



# Adolescents and the Pathologies of the Achieving Self

*Joseph E. Davis*

Growing up, I've always had a lot of pressure to do well in school and things like that and be like—you know how your parents always want you to be better than them?... It's just like so much pressure, and I think that's a lot of it, that's why I get really nervous speaking in front of people or doing projects when the grade is dependent on them or things like that. That always makes me nervous because maybe I'm not going to do as [well]...and then it's going to mess [up] my grades, and then I'm not going to be able to be this person I'm supposed to be.

—Sarah, college freshman, age 19

Young people like Sarah, from well-to-do suburban families, live in a world of high expectations that often includes enormous pressures to be successful.<sup>1</sup> Like many of her classmates at the very competitive college where she is now a freshman, she has long felt that she needs to “get straight A’s,” “do everything perfectly,” and have just the right, outgoing personality. Part of the performance pressure comes from her family. Her parents have high standards, and her father sometimes states them in no uncertain terms. The weight of responsibility, however, according to Sarah, arises from her par-

---

<sup>1</sup> I have changed the names of my interviewees and any other details necessary to protect their anonymity.

LEFT: © Paul Schulenburg—Images.com.

Joseph E. Davis is Research Associate Professor of Sociology and Director of Research at the Institute for Advanced Studies in Culture, University of Virginia. He is the author of *Accounts of Innocence: Sexual Abuse, Trauma, and the Self* (2005), and editor of *Identity and Social Change* (2000) and *Stories of Change: Narrative and Social Movements* (2002). He is working on a book exploring self and suffering, tentatively titled, *After Psychology: Medication and the Quest for Control of Life*.

ents' hopes for her. "They just hope," she says, "for better for you and for you to be all you can be." Her mother, professionally quite successful, "never has directly told me I have to be this person, but it's just like I think I definitely just look at her and I'm like, oh my gosh.... How am I not doing as well as her?" Additional pressures to perform—to be "this person"—come from the school environment, which Sarah characterizes as a "ruthless competition" both socially and academically, from her status-conscious friends, and from the foreboding sense that "everything I'm doing now is going to determine my life." Trying to live up to expectations is a constant source of stress.

*Adolescents can and often do live under considerable stress.*

Sarah was one of two dozen college students, aged 18–22, we interviewed as part of my larger study on the use of psychoactive medications to deal with everyday life problems. More than half of these young people were taking a medication for problems with anxiety, sadness, and distractibility, many since high school. The rest of the students, describing very similar problems as the medication-takers, were coping in other ways. Sarah was in the latter category. As early as middle school, her mother took her to see a therapist because she was "nervous and anxious about things." Although the subject of medication was discussed, neither Sarah nor her mother thought it necessary. Sarah still doesn't. Compared to those taking medication, Sarah, like others in the non-medication group, is more likely to draw distinctions between external pressures and her own sense of how she is internally constituted. In reflecting on the causes of her nervousness and anxiety, she points to the expectations and competitiveness of her social environment. At the same time, she also recognizes that she has, at least in part, internalized the expectations. She does not believe that it is possible for her "to do everything that my parents want—or my father wants me to do," yet "even though I think I'm not able to do it, it's like I'm still going to keep pushing myself." She knows she shouldn't let "other people's pressures become a big issue" for her, that she "can't do everything perfectly," but she feels as if she has to "do it perfectly." So she worries not just that underperformance will let others down but also that she is failing in important ways to reach her own "full potential."

All the striving comes at a cost. The gap between lived experience and self-image is a source of pain. "And every single time I feel it," Sarah states, "it just puts me down more." She experiences intense anxiety around exams and presentations, discomfort in many social situations, and general feelings of inadequacy. Ashamed of her nervousness about school performance and unwilling to appear weak, she hides her feelings from both her family and her friends. She worries that even her close friends might "judge me and think I'm weird or something." When friends notice that she is on edge, she feels compelled to act like nothing is wrong and tries "extra hard" to hide her nervousness. This isolation also contributes to Sarah's conviction that her struggles are somehow unique, that something "deeper in myself," and not just external pressures, is at root. Sarah believes that "a lot of people have pressures from their parents and from society and stuff like that, but I just don't think they react to it the same way that I do, or with so much intensity." She is certainly right about the pressures, but interviews with young people in similar circumstances suggest her reactions are only too common.

*Under Pressure*

Adolescents can and often do live under considerable stress. Some well-documented “stressors” include family problems, like divorce; interpersonal difficulties with peers; illness; and the very common personal concerns with how they act and look. The list also includes achievement expectations, which have grown dramatically in the past two decades.<sup>2</sup> In the postindustrial economy, a college degree is now widely regarded as essential to occupational success. Most schools, in the interest of fostering open social mobility, have eliminated defined educational tracks and redesigned the curriculum on a decentralized, course-by-course basis. Support for vocational programs has dried up as resources have been shifted to college preparatory, honors, and Advanced Placement courses.<sup>3</sup> According to sociologists of education, these changes and the “college for all” norm they reflect have played an important role in the “soaring” educational and occupational achievement expectations of adolescents.<sup>4</sup> Borrowing a page from the “status attainment” model of earlier sociological theory, these rising ambitions are sometimes hailed as an unalloyed good. Ambitious plans, according to the theory, serve as a source of motivation that leads young people to more successful educational and occupational outcomes. There is evidence, however, that the rising expectations are increasingly disconnected from what can be realistically achieved and, in fact, go unfulfilled for many.<sup>5</sup> As has long been recognized, the inability to realize important goals produces high rates of distress.<sup>6</sup>

*Parenting priorities have shifted with the educational competition and the larger status anxieties that fuel it.*

Another effect of the “college for all” norm has been to greatly increase competition for admission to prestigious colleges and universities, whose value as markers of achievement and future success has intensified as the general value of a college education has been diluted. If the adverse consequences of frustrated educational expectations fall disproportionately on the disadvantaged, the stress of competition for spots

<sup>2</sup> Kimberly A. Goyette, “College for Some to College for All: Social Background, Occupational Expectations, and Educational Expectations Over Time,” *Social Science Research* 37 (2008): 461–84.

<sup>3</sup> See, for example, Goyett; and Alan Kerckhoff, “The Transition from School to Work,” *The Changing Adolescent Experience: Social Trends and the Transition to Adulthood*, ed. Jeylan T. Mortimer and Reed W. Larson (New York: Cambridge University Press, 2002) 52–87.

<sup>4</sup> Chardie L. Baird, Stephanie W. Burge, and John R. Reynolds, “Absurdly Ambitious? Teenagers’ Expectations for the Future and the Realities of Social Structure,” *Sociology Compass* 2.3 (2008): 944–62; Patrick West and Helen Sweeting, “Fifteen, Female and Stressed: Changing Patterns of Psychological Distress Over Time,” *Journal of Child Psychology and Psychiatry* 44.3 (2003): 399–411.

<sup>5</sup> John Reynolds, Michael Stewart, Ryan Macdonald, and Lacey Sischo, “Have Adolescents Become Too Ambitious? High School Seniors’ Educational and Occupational Plans, 1976 to 2000,” *Social Problems* 53.2 (2006): 186–206; see also Goyette.

<sup>6</sup> Iain Walker and Heather J. Smith, “Fifty Years of Relative Deprivation Research,” *Relative Deprivation: Specification, Development, and Integration*, ed. Iain Walker and Heather J. Smith (Cambridge: Cambridge University Press, 2002) 1–9; Carsten Wrosch, Gregory E. Miller, Michael F. Scheier, and Stephanie Brun de Pontet, “Giving Up on Unattainable Goals: Benefits for Health?” *Personality and Social Psychology Bulletin* 33.2 (2007): 251–65.

in elite colleges falls disproportionately on the privileged. In many places, middle- and upper-middle-class schools have become a “pressure-cooker environment,” as one of the students we interviewed, Dan, 21, describes his high school. These schools are characterized by demands for high performance and individual achievement, constant comparison and competition, and extensive homework and high-stakes exams.<sup>7</sup> The college application process is particularly fraught, but the whole environment can have a driven quality. “We got to school an hour early,” Dan recalls and not without pride, “and finished up the last work [we] were doing. Everyone stayed until 5:00 or 6:00 at night playing sports and then went home and worked until 10:00 p.m. or 11 or 12 or 1 or 2....”

Parenting priorities have shifted with the educational competition and the larger status anxieties that fuel it. Professional, upper-middle class, and immigrant parents are especially likely to transmit high expectations, exert pressures to succeed, and carefully manage their children’s lives. A new term has been coined, “helicopter parents,” to describe those who hover over and obsess about the achievements of their children. These parents have been criticized for producing anxious, over-scheduled, and sleep-deprived teens, good at conforming to expectations but lacking in independence and skills for coping with adversity.<sup>8</sup> Such criticisms certainly have merit, and both journalistic accounts and research studies document the stress that such family environments can produce.<sup>9</sup> At the same time, negative critiques of “hyper-parenting” and “pressure-cooker” schools are easily overdrawn.<sup>10</sup> Both reflect and reproduce new and larger cultural ideals about individuals as enterprising—as entrepreneurs of the self—who strive economically and efficiently for fulfillment, excellence, and success.

The words “enterprise” and “entrepreneur,” of course, are business terms. Their meaning has been shifting over the past few decades as both a reaction to bureaucratic organizational forms believed to be inefficient and as a necessary response to new rules of competition in a global economy.<sup>11</sup> The corporate ideal, in the words of one observer, is now to mobilize the “enterprising capacities of each and all, encouraging them to conduct themselves with boldness and vigor, to calculate for their own advantage,

---

<sup>7</sup> See, for example, Alexandra Robbins, *The Overachievers: The Secret Lives of Driven Kids* (New York: Hyperion, 2006); Carl Honoré, *Under Pressure: Rescuing Our Children from the Culture of Hyper-Parenting* (New York: HarperOne, 2008).

<sup>8</sup> See, for example, Honoré; Madeline Levine, *The Price of Privilege: How Parental Pressure and Material Advantage Are Creating a Generation of Disconnected and Unhappy Kids* (New York: HarperCollins, 2006); Denise Clark Pope, *Doing School: How We Are Creating a Generation of Stressed-Out, Materialistic, and Miseducated Students* (New Haven: Yale University Press, 2001); Alvin Rosenfeld and Nicole Wise, *The Over-Scheduled Child: Avoiding the Hyper-Parenting Trap* (New York: St. Martin’s Griffin, 2000).

<sup>9</sup> See, for example, Victor R. Wilburn and Delores E. Smith, “Stress, Self-Esteem, and Suicidal Ideation in Late Adolescents,” *Adolescence* 40.157 (Spring 2005): 33–45; Ellen Greenberger, Jared Lessard, Chuansheng Chen, and Susan P. Farruggia, “Self-Entitled College Students: Contributions of Personality, Parenting, and Motivational Factors,” *Journal of Youth and Adolescence* 37.10 (2008): 1193–1204.

<sup>10</sup> See, for example, Joseph L. Mahoney, Angel L. Harris, and Jacquelynne S. Eccles, “Organized Activity Participation, Positive Youth Development, and the Over-Scheduling Hypothesis,” *Social Policy Report* 20.4 (2006).

<sup>11</sup> Paul du Gay, “Against ‘Enterprise’ (But Not Against ‘Enterprise,’ for That Would Make No Sense),” *Organization* 11.1 (2004): 37–57.

to drive themselves hard, and to accept risks in the pursuit of goals.”<sup>12</sup> This powerful ethic has subsequently been generalized not only to all types of organizations and more and more social contexts (for example, the family, schools) but to all forms of individual conduct. People themselves are to make an enterprise of their lives and conduct their activities with energy, initiative, and calculation, seeking to maximize their own human capital, project a future, and act upon themselves in order to better achieve their goals.<sup>13</sup> For the students we interviewed, the source of keenest distress was not parental pressure or schools but the failure to meet the obligations of such a personal ethic.

### *Diffuse Demands*

Of the two dozen students we interviewed, half discussed their problems with sadness, anxiety, or lack of concentration without making reference to parental expectations or demands. A few students in this group, like Ryan, 19, whose father suddenly abandoned the family after 25 years of marriage, characterize their parents as having problems of their own and not at all hovering or micro-managing. However, for most of these students, parents play a very active and involved role in their lives. Some describe their parents as benevolently “overprotective” or, as with Rachel, 20, who is having trouble staying organized in college, they were there in high school “to do a lot of tasks for me” and “keep track of the work I had to do.” Others emphasize their close and emotionally dependent relationships with their mothers. Katie, 22, happily recounts how she still calls her mother every day: “just like every little problem I call her....” In these cases, parental involvement in helping to manage their daily lives is viewed positively, as the normal and expected type of support that parents provide.

*The students who draw a distinction between external pressures, parental or otherwise, and their own sense of their inner workings are the least likely to be taking a medication.*

The other half of the students, including Sarah discussed above, describe their parents as having high or very high educational expectations for them. All of the students in this group attend selective colleges and universities, and almost all are the children of immigrant parents and/or from relatively affluent families. They did not express any one view or experience of parental expectations. A few viewed their parents’ expectations more or less positively. Dan, who attended the pressure-cooker high school, feels that his parents are satisfied by his solid school performance and is pleased that their high expectations have also “become my own.” Those expectations have driven him to work

<sup>12</sup> Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1996) 154.

<sup>13</sup> Rose 154. See Colin S. Cremin, “Profiling the Personal: Configuration of Teenage Biographies to Employment Norms,” *Sociology* 39.2 (2005): 315–32; Joseph E. Davis, “The Commodification of Self,” *The Hedgehog Review* 5.2 (Summer 2003): 41–9; and du Gay.

hard, he explains, and have helped make him “a high achiever in the academic aspects of my life,” which “is an important thing to me.” Kim, 20, whose parents immigrated from the Philippines, observes that “I have been really harsh on myself” for a long time and thinks she “picked that up” from her parents who always focused on the one B+ on her report card rather than the balance of A’s. They “had really high expectations of me,” she says, but “I don’t think it is necessarily a bad thing. I mean, it has definitely helped me to drive myself and to motivate myself to improve things.”

Most of the students are less sanguine and characterize their parents’ expectations and performance demands as more of a burden. Megan, 19, daughter of very successful Chinese immigrants, tells a common story. Her parents, she says, especially her father, have “very, very high expectations” for her. Though “I know my dad’s expectations are unrealistic,” she says, “at the same time, if someone sets a bar for me, it’s a personal disappointment if I don’t reach it or if I disappoint. Regardless of how unrealistic my dad’s expectations are, those are his expectations, and if I can’t meet them, why can’t I meet them?” “I guess,” she continues, “by proxy I adopted those same expectations for myself.” Together with the high demands of school and her friends, which she also emphasizes, the pressures “combine and then I need to be superhuman and then I’m not and then life sucks.” Still, Megan does not otherwise describe her parents as hovering and stresses how much she loves them and how they are “the people that I cling to.”

Perhaps the clearest account of over-parenting comes from Anna, 21. Always a very good student, she did not begin to feel the pressure of her high-achieving parents’ expectations until her older sister left for college. When her sister was applying, Anna recounts, “they were always getting on her about everything, about what colleges to apply to, taking her to everything,” and after she left, Anna’s parents bore down on her and her preparation for college. At 15, for instance, her mother took her to see a neurologist about possible attention deficit/hyperactivity disorder (ADHD). Although she had only gotten one “bad grade” in school, she notes, she “was always bad at standardized tests,” had recently taken the PSAT, and sometimes did not pay attention in school. “I can concentrate really well,” she explains, “when I’m interested in something, but if I’m not interested in a subject, my mind wanders a lot.” The neurologist diagnosed her “pretty fast” with ADHD and wrote a prescription for Adderall. Her mother, who Anna feels, “was really gung-ho about getting me diagnosed,” in fact, “kind of got scared” and did not fill the prescription. Anna continued to do “really well” in school, but her grades were a constant topic of discussion. Now a student at a very selective university, her parents call her all the time, and her grades are “the only thing they talk to me about. Not the only thing, but the main thing.” Despite her performance, Anna does not feel she’s meeting their expectations and resents their constant surveillance.

As noted above, the students who draw a distinction between external pressures, parental or otherwise, and their own sense of their inner workings are the *least* likely to be taking a medication. This does not necessarily mean that the parents of students taking a medication have any different educational expectations or are any less involved in their children’s lives. Virtually all of the students on medication describe similar high school experiences to those not taking a medication, similar ambitions, and seemingly similar family relationships. In several of the cases, the students describe being taken

to the doctor while in middle or high school because their parents perceived them as performing below their potential or because of their own school performance anxieties. John, 18, for example, was taken by his physician mother, who had devoted long hours to helping him with his work in elementary school, to a neurologist because his “grades started dropping in sixth or seventh grade.” John believes he was just bored, but the doctor “said I had a slight ADHD” and wrote a prescription for Ritalin. Unlike with Anna, the prescription was filled. While there are other similarities between the two groups, the difference is that the students taking medication view their problems as primarily, though not exclusively, arising from *within* themselves.

Jennifer, 19, for example, began taking Paxil for Generalized Anxiety Disorder the very day in the tenth grade that she “just started freaking out” about a B+ on a calculus test. Since the third grade, she had, with “all of my friends,” been “in the advanced, the talented and gifted program” and calculus was her “first really hard class.” It had not started well. On the initial quizzes, she recounts, “I didn’t get grades that I wanted,” that is, “grades up to my standard.” Then came the B+, the “mini panic attack,” and a trip to the family doctor. Unlike the students, such as Sarah or Megan, who see their own high expectations as partly an internalized reflection of the expectations of others, Jennifer believes her “very high standards” are simply “who I am.” She also believes that she is by nature “a very anxious person,” although she is quick to point out that her anxiety is “not social” and “only for school.” “I do not want to get a bad grade,” she explains, and “that’s basically the overwhelming factor of my life.” Her anxiety motivates her to study constantly, but it also produces worry and physical symptoms (sweaty hands, a racing heart) come test time. Jennifer, an only child, identifies other stresses in her life and even characterizes her sophomore year as the “year of anxiety” at home because of her parent’s separation and emotional problems. Nonetheless, she believes that her test anxiety, must, in part, have a biological basis because her parents haven’t worried about her grades, and she “can’t figure out where I would have gotten the behavior from if it wasn’t” from them. Initially angry and resistant to the medication, she acquiesced, and found, after some trial and error with brand and dosage, that it eased her anxiety. She took it for about a year and then stopped as a “defiance thing” toward her mother, only resuming, of her own volition, in college.

There is clear evidence in the interviews to suggest that the tendency to view problems as internal to the person or as biological is conditioned by the fact of taking medication for them.<sup>14</sup> In describing her thinking about the medical encounter, first in high school and then in college, Jennifer suggests such recoding. She characterizes her initial high school doctor visit as very frustrating because while she was angry and “didn’t want to actually talk about it [her anxiety],” she also “wanted someone that wanted to know...someone who was actually interested in and kind of personally invested in how you felt,” who “would actually just sit down with you and ask, ‘well,

---

<sup>14</sup> David A. Karp reports a similar finding in his interviews with individuals suffering from depression; see his *Speaking of Sadness: Depression, Disconnection and the Meanings of Illness* (New York: Oxford University Press, 1996).

why are you feeling this?” She wanted the doctor to understand and acknowledge that “I wasn’t just flipping out for no reason, and that I was a smart kid. I wasn’t just any kid that’s getting B’s and is worried about that.” Her anxiety had a reason: “I was like, it’s the tests. I need to do this...I need to study more or get better grades, or why did I do this? I’m so dumb.” Rather than take the time to listen, to perhaps explore how Jennifer’s learning environment was making her feel inadequate, the doctor had her fill out symptom questionnaires, talked mainly with her mother, and then “just gave me some medicine.”

When explaining her later decision to restart medication, Jennifer’s language is different. A grade of B- on a freshman-year, midterm exam got her worried; she “was really not okay with that,” cried a lot, and doggedly pursued remedial help from the instructor. She also knew that sophomore year would bring more hard classes. And so, without prompting from her parents, she returned to the doctor. Earlier, she strongly resisted the implications of a diagnosis and medication. Now all resistance was gone.<sup>15</sup>

*For other students, the demands of their “full potential” leave them in serious doubt about whether they are “up to par.”*

She wanted the drug, and she was pleased that the doctor agreed immediately and was “like, okay, I’ll write you a prescription for it.” Now, she describes the drug as a kind of prophylactic (“like a helmet when you ride a bike”) that she takes to keep her anxieties “at bay,” where they do not challenge, as she put it, “how you think about yourself...or how people see you because people don’t see that side also.” The beauty of the medication is that it does not interfere with her understanding of herself, that “part of me that’s like, I have to do well, I have to do well, I have to get good grades,” her good anxiety, if you will, but blunts and prevents others from seeing the “really high levels” of her “biological anxiety.” Recognizing that she has changed her view since high school, she now attributes her earlier and different understanding to her age and rebelliousness.

Talk of expectations, whether from parents, school, or peers, or generated from within, raises an obvious question: expectations for what? Toward the end of each interview, we asked students about the American Dream, how they define it, and how they see themselves in relation to it. Almost everyone defined it as including career success and some affluence and material comfort, in addition to a family. In a very general way, each embraced the dream, but was also quick to reject its materialist and status-climbing aspects and emphasize instead good family relationships, or happiness, or the freedom to do what you want. No doubt, the ladder they have been climbing—achieving good grades, demonstrating leadership and well-roundedness, getting into a competitive college—and that their parents and schools have encouraged (or pushed), has aimed toward, has been seen as essential to, securing this future. In terms of the stresses students feel in their daily lives, however, achieving specific future goals seems to play a role for only a few, and these identify adjusting their expectations as helpful

Talk of expectations, whether from parents, school, or peers, or generated from within, raises an obvious question: expectations for what? Toward the end of each interview, we asked students about the American Dream, how they define it, and how they see themselves in relation to it. Almost everyone defined it as including career success and some affluence and material comfort, in addition to a family. In a very general way, each embraced the dream, but was also quick to reject its materialist and status-climbing aspects and emphasize instead good family relationships, or happiness, or the freedom to do what you want. No doubt, the ladder they have been climbing—achieving good grades, demonstrating leadership and well-roundedness, getting into a competitive college—and that their parents and schools have encouraged (or pushed), has aimed toward, has been seen as essential to, securing this future. In terms of the stresses students feel in their daily lives, however, achieving specific future goals seems to play a role for only a few, and these identify adjusting their expectations as helpful

<sup>15</sup> Lawrence H. Diller suggests that such a shift may be fairly common; see his *Running on Ritalin: A Physician Reflects on Children, Society, and Performance in a Pill* (New York: Bantam, 1998) 294.

for coping with the stress. They have made peace with not being a doctor, for example, or have found their true passion. For others, their sadness or anxiety, their perception of themselves as abnormal or disordered, appears linked to a different kind of ambition, less directed to specific goals as to signaling that one is a particular sort of person. In Jennifer's story and in many of the other students we interviewed, being smart, being outgoing, being a leader—being what I'll call an "achieving self"—are ends in themselves and a yardstick by which they measure themselves and rate their potential. Coming up short can be deeply disorienting.

### *Achieving Full Potential*

Jennifer's identity, as we saw, is deeply entwined with an image of herself as smart, and her sense of success and potential is linked with that image. Michelle, 22, the daughter of parents from Asia, has a similar vision. She is one of the students whose family has "really high expectations" for her and who feels a lot of pressure to do well. Unlike other such students, she describes a troubled home and difficult family relationships and characterizes her separated parents as "really absent" from her life and her relationship with them as "really not close...at all." Her case is also different in that she has been diagnosed with two different disorders and takes medications for both. In the interview, she expressed considerable ambivalence about one of the diagnoses and was rather indifferent to the drug she was taking for it. She underscored the other diagnosis, for ADHD, and the other medication, Ritalin. This priority was also reflected in the symptom checklists that we asked her to fill out for both diagnoses: she scored herself very high for ADHD, moderate to low for depressive symptomatology.<sup>16</sup> About the ADHD and Ritalin, she expressed no ambivalence. In her self-narrative, her experiences of family problems, sadness, and loneliness were marginalized, and primary emphasis was placed on her intellectual ability and challenges to it.

More than once, Michelle asserted that "I know that I'm smarter than 99 percent of people, or especially in my schools" and that until some problems arose, "school was obviously really easy for me." She stresses that she studies very hard, is very competitive, and gets really nervous during testing situations. If she "got an A- on something, I would just cry." Throughout high school, her combination of hard work, a careful system of rechecking test answers, and a "lot of caffeine pills," helped compensate for the fact that "reading always took me so long" and "I was always staying up really late." Despite normally performing very well on standardized tests, she found her performance on the SAT "really frustrating." On the math section, "I didn't even finish," and on the math SAT2, "I fell asleep." In fact, she says, "I scored pretty high, but I think I could have gotten it almost perfect.... I could be completely wrong, but that's what I think." She likes the selective

---

<sup>16</sup> All of the people we interviewed filled out one or more symptom checklists: "The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist"; the "Quick Inventory of Depressive Symptomatology (Self-Report)(QUIDS-SR 16)"; or the "Social Phobia Inventory."

college she attends, but “there’s just no doubt in my mind that I’m smart enough to go to somewhere better than here.” Nonetheless, college has been a struggle and, she recounts, “I haven’t done really well at school...” A pivotal moment came when she decided to go to her college’s Student Health Center. There, they got things “figured out.”

At the Center, Michelle saw a therapist who, she says, “taught me ways to be organized and stuff like that,” as well as a psychiatrist. Though she characterizes the experience as “really awesome” and “probably the greatest moment of my life,” it was not without its own frustrations. At the Center, she was first put through an extensive battery of tests for learning disabilities and a general psychological evaluation. “They really devoted a lot of time to me,” she reports, “and made a really, really big effort.” However, Michelle was already convinced that “I’m very clearly ADHD,” and was therefore incredulous when she was told that “you’re kind of on the borderline, the tests aren’t really coming out one way or the other.” She speculates that “maybe the bar is set higher because it’s through the school. Like maybe you would get more attention from a private practitioner, but they also wouldn’t be as scrutinizing...” She also wonders if perhaps her intelligence is part of the problem. “This is actually going to sound really, really awful,” she says, “but I think I’m smarter than other people are, and I think that, I don’t know, not that I need separate tests, that’s not what I was saying, but I don’t know...I don’t know how I could have come out as borderline.”

Borderline or not, the psychiatrist diagnosed Michelle with ADHD and prescribed Ritalin. Michelle, who takes the Ritalin on an “as-needed basis,” finds it very helpful. “I do better in school,” she reports, “because of being on medication.” Seeing its effect now, she says, “kind of makes me angry because I went through a lot of really unnecessary hurdles, especially in high school.” Now she reads “really fast,” stays awake, is better organized, and “everything comes so easily to me when I take it.” In fact, easily enough that taking the medication also represents a threat to her self-conception. So, “I just kind of always have to tell myself, no, you actually are that smart. You’re just like, well, like my doctor always [tells] me, it’s like, no, you really are that smart, it’s just you are taking it to be at your full potential.” It doesn’t help, she argues, that neither her parents nor her best friend—she no longer talks with any of them about her problems—think she should be on Ritalin. Just to be sure that she is not gaining an “unfair advantage,” she tests herself: “I’ll do it maybe once every two weeks where I just won’t take it and have a day of class, just to remind myself of how things used to be, to justify the fact that it’s okay that I’m taking it.” She also emphasizes that she still works very hard: “I’m in the library probably more than 65 percent of people, 70 percent I want to say.”

Together with the medication, the ADHD diagnosis helps Michelle order and explain her experience. Now she understands why her world was coming apart. “I think,” she says, “the medication and the revelations that came with it, I know myself a lot better now. There were all these questions and things I didn’t understand before, and it’s helped me figure them out. And that’s awesome, that’s the fun part.” If not exactly at peace, Michelle does feel that, at least for the time being, the winds buffeting her vision of herself, of her intellectual capacity and potential, have been quieted.

For other students, the demands of their “full potential” leave them in serious doubt about whether they are “up to par.” Megan, who we met above, also wants to be “the

person” but perceives herself to be falling short. The problem began in high school. She attended a very elite school, and there she began “to feel like I was mediocre or below average.” Earlier, she “was the smartest person in the class” and had been on the gifted and talented track since the fifth grade. It made her feel special: “When I was younger, people would be like, ‘Oh, you learn so well.’ That’s a big reason why some people made fun of me when I was younger; they were like, ‘You’re such a dork, why do you do multiplication tables in 30 seconds,’ I was very smart when I was younger.” As discussed earlier, she also believes her parents’ high expectations contributed to this image of herself, which she took to heart. But then came high school, and she was surrounded by very bright, high-achieving kids. She began to “feel marginalized” and yearned to “feel special again.” In ninth grade she “started to feel very different from the people around me,” to “drift away from people,” and by the twelfth grade “felt very isolated.” All of these feelings carried over into college.

Although she is a scholarship student at a first-rate university, she is disappointed. It was her “safety school.” In coming to this college, she says, “I was very angry and then I started thinking... ‘my God, I’m like smarter than everyone here,’ which is not true, but please indulge me because not only do I have an inferiority complex, I also apparently have a superiority complex.” She now wants to “show that I don’t deserve to be here or I should be somewhere better by acing all my classes and being president of 40 organizations. And that is really not happening. I am, if anything, a mediocre student...and that just makes me so angry or so angry at the world and then me for not being the person.” She is “frequently plagued by regret” that she isn’t more active in student organizations, doesn’t “do all these extraordinary things” and doesn’t “distinguish [herself] in some way. “I want to impress someone,” she says, and “I don’t; I end up being impressively unimpressive,” which “crushes me.” She is worried that “I’m becoming the exact type of person that I thought I was not.”

Whereas students like Jennifer and Michelle turned to medication and the narratives of Generalized Anxiety and ADHD to address the gaps between their vision of themselves and their experience of their social environment, Megan cannot do so. She describes herself as “chronically sad,” and her life “as a chore” and “a to-do list.” And “that’s the feeling I’ve had for so long, like years, that it’s become my default.” She recognizes this is not “healthy” and “I really, really, really want this to change...” But she rules out categorically calling herself depressed, which she believes medically indicates “there is something chemically wrong” and the “only way it can be fixed is chemically.” To call herself depressed would be to admit being “cosmically screwed.” To do so would be to surrender any sense of agency, to give up the belief that you can “think yourself out of it,” and to accept being “thought of as weak” and “get pity and that’s gross” [laughs]. It’s “horrifying to me,” she says, “that there would be something so wrong with me that I would have to resort to needing something to make me into a normal human being. I feel like when people take drugs, they’re not even themselves anymore, they’re an artificial version of themselves.” Rather than “clinically depressed,” she argues, “I tend to just think of myself as sad because then I can do it. I can get myself out of it.” So Megan acknowledges that she needs to “do something,” but, ironically, like Jennifer and Michelle who take medication, resists any alteration of her self-image. On that, she says, “I’m very stubborn.”

## *Pathologies of the Achieving Self*

The students we interviewed feel compelled to strive for and to realize their “potential.” Throughout their young lives, parents, teachers, and others in their social milieu have continually incited them to action, choice, and self-improvement. They have been encouraged to take full advantage of the many opportunities available to them, to set goals and deadlines, to work hard and overcome obstacles, to discover and develop their natural talents, and to refine and express their personality. The motivation, to be sure, is to promote their freedom and personal fulfillment, to help them develop the resources necessary to gain a competitive advantage, to go far and thrive in the very fluid, individualistic, and demanding structures of late modern life. This freedom brings obligations, including an obligation to strive for success and responsibility for whatever outcomes

*The achievement ladder they are on reaches up into an open sky.*

ensue, but the content or form of success remains open. Very few students said they felt any pressure to make specific career choices; none said that they were expected to follow in their parents’ footsteps.

The achievement ladder they are on reaches up into an open sky. What they did express—and not as attributable to any specific source and sometimes imaged as arising from within themselves—was powerful pressure to conform to certain abstract imperatives of the achieving self.

The imperatives are a set of normative attributes, behaviors, and personality features. They are manifested as contrasts with the fears and challenges to self-image that the students report—fears that they might not be “ridiculously smart” but “mediocre,” not impressive or interesting but “weird” or “boring,” not confident but “awkward” and “self-conscious,” not self-disciplined and productive but a “slacker” and “unmotivated,” not strong but “weak” and “pitiable,” not self-sufficient but “dependent,” not perfect but a “loser.” The imperatives can also be observed through the emotional experiences that students seek to regulate with drugs or control by some other means: discouragement and loneliness, nervousness and insecurity, jealousy and emotional vulnerability, shame and humiliation, regret and self-blame. In their effort to blunt these emotions, students convey additional norms of the achieving self. While proactive, aggressive, and impressive, this self is also easy-going, non-defensive, flexible, resilient, and resourceful. Like the entrepreneurial ideal of the successful corporation, the achieving self is energetic, efficient, focused, and competitive.<sup>17</sup>

The pathologies of the achieving self—its sadness, anxiety, and obsessiveness—are the reciprocal of these normative imperatives and can only be understood in terms of

---

<sup>17</sup> The connection of self to business norms is suggested in a recent *Washington Post* article. A business psychologist argues that if the internet company Google “were a person, it would be the model of a psychologically healthy adult.” Its “corporate culture and management practices,” he continues, “depend upon cooperation, collaboration, non-defensiveness, informality, a creative mind-set, flexibility and nimbleness, all aimed at competing aggressively for clear goals within a constantly changing environment” (Douglas LaBier, “You’ve Gotta Think Like Google,” *Washington Post* [11 November 2008]: <<http://www.washingtonpost.com/wp-dyn/content/article/2008/11/07/AR2008110703319.html>>).

them. Granted, the direct pressures of over-involved parents and pressure-cooker schools can be a significant source of stress for some. But what stands out clearest in the interviews is how punishing deviations from the normative imperatives of the achieving self can be. Against these often contradictory norms—aggressive and competitive, yet laid back and funny; driven while effortless—failures are read as personal flaws or weaknesses of moral character. One can see why being told, as the medication takers have been, that one's problems are the result of a chemical imbalance, comes as a relief. Chemical imbalances (in this view) are fixable; a flawed self is not. Certainly the achieving self has many satisfactions, and when smoothly ascending the ladder of achievement, its burdens weigh lightly. The suffering comes at those moments when the ascent is threatened or interrupted. Then comes the disappointment, the fear, even terror, that, as Sarah put it, "I'm not going to be able to be this person I'm supposed to be."

*Like the entrepreneurial ideal of the successful corporation, the achieving self is energetic, efficient, focused, and competitive.*