he told them. “Just say, ‘We trust that you will find your way.’”

And he did.

V. “DRAW THE EARTHQUAKE”

Parenting style is not the only thing that can fortify our kids. Sleep, exercise, and friendship all confer tremendous psychological benefits, and are within our powers to promote, both individually and societally. A morally more urgent task is to reduce poverty, instability, and deep trauma (as opposed to ordinary stress) in children’s lives; research on these adverse childhood experiences demonstrates the overwhelming risk they pose to psychological functioning. The lack of children’s mental-health care is another pressing problem: Most children who need it don’t get it, and what they do get tends not to be evidence-based care (such as CBT). Finally, if we want to create the conditions for children’s mental health, we must first create the conditions for adult sanity, in the form of more support for families. It’s been said that a society that cares about children must also care about parents. That’s undoubtedly true. It’s also been said that a parent is only as happy as her unhappiest child. That’s true too, though, again, the relationship runs both ways. The more our unhappy children worry, the more we worry about them, and the more we worry about them, the more we do the very things that lead their worries to flourish.

Of the many cutting portrayals of modern motherhood offered up by HBO’s *Big Little Lies*, the most evocative may be the episode in which Amabella, the second-grade daughter of Renata (played by Laura Dern), has a panic attack at school and passes out. A child therapist is dispatched, and reports that young Amabella is worried about the planet. “Her class is evidently talking about climate change,” the therapist explains. “She’s gotten the message that we’re doomed.” Renata is livid at the school for spilling the beans, as are other parents; a meeting is convened with the principal, who limply declares anxiety “an epidemic in our schools.” Because it is *Big Little Lies*, the particulars are over the top (Renata promises, or threatens, to “buy a fucking polar bear” for each kid), but the angst is recognizable.

When I spoke with Kathryn L. Humphreys, a psychology professor at Vanderbilt University who specializes in the effects of caregiving in early life, she observed a widespread hesitancy to talk about depressing concepts with kids. Parents seem to feel that doing so is “developmentally inappropriate,” she mused, though this strikes her as exactly backwards given what we know about the benefits of graduated exposure to things that frighten us. Humphreys listens to the news after work, and her 4-year-old daughter will often ask tough questions. She told me she understands why



some of the same adults—think fourth graders should have smartphones. In another era, the desire to keep kids in the dark might not be a problem, but it's a strange combination with the easy access many of them now have to Pornhub and viral videos of real-life violence.

As I contemplate the likelihood that my kids' lives will be more stressful than mine, my mind keeps wandering to two children's drawings reproduced in the pediatrician W. Thomas Boyce's book *The Orchid and the Dandelion: Why Some Children Struggle and How All Can Thrive*. Both depict California's 1989 Loma Prieta earthquake, which killed dozens of people—and also, as chance would have it, occurred midway through a study Boyce was conducting of whether stress increased local children's susceptibility to illness. Naturally, he and his team expanded the study to incorporate their reactions to the disaster, and they asked each child to "draw the earthquake." The kids' responses varied dramatically. Some produced cheerful pictures—"homes with minor damage, happy families, and smiling yellow suns"—while others generated scenes of destruction and injury, fear and sadness. To Boyce's fascination, children who drew darker scenes tended to stay healthy in the weeks that followed, while those who drew sunny pictures were more likely to come down with infections and illnesses.

Boyce now believes it was protective for children to create "honest, even brutal depictions of a no-doubt-about-it disaster." We talk about things that scare us, he ventures, "because it makes them gradually less scary;

people are concerned about having difficult conversations with kids, and yet, she asked, "At what age is it that you think kids *are* capable of that?" Scary things are happening all the time, and avoiding them—"We're just gonna turn off the news!" as she put it—won't change that. "Sometimes it's the avoidance that makes it harder for kids who are anxious," she added.

In my experience, this cloistering extends to everything from the Holocaust to sex. I'm surprised by how many of my friends think their fourth and fifth graders don't know how babies are made. Meanwhile, the efforts parents make to promote belief in, for example, Santa Claus seem more fervent than ever, via tools like Elf on the Shelf and apps that supposedly show Santa's visit to your home. One of the more revealing mommy-board threads I've encountered began with an irate warning titled "Super Fudge book outs Santa as fake." More than 100 people jumped into the outraged fray that followed, all over a revelation in a classic Judy Blume novel that's aimed at third-to-sixth graders and that came out *four decades ago*. So we find ourselves with a bizarre mishmash: Some adults think their fourth graders believe in Santa Claus and don't know how babies are made while other adults—or maybe

about sadness, because it makes the sadness diminish a little each time we do." I am drawn to this story in part because in 1989 I was 11 years old, I lived in the Bay Area, and I was deeply, morbidly fascinated by the earthquake and its human toll. But I am also attracted to it because its moral is at odds with the way adults so often try to shield children from difficult topics. In fact, it sometimes seems that the more overwhelming the world gets, the more adults try to blindfold children.

In the end, one lesson we might derive from everything scientists and clinicians have learned about anxiety is this: If we want to prepare our kids for difficult times, we should let them fail at things now, and allow them to encounter obstacles and to talk candidly about worrisome topics. To be very clear, this is not a cure-all for mental illness. What we need to recognize, though, is that our current approach to childhood doesn't reduce basic human vulnerabilities. It exacerbates them. *A*

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