

THE CHOICES WE FACE

SELF-FOCUS OR SACRIFICE?

What It Will Take to Rebuild the
Mental Health of the Next Generation

ERICA KOMISAR



About the Author

Erica Komisar is a clinical social worker, author, psychoanalyst, psychological consultant, and parent guidance expert who has been in private practice in New York City for over 30 years.

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Self-Focus or Sacrifice?

What It Will Take to Rebuild the Mental Health of the Next Generation

Erica Komisar, LCSW

Over the last 70 years, there has been a shift away from a more relational, empathetic, family-oriented approach to life to a more individualistic and self-centred one. The result has been increasing self-orientation and a focus on the freedom to be “me”: *my* ambition, *my* desires, *my* pleasure, *my* needs. The joy of responsibility for one’s own family and caring for others has been replaced with self-centredness, which can bring immediate gratification, but also long-term loneliness and mental health consequences. This move from nurturing our collective well-being to that of the individual is a major component of the mental health disorders we see in our children and youth today.

Societal shifts can impact the mental health disorders which people experience, and the disorders that are diagnosed can indicate societal shifts. The large number of patients suffering from addictions, narcissistic disorders of the self, and personality disorders is a sign that all is not well for the human being in our times.

There is an undeniable tear in the social fabric which has resulted in a global mental health crisis in children, adolescents, and youth. One in five youth will develop a mental illness before leaving childhood, and many will carry this illness into their adult years.¹ There is a great deal of concern and handwringing over this crisis, but little understanding of its root causes on a deeper psychological level—which are uncomfortable, controversial, and personal.

There is an overwhelming drive to attribute the breakdown of our children to social media, increased academic pressure, and shifts in gender and sexual norms. But the inconvenient truth is that although the mental health crisis is multivariable, and outside forces—which do play a part—are stressful, we as parents are primarily responsible. We are raising children who are self-centred, self-focused, and without the inclination or ability to take on responsibility and commitment, or to sacrifice for others. This change is occurring despite the research that shows how happiness is tied to the ability to give to others, and giving to others is tied to happiness.²

Our children are affected in many ways from this shift toward self-centeredness. Some are just less happy, more dissatisfied, and more bored with their lives. Others are more obviously symptomatic, suffering from depression, anxiety, ADHD, suicidal thoughts, personality disorders, and loneliness—all of which are on the rise. They are suffering in more nuanced ways as well. Young adults are prioritising materialism and outside achievements over relationships and the self-sacrifice of creating and giving to family. They can no longer see the value of creating deep and loving connections through marriage or with their own children. In the November/December 2024 issue of *Foreign Affairs*, Nicholas Eberstadt explored the issues facing a world with falling birthrates, and a shrinking and aging population. Among the reasons for the plunge in global fertility? "...people increasingly prize autonomy, self-actualization, and convenience. And children, for their many joys, are quintessentially inconvenient."³ A Pew Research Center poll found that 18% of 18-34-year-olds do not want to have children, and only 45% of young women in the poll want to have kids.⁴ They feel that having children is a burden which would require them to sacrifice time, money, and personal freedom. When they do have children, many do not want to raise them themselves. They prefer to delegate that to others to avoid the frustration and discomfort that comes with being a parent. Because they themselves were often not nurtured as young children, they also often lack the empathic ability to feel the pain their self-centeredness is causing their children, or have learned to dissociate from it.

The repercussions of three generations of self-centeredness and a lack of empathy means parents are modelling selfishness to their children. This narcissistic parenting style is contributing to a rise in disorders of the self. These disorders are a cause of the relational disconnection we see in society today and are a large part of our current mental health crisis. As a therapist, I can see the generational expression of these disorders in my patients.

The term "narcissism" is used in popular discourse, but few understand what it actually means, how it relates to the mental health crisis as a trend, why it is harmful to our children, and how it may be the cause of our children's emotional breakdown.

We are going to dive deep into the formation of a personality and what children need to be emotionally healthy. And we will also explore how we have neglected our children and found ourselves in the crisis of loneliness, relational ambivalence, disconnection, and mental illness we see today.

Understanding Self-Centeredness in Historical Context

How have we arrived at a moment in which the term “narcissism” is a household word?

In an essay entitled “Narcissism”, Arnold Cooper writes, “Contemporary western civilization is characterized by an intense focus on private ambitions, a loss of concern with the needs of others and a demand for immediate gratification—in effect producing the gimme or me first culture. This change from an earlier sense of community and concern for one’s fellow man is attributed to the influence of a TV dominated, consumer culture, the loss of moral values, the breakdown of the stable authority centred family, the focus on youth and beauty, the difficulty of perceiving one’s values place in society.”⁵

In an essay from the same book, entitled “Shame, Ideal Self, and Narcissism”, Andrew Morrison cites high divorce rates, loss of religion, inability to maintain relationships with extended family, and the abandonment of the home by women to join the workforce as the causes of this rise in narcissistic behaviour. He notes that, “Individuals more than ever are self-centred, incapable of self-sacrifice, without deeper moral, spiritual or emotional values and capable of experiencing only shallow relationships—ultimately resulting in perils of alienation, boredom, and insecure attachments.”⁶

Modern social and political movements have brought many positive changes: civil rights for women and minorities, financial and workplace equality, more participation by fathers in childcare. But every social and political movement also has downsides. The Women’s Rights Movement improved society overall. It gave women increased opportunities in the workplace, and greater freedom of choice in many areas, but it also meant parents had to give the responsibility of raising their children to others, often in institutional group care situations. The “Me” movement gave individuals the opportunity to seek self-determination and self-fulfilment at the cost of nurturing relationships and family ties. Capitalism came with the promise of economic independence for all and promoted career achievement and success over relationships. Both the Women’s Movement and the “Me” movement deprioritised mothering and caregiving and labelled them as unimportant; work outside the home was considered more important than children. Women never before questioned the importance of mothering until these social changes shattered all prior evolutionary preconceptions and standards. Men and women were taught that children were an afterthought to their education, career, and personal goals: the myth was born that they were self-sufficient beings who could raise themselves and be just fine. Women who wanted to stay at home with their children faced self-doubt and societal judgment.

The rise of two-working-parent families meant no one was home raising and nurturing children when they needed it most. The health of mothers and children became replaced with personal ambition, to the extent that even stay-at-home mothers have internalised the feeling that their work is not valuable. There has been a dramatic rise in cases of post-partum depression.⁷ In my professional opinion, the conflicts for women over their value in society and the pressure to be everything all at the same time has fuelled this rise.

There is nothing wrong with ambition. I am ambitious and I put aside my own personal career ambition to give my children what they needed most. Before my children were born, I was a successful therapist. I wanted to write a book about the lost instinct in mothers when I had my first child, but decided to wait until the time my children needed me less and there was a natural space for my ambition again. However, if we place our ambition above those we love, there is a price to pay.

My patient, Jessie, a 32-year-old lawyer who is married to 33-year-old physician, came to me because she was struggling with leaving her six-month-old daughter Camilla to return to her fast-paced, full-time law career. She and her husband had agreed that after the baby was born, they would hire a full-time nanny, and Jessie would return to the office. Then Camilla arrived and everything changed; Jessie had never experienced such love and the desire to care for another human being. She began to experience signs of depression: moodiness, low energy, sleep issues. She was diagnosed with post-partum depression and her psychiatrist prescribed an antidepressant.

Jessie wanted to stay at home with her baby, but she did not have the support from her family to make the decision she wanted to make. When she told her husband, he was angry; he felt Jessie had betrayed his trust. When she went to her mother, although she had been a full-time mom, she told Jessie that she was too smart and should not waste her education by staying at home with Camilla.

Jessie was overwhelmed with grief and anger about her family's response and her own internal struggles over abandoning the career that she had worked so hard for, even though she desperately wanted to stay home and could not imagine leaving Camilla. She had to grapple with her own narcissism and desire to have it all, as well as her family's unsupportive attitude. With my help, Jessie was able to embrace her instinct to be her daughter's primary caregiver. After months of therapy, she decided to take a full year off and then return part time, mostly working from home. She was able to reduce her case load so she could work 20 hours per week, and hired a nanny to care for Camilla

while she worked. It was a good compromise and positioned her to ramp up her career in the future if she wanted to. Unsurprisingly, Jessie was frightened that she would be sidelined at her law firm, but I encouraged her to be courageous. I reminded her that whatever her path was in the future, it would be built on her transformation as a mother if she was open to it. Jessie was also able to confront her husband and her mother with her disappointment and anger. As a result, she no longer felt depressed but was empowered to do what was right for her daughter.

Jessie's case is an example of how society has lost its way, idealising work outside the home and promoting the myth that women can do it all at the same time, at the expense of children and mothers.

A Shift in Values

The 1950s brought the age of television, advertising, and the narrative that the path to happiness was through material things: the latest fashions, the biggest car, the newest vacuum cleaner or dishwasher. It also sold Westerners the ideal of a suburban lifestyle, which moved families to a more isolating model of a nuclear family, with a large home in communities that were not walkable. Many families moved away from their families of origin, leaving behind the close relational and extended family ties that were at the heart of communal values. This was one of the first blocks that was removed in the game of Jenga that would destabilise the family and tear the social fabric.

Consumerism had a role to play in the downfall of communal values. The idea of success—which was formerly related to emotional, relational, and family connection—was replaced by career success, financial achievement, and wealth accumulation. It is true that hard work and financial success were, and are, important for all those who are striving for a better future for their children. The problem is that success came to be narrowly defined by upward mobility and materialistic values.

Relational connection and responsibility, and financial success and security, are not mutually exclusive. The problem is that our modern culture tells us that it is better to sacrifice our relationships than to sacrifice any upward financial achievement—and our children are the biggest losers.

Propelled by the combination of the “Me” movement of the 1960s and the Women's Rights Movement, we went from being a caregiving, relational, family-oriented society

to a self-centred, individualistic, and detached society which denies the needs and pain of others to satisfy our own personal needs. The individual was more important than the family or community, and the structure and traditions of cultural and religious identity were rejected. Freedom replaced responsibility, and the pursuit of one's singular pleasures outweighed meeting the needs of others. Mothering, and caring for one's parents, the sick, and elderly was labelled a burden which one could shed to pursue personal satisfaction.

Fast forward to today, and social media promotes the idea that the key to happiness is through superficial, material pursuits and perfecting one's exterior image, rather than developing one's interior. How you look is more important than how you treat those around you; friendships are virtualised and so often become transactional, reflecting who you want to be seen with, rather than deep emotional connections with those you care for.

Why is Giving So Important for Mental Health?

Selfless behaviour is good for our mental health: the more one gives, the better one feels, and thus the more one gives. Therefore, giving stems from a positive, healthy frame of mind. According to a Harvard Business School study, after experiencing positive events participants were more likely to help others.⁸ People in positive moods were also more likely to help and volunteer.⁹

This pattern is also clear in our children. According to another study, young children exhibited similar effects of mood when they helped others.¹⁰ In the study, second and third graders were presented with situations from their past, and asked if the memory made them feel happy or sad. The children were given a choice: to take candy from a bowl or give money to other students. Happy children gave more money to their friends because it made them feel even better than eating sugar. The study found that prosocial behaviours did not necessarily require total self-sacrifice: happy children did ask for and eat some candy, but gave more money to other children than unhappy children.

In my husband Dr. Jordan Kassalow and Rabbi Jen Kraus' book *Dare To Matter*, the authors discuss how giving to others is not mutually exclusive of giving to ourselves. Kassalow explains that in a psychological sense, we need to serve others to feel that we matter. He writes, "the only difference between being and mattering is believing and then acting as if the world depends on you—as if no one else exists who will step up

except for you... that you have been endowed with the unique potential to make the world a better place. There are so many ways, large and small, to matter. You can matter to the people you love, change their lives for the better by giving them your best. You can change the life of a total stranger, even if it's just by asking them a question about themselves. Mattering isn't about scale. It's a state of being: of being on call to heed a call however and whenever the moment calls for you."¹¹

This phenomenon of happiness and mental wellbeing producing greater generosity continues into our adult lives.¹² Feelings of success and competence are also associated with more giving in children and adults.¹³ When children and adults have higher self-esteem, they can extend themselves to others. In other words, happy people are more emotionally capable of helping others and have more optimistic personalities, which fosters giving.¹⁴

Does Giving Make People Happier?

Giving does not just stem from happiness, but also produces happiness. Aristotle argued the goal of life was to achieve *eudaemonia*, or happiness. He believed that eudaemonia is more than just a pleasurable hedonic experience; rather, it is a state in which an individual experiences happiness from the successful performance of their moral duties. The Grant Study followed a group of male students from Harvard for over 80 years to see what path led to the greatest happiness. Researchers found that it was not material or career success, but the quality of relationships and self-sacrifice related to loving that brought the greatest happiness.¹⁵

Acts of generosity or giving through charitable donations activate the ventral striatum of the brain,¹⁶ the part of brain responsible for rewarding stimulation. Volunteering or random acts of kindness also stimulate the reward centres of the brain and increases life satisfaction.¹⁷ Interestingly, this is the same part of the brain that is tied to drug and alcohol use, gambling, and pornography.

Delving deeper into the neurological patterns of generosity, higher levels of volunteering are associated with higher levels of life satisfaction. Helping others increases well-being and a sense of satisfaction, but also produces brain chemicals like oxytocin, which buffers the effects of the stress hormone cortisol and alters our mood for the better.¹⁸ In a recent study, senior adults were asked to hold and give massages to infants in a medical setting three times a week for three weeks; they reported experiencing less anxiety and depression, improved health, and a reduction in stress related hormones.¹⁹

These effects on the brain can also be seen through different types of giving, whether time, acts of service, or financial donations. Research found that individuals who devoted more money to prosocial spending reported greater happiness whereas personal spending was unrelated to happiness.²⁰ The amount did not need to be extravagant to facilitate positive hedonic gains; as little as five dollars produced happy feelings.

Considering this research that random acts of kindness raise happiness levels leads me to tell a story about my son, Jonas.²¹ He was eight years old and on the way to school when he spotted a homeless man—let us call him Lars. Lars was a regular on Central Park West and always had his beloved dog with him. My son, who has always had a deep sense of empathy toward those less fortunate, would stop to talk to Lars and pet his dog. One day he said to me, “Can I give Lars my allowance?” I said of course. Jonas would regularly give Lars his five-dollar allowance on the way to school and the two developed a lovely relationship. Eventually Lars moved to California but before he left, he gave Jonas a card which said, “You are an extraordinary young man and I am fortunate to know you.” Jonas’ compassion only grew over time. As a teenager he became involved with our temple’s homeless shelter, often helping to open the shelter and cooking and serving for the 12 men who were often regulars. For Jonas, the relationships with the men were as important as providing them with food and shelter. The satisfaction Jonas felt from listening to and acknowledging their pain and their stories lifted up his self-esteem which was fragile at the time. Giving to others helped Jonas to understand his place in the world and the meaning of his own value. This is a lesson for all of us.

The fact that generosity both stems from and produces happiness may sound intuitive to many of us, but our young people today are searching for this very key. At Yale University, there was a course called the Good Life, which was always oversubscribed because young adults are constantly seeking answers to the questions of why they are not happy. The course had to be cancelled because so many students wanted to attend, it was siphoning off students from other classes. The fact that there was a stampede to take the class tells us just how unhappy and confused our kids are. In order to help them grow into fulfilled, generous individuals, we must reprioritise their formation of a healthy sense of self, which is both secure and able to look beyond its own interests to those of others.

Normal Development: Defining Healthy or Primary Narcissism

The terms “self” and “narcissism” have earned a bad reputation in popular culture. Although the term self has been hijacked by negative phrases like self-centred, selfish, or self-absorbed, the self is actually a necessary and important part of a personality. Positive traits like self-esteem, self-worth, or self-care are an essential part of a healthy self. Healthy narcissism, otherwise known as a healthy sense of self, is the result of the relationship formed between parent and child, and is necessary for a child’s future mental health.

A developing self is the beginning of feeling like a separate person with value, strengths, and weaknesses. A strong self allows us to tolerate even wide swings of self-esteem in response to success or failure, and the emotions that accompany them. If the self is firmly established, there is an understanding that one can learn from and recover from a loss or failure—what we call resilience today.

Children are born without a defined sense of self. When we say self, we mean a feeling that they are safe and secure, that they possess inherent value, and that they are loveable—not for their accomplishments, but for who they truly are as a human being. According to Kohut, a newborn has no self but is receptive to and in need of a responsive, empathic attachment figure.²² They need safety, emotional and physical connection, recognition, and acknowledgement of their value. It is only when infants feel seen, attended to, and loved by their primary attachment figure—usually their mother—that they have a chance at developing a healthy self-image or perspective. This recognition by their mother—in the form of physical affection and skin to skin contact in the first three years, as well as reflecting their feelings from moment to moment (emotional mirroring)—are the building blocks of a child’s personality, their empathy, and their sense of self-worth, but also their eventual ability to love and give in return. When a baby is sad, angry, or even excited, the ability of a mother to reflect the baby’s emotions in her facial expressions, tone of voice, and body language is critical. With so many mothers today not having been nurtured or mirrored emotionally by their own mothers, the generational expression of emotional detachment and attachment disorders is on the rise.²³

Freud defines primary narcissism as the excessive investment in oneself. From a developmental point of view, this excessive investment is both important and necessary. Until they are about eight months old, an infant does not distinguish themselves from their mother or primary attachment figure; the infant sees that person not as “you” but as “I”.²⁴ This is developmental primary narcissism. Because there is no boundary

between infant and mother, when their mother disappears or cannot meet their emotional or physical needs, the infants internalises the feeling that *they* are insufficient.²⁵ When a baby is hungry, wet, lonely, scared, or bored and they are soothed by their mothers, they believe they made it happen. That belief in their omnipotence and that they are the centre of the universe is critical for their healthy emotional development.

British paediatrician and psychoanalyst Donald Winnicott coined the phrase “the good enough mother”, based on his observations that babies benefited when their parents failed them in small and manageable ways. No mother or primary caregiver can be present 100% of the time, or understand what their child wants or needs 100% of the time. In fact, the most attuned mother only gets it right 50% of the time.²⁶ A good enough mother is emotionally and physically present much of the time, and when there are momentary misunderstandings, missteps of communication, or short absences, she does what is necessary to repair the loss quickly. Over time, these missteps and repairs help to build an increasing awareness on the part of the baby that although their mother is imperfect, she can be trusted and relied upon to care for and comfort them. Gradual frustrations accompanied by loving support can help the baby go from perceived omnipotence to an acceptance of their mother’s imperfections. This slowly builds trust and resilience.

Today, we are telling mothers that they are not valuable to babies, and anyone can do the job; we are promoting a culture of parenting that is detached and dismissive of children’s pain. We are telling mothers they can separate from their babies before babies are ready, and advise them to let infants “cry it out” when they are distressed or have trouble going to sleep. According to Kohut, when mothers are absent (for whatever reason) or are incapable of caring for their child, it increases the chances that the baby will believe that it is something they did that caused her to abandon or ignore them. This belief can lead to the development of a critical, self-conscious, perfectionistic, and punishing internal sense of self, which is what we are seeing manifesting in the internal negative voices and self-criticism which are magnified in youth today.

The development of healthy attachment and healthy narcissism also requires healthy separation. While an infant cannot distinguish where they stop and their mother begins, it is the mother’s awareness of her baby as a separate person that allows her to mirror them and not project her own needs, desires, and expectations on to the baby. This early recognition by the mother that the baby is a separate individual is the first step in a long process of acknowledging the uniqueness of that child, and that the child is “you”

not “me”. Then, at around eight months of age, babies realise their mothers are separate human beings. This discovery is devastating to them because if their mother is a separate person, then she can leave them, and they will be lost. This fear is called separation anxiety. If the mother is again physically and emotionally present to reassure them through this anxious period, which lasts until around 18 months, they come out of their primary narcissism with the beginning of a feeling of security and positive self-esteem, that they can develop as a separate whole and healthy person.²⁷ From 18 months through to 3 years of age, children practise what psychiatrist and psychoanalyst Margaret Mahler called “rapprochement”, that is, going back and forth between exploring the world and returning to seek comfort and reunion with their mother. This process reassures and reinforces a child’s confidence that they can be separate and whole in a world where their mother is not always with them. When toddlers are practicing separation and independence, they seek both autonomy and to re-establish ties to their mother; when their mother is absent or not able to satisfy their needs, there is increased frustration, rage, helplessness, and feelings of inadequacy because the child considers the failure their own, not their mother’s. This is the beginning of the low self-esteem I see in many children and adolescents today. A less than good enough mother is experienced by the infant as a less than good enough sense of self.

I have seen these patterns many times in my practice. My patient Carol was an attorney, whose demanding schedule sometimes kept her in the office or in court for 10 hours a day. Her husband Peter was an executive vice president at a tech company, with equally long and more unpredictable hours. Carol went back to work six weeks after their son Colt was born, leaving him in the care of Patricia, his nanny. Colt spent most of his waking hours with Patricia, who loved Colt, and became his primary attachment figure. When Colt developed separation anxiety at eight months old, it was Patricia he clung to. When Carol would come home, Colt only wanted Patricia. Colt’s attachment made Carol feel threatened and she found an insignificant reason to fire Patricia.

Colt was bereft. Colt’s new nanny was sterner and more discipline oriented, and left Colt without a nurturing caregiver. My fears that Colt would develop attachment issues came true. He cried incessantly, pushed his mother away when she tried to comfort him, and would alternately cling to her then push her away and hit and bite her. I worked with Carol to see that rehiring Patricia would be best for her son. I helped her accept that if she could not be present with her son, she needed to allow Patricia to play that role as a surrogate if Colt was going to thrive.

In my practice, I often see mothers who believe they want a nanny to raise their child but become possessive and competitive with them when their children feel more

attached to their nanny. Even worse, they put their children in daycare, where a rotating door of transient caregivers assures parents that their child will not become more attached to anyone than themselves.

When children get their emotional needs for attachment security met, they begin to be able to see the world as one in which relationships are primary and reciprocal. They understand that their dependency is normal and natural, which later leads to a belief that interdependency is critical for emotional and mental health. However, when children cannot rely and depend upon their primary attachment figure to be there, they may develop attachment disorders and pathological defences of defensive independence, which allow them to cope with a mother or primary caregiver's physical and emotional absence. These defences have now become normal in a society which suffers from a kind of group pathology. Attachment insecurity impairs a child's ability to engage with and relate to others in a healthy way.²⁸ The ability to get outside of oneself, and to feel for and think about others is the foundation on which *selflessness* is based. It can only be achieved if a child has gotten enough from their parents in these early years, or if they have repaired the emotional trauma along the way. However, rather than recognising this reality, we have excused ourselves of responsibility for the mental health of our children, and instead promoted an incorrect, or inaccurate narrative that more of a child's mental health outcome is genetic or constitutional.

Another way in which we shape our children's mental health is through the fact that as children grow, parental expectations exert considerable influence on a child's developing self. It is important that parents' expectations are in line with a child's abilities, and that their strengths *and* weaknesses are accepted and recognised by parents. According to Annie Reich, "We must learn to evaluate our potentialities and accept our limitations. Continued hope for the impossible represents an infantile wish, revealing a basic lack of ability to face inner and outer reality."²⁹ When parents can see their children realistically and lovingly, and help those children to see themselves too, it is the beginning of the development of healthy sense of self.

Adolescence, from the ages of 9 to 25, is the second critical period of brain development when children need to feel like the centre of the universe again.³⁰ It is like a return to primary narcissism for a period of growth before they move on to a more permanent sense of separateness, independence, and wholeness. During this time, adolescents, who are both self-occupied and particularly emotionally sensitive, are often wounded by their parents' distraction, self-interest, or disinterest in them. If parents can handle this period with patience and grace and give adolescents the attention and connection

they need (on their, not the parents' terms), adolescents will emerge with the ability to see healthy relationships as primary, reciprocal, and interactive.

If, however, children are ignored, neglected, or deprioritised during these two critical periods of development, they can get stuck, like a scratch in an LP record that skips back again and again but does not progress. This developmental stunting is a defensive response to their unmet needs. It will continue until the cycle of seeking disconnection is broken with deep and meaningful therapeutic connection, or connection to a loved one who sees them and their needs clearly and attends to them physically and emotionally.

What Does Emotional Regulation or Frustration Tolerance Have to Do with Sacrifice?

Another important ingredient in the ability to feel for others is social-emotional, right brain regulation. If a child cannot manage their own emotions, it makes it nearly impossible to handle those of another. The ability to think about and feel for another person is taught to us in our early childhood, and therefore requires our own parents to think about and feel for us, and teach us how to handle strong emotions. If this does not happen, then a child remains in a chronic or intermittent state of dysregulation, which moves the focus to their own emotional needs rather than on another's. The preoccupation with one's own emotional needs is expressed defensively through narcissistic and even borderline states. A child who grows into an adult who cannot regulate sadness, fear, anger, and excitement is a child who cannot function in a social world.

Children are not born with the ability to tolerate frustration or discomfort. They learn how to manage emotions like pain, discomfort, boredom, and frustration because of moment-to-moment interactions with their primary attachment figure in their first three years, and with their parents throughout childhood.³¹ Even for the most cared for infant and toddler, life can never be perfect: they have to wait to be fed when they are hungry, changed when they are wet, and to be picked up when they wake. All of this is manageable if their mother or primary attachment figure is physically and emotionally present most of the time. When children are buffered as much as possible from stress and discomfort in the first three years, it lays the foundation for their increasing ability to manage those emotions, which get more intense and complex in the school years and adolescence. According to Freud, "Loving in itself, in so far as it involves longing and

deprivation, lowers self-regard; whereas being loved, having one's love returned, and possessing the loved object, raises it once more."³² When parents do not help to regulate their children's emotions from the start, children do not have the capacity to think about or care for others, because they are stuck in a defensive cycle of self-absorption, entitlement, and preoccupation with their own inability to manage their experiences and feelings.

Unhealthy Narcissism

The term narcissism comes from the Greek myth of Narcissus. Narcissus was a physically perfect young man who all the nymphs desired. One nymph, Echo, fell deeply in love with him but Narcissus harshly rejected her, and she died in shame and grief. Echo's fellow nymphs prayed to Nemesis (the goddess of revenge and retribution), who caused Narcissus to fall in love with his own reflection. Unable to tear himself away from his image and unable to evoke any response from the reflection which disappeared each time he tried to embrace it, he gradually pined away and died of a broken heart. Otto Kernberg pointed out the many features of unhealthy narcissism in the title character of the myth: arrogance, self-centeredness, grandiosity, a lack of sympathy or empathy, uncertain body image, poorly differentiated self and relationship boundaries, absence of enduring relationship ties, and a lack of psychological substance.³³

Unhealthy narcissism, also known as secondary narcissism, is what most people think of when the word *narcissism* is used. It is the result of emotional or physical neglect in early childhood, which results in the withdrawal of interest from relationships as a defensive manoeuvre. According to Annie Reich, unhealthy narcissism is due to a series of early traumatic events. Children between birth and three need an inpouring of love, attention, and care, yet as generations of adults are increasingly prioritising their own lifestyles and comforts, we are witnessing young people grow up deprived of these key building blocks. As a result, they spend their adult lives trying to compensate through increasing self-centeredness, trying to reclaim the admiration and emotional reflection they never received from their parents.

Kohut called secondary narcissism a disease of deficiency; it is a maladaptive way of protecting the fragile ego.³⁴ It is a defence designed to protect the individual against anxiety and other painful feelings connected with the disappointment in their mother; rather than invest emotion or depend upon an undependable mother or attachment figure, a person invests that emotion in themselves, or leans into defensive

independence: “If my mother is not going to care for me then I am on my own and will have to care for myself.”

The feelings and symptoms that are commonly associated with being un-reflected and emotionally and physically unattended are depression, loneliness, defensive independence, and learned helplessness. In addition, children who are raised by self-centred and self-involved parents develop a “grandiosity” or “false presentation of confidence”. Think of the fragile puffer fish which, when threatened, responds by expanding to twice their size to protect themselves. So it is with children raised by narcissistic parents. They create an exterior that seems to be self-possessed, confident, and often charismatic, without the ego to back up the defence. This false exterior, or mask, is sometimes called a “false self”. This child (or adult) may present as functional at school or work and even super confident, but inside they feel empty and like an imposter. In place of a healthy ego or sense of self is a weak, fragile, and non-functioning one which breaks down eventually, usually sooner rather than later. “Repression” allows some to form a life around their emptiness by filling it with substitutes like obsessive work, drugs, alcohol, sex, gambling, and pornography, but most cannot avoid the unavoidable pain.

What Does Empathy Have to Do with It?

Empathy is at the foundation of being able to give to others. It is the ability to feel another person’s feelings or to put ourselves in their shoes emotionally. It may be one of the greatest ways we give to others. An empathic mother is attuned to a child’s feelings, meaning she can read nonverbal cues and intuit that child’s emotions and needs through their facial expression, body language, cries, sounds, and eye contact (or lack thereof). She shows that she understands how the child feels by mirroring or reflecting their feelings back to them. For example, if the baby has a red face, downturned lips, and tears in their eyes, their mother responds by making a sad face herself and speaks softly and comforts her baby. This interaction—which shows the baby their feelings are recognised, understood, validated, and accepted—is the start of learning empathic responses.

We are *not* born with the capacity to feel for others. If a mother has the capacity to feel for their child, then that child learns to feel for others. If a mother is empathically impaired, detached, or anxious, then that impairment is often passed down to the child. Learning to be able to consider, feel for, and think about the feelings of others is called

mentalising.³⁵ This capacity is developed in the social emotional or right brain, but only if we receive enough sensitive empathic care and mentalising from our own primary attachment figures, including our fathers.

Research has found that people who watch another person suffering or sad and imagine how they may be feeling and why, are made more compassionate and want to help others as a result.³⁶ When we overprotect our children from all discomfort, disappointment, or pain, we deny them the ability to develop an important part of their right brain. On the other hand, overexposure can also do them harm by overwhelming a young child's ability to cope, but organically experiencing small doses of adversity or sadness can help develop empathy and activate children's confidence that they can make a difference.

Modelling and the Generational Transmission of Self-centeredness

What we invest in our children is what will eventually manifest in their later lives. If we model loving, attentive, and selfless behaviour, we can see the results in their behaviour, character, and resilience after they leave adolescence behind to enter adulthood. When parents give their time and attention joyfully, without resentment or anger, they model that giving and self-sacrifice are pleasurable, meaningful, and valuable. They model that having children and putting them first is not only worth the effort and trouble, but a source of the greatest pleasure. Children can then internalise that self-sacrifice in a positive way. When I speak with parents, I always use the Christmas analogy: if you take more pleasure in giving gifts to others and seeing their joy than in getting gifts yourself, you were probably raised in a home where there was more value in giving to others than focusing on yourself and your desires alone.

If, however, parents are unwilling or incapable of sacrificing their own pleasure and comfort to meet their children's needs; if they resent their children overtly or discreetly for "taking them away" from more important activities, then children internalise the dynamic that selfishness is acceptable and desirable. This transmission is called the inheritance of acquired characteristics.

When a child's needs are unmet because of a parent's selfishness or self-interest, they feel abandoned, rejected, a deep sense of loss, and sadness. These feelings require coping mechanisms that are not usually healthy, such as defensive independence, dissociation, and even guilt that there is something wrong with them because their

parents are not interested in them. They may feel that their needs are too intense and burdensome, which can lead them to have very low self-esteem. These pathological defences are passed down generationally; unless the cycle is broken by self-awareness, reflection, and therapy, children will likely parent their children as they were parented.

The Consequences of Individualism and Narcissism in Parents and Generational Expression of Disease

Attachment Disorders

When these beliefs are internalised, how do they present themselves in a child's behaviour? Karla, a nurse, and Steve, a fireman, had two children—Cole, five, and Sammy, 18 months. Their working hours were irregular and unpredictable. While they would have preferred to have an in-home caregiver, their financial situation meant they needed to use daycare; both children started there when they were three months old. Cole had started kindergarten that fall; Sammy was still in daycare.

Karla and Steve came to see me because Cole's teacher had called them in for a conference to discuss Cole's behaviour. While he had done well in the beginning of the year, he was now pushing and hitting other children, and could not sit quietly in circle time or keep himself from interrupting other children or the teacher. Sammy, who had been a good sleeper, was waking multiple times during the night.

The school had also alerted them that Cole was struggling to control his aggression and had trouble reading other children's social cues and understanding what they were feeling. The other children avoided Cole and did not want to play with him. Karla and Steve thought his behaviour was a discipline problem and tried to change it by punishing their son, by taking away his television time or putting him in "time out" when he came home from school. I helped them to understand that what was happening with Cole was not a discipline problem, but an emotional issue, and punishing him for behaviour that he could not control was cruel and misdirected. I referred Cole to a colleague for play therapy and worked with Karla and Steve on understanding their son, and taught them ways to help him regulate his emotions. I also showed them how to model more sensitive and empathetic behaviour at home and told them that they needed to spend more time with him mirroring, interpreting, and explaining his feelings to him so he could process them and learn to mirror others.

What Karla, Steve, Cole, and Sammy's story shows is that children who are deprived of the love they need to develop a healthy sense of self may form attachment disorders. Attachment disorders occur when an infant or toddler is not provided with a consistent, physically and emotionally attentive primary attachment figure who is reliably present.³⁷ When a child's primary attachment figure is not present physically, emotionally, or both; when they are put in institutional care under the age of three, or are handed off to caregivers who are inconsistent, transient, or insensitive, then a child is forced to develop pathological defences and unhealthy coping behaviours to deal with the loss.

Attachment disorders come in various forms. A child may develop an avoidant attachment disorder, in which they turn away from their mother when she returns.^{38,39} They may develop defensive and precocious independence, which often leads to later depression and difficulty connecting deeply or trusting in relationships.

In an ambivalent attachment disorder, a child develops extreme anxiety that their mother will leave again and clings to her for dear life when she does.^{40,41} This disorder is most closely connected to anxiety disorders later in a child's life.

Finally, and most serious of the disorders, is a disorganised attachment disorder.⁴² A child with disorganised attachment does not have a coherent strategy to deal with the loss of their mother and alternates between turning away, then clinging, then becoming enraged at their mother, repeating the cycle again and again. This disorder is most closely associated with borderline personality disorders in later life, which are difficult to treat.

Narcissistic Behavioural and Personality Disorders

Most people come into therapy because they did not have parents who understood, admired, saw them as unique individuals, or valued them for who they are. We think of abuse as extreme behaviour, like not providing food or adequate clothing, or in extreme cases, physical or sexual abuse. However, abuse can take many forms; the most common and most insidious is benign emotional neglect from self-centeredness or unhealthy narcissistic tendencies. This is one of the most nuanced and most damaging forms of abuse because it leaves unrecognised pain on the inside, not visible scars on the outside.

As discussed earlier, "secondary" or "pathological narcissism", is an adaptive response to painful emotional neglect. According to Kohut's "self psychology model", "adult narcissistic psychopathology is a result of parental lack of empathy during

development.”⁴³ Pathological narcissism can be put into two categories: narcissistic behaviour disorders (“NBD”) and narcissistic personality disorders (“NPD”).

Narcissistic behavioural disorders include perverse, delinquent, and addictive behaviour,⁴⁴ a feeling of emptiness which one needs to fill with addictions to food, alcohol, drugs, sex, gambling, video-gaming, or even excessive work—anything that provides temporary and immediate pleasure gratification as a relief from their pain. That binge or temporary satisfaction always falls short, leaving them even more empty when the effects wear off and the cycle starts again. Think of these behaviours as a cry for help to express the void inside of them, left by the physical and emotional absence of that critical figure in one’s life. If left untreated, these conditions can become a permanent part of one’s character and devolve into narcissistic personality disorders, which are harder to treat.

Adults trying to fill the emotional void left from such neglect become increasingly self-centred and entitled as a survival mechanism, meaning they neglect the emotional needs of others in a constant search to have their emotional and physical needs met. Unfortunately, in modern society, rather than trying to understand the pathology in their behaviour and encouraging these individuals to seek help through therapy, we often ignore or dismiss their destructive behaviours, and in some cases affirm their self-centred behaviour.

Otto Kernberg has a good working definition of people with NPD: “The main characteristics of these narcissistic personalities are grandiosity, extreme self-centeredness, and a remarkable absence of interest in and empathy for others in spite of the fact that they are so very eager to obtain admiration and approval from other people. These patients experience a remarkably intense envy of other people who seem to have things they do not have or who simply seem to enjoy their lives.”⁴⁵ People with NPD can seem normal, but “in general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings—and, behind a surface which very often is charming and engaging, one senses coldness and ruthlessness.”⁴⁶ Horney describes a narcissistic individual as someone whose emotional ties to others are tenuous and who suffer a loss of capacity to love.⁴⁷

Two common attributes of pathological narcissism are “grandiosity”, or self-inflation, and “exhibitionism”. According to Horney, “this type of self-aggrandizement is always the consequence of disturbed relationships in early childhood especially a child’s alienation from others provoked by grievances and fears.”⁴⁸ Facing the loss of the “real

me” under parental neglect and/or coercion, self-inflation is one way to cope, and exhibitionism is a way to try to get the love and attention they cannot metabolise. They want desperately to be loved and admired by others but cannot love in return. “Behind manifest grandiosity, there constantly lurks depression, and behind a depressive mood there often hides unconscious (or conscious but split off) fantasies of grandiosity. In fact, grandiosity is the defence against depression, and depression is the defence against the deep pain over the loss of the self.”⁴⁹ Christopher Lasch notes that a narcissistic personality disorder comes with a grandiose sense of self-importance, preoccupation with fantasies of unlimited success, an exhibitionistic need for constant attention and admiration, relational disturbance, self-esteem disturbance that alternates between extremes of over-idealisation and devaluation, and lack of empathy.⁵⁰

We can see all of these symptoms in the adolescents and young adults of today, and many of the adults as well. They live in a world where, for many, an A minus or less than perfect grade is felt to be a failure and where they fantasise about having unlimited ability, power, wealth, brilliance, beauty, or ideal love. They have bought into the narrative that their ambition, their abilities, and their possibilities are unlimited, and they do not have to sacrifice anything for their dreams. Their dreams of self-importance are rarely met with the actual attainment of glory and fame; this results in deep depression when they realise their expectations were inflated and unrealistic.

Exhibitionism, with the aim of becoming the object of admiring attention, is frequently used as a means to undo feelings of insufficiency.⁵¹ Lasch says our youth are “constantly seeking admiration and attention and more concerned with appearance than substance.”⁵² Many of my young narcissistic patients alternate between exhibitionism or the need to be to be the centre of attention—and grandiosity or the fantasy of their “greatness”—and deep and intense depression and shame. The desperate need for the attention, understanding, and recognition they did not receive from their mother, when combined with grandiosity or the development of a false self with false expectations, is a raincoat in a hurricane.

The combination of exhibitionism and grandiosity leads to another significant symptom of narcissism, “shame”. The emotional roller coaster ride for a young person suffering with a narcissistic disorder can be devastating. When individuals are not able to live up to the ideals of perfection they have set for themselves, the result is shame or a feeling that they are worthless.⁵³ Children and adolescents have been told by their parents (who also suffer from this malady) that they can accomplish anything and the sky is the

limit for their achievement. This expectation not only leads to low self-esteem, but a sense that they are deeply flawed as people; this is the root of the shame. Shame is a belief that your limitations make you a bad and useless person. Shame in a narcissistic individual is then even further entrenched by a deep questioning of their self-worth due to the absence of love and understanding from their mother—especially when in conjunction with such unrealistic expectations for their achievement. “If my parents did not love me, it must be my fault because I am a bad person.”

“Self-consciousness”, or the harsh internal perception of oneself, another symptom of secondary narcissism, is connected to the feeling of shame. People suffering from unhealthy narcissism seek attention, but when they get it, they feel that their self is insufficient and not worthy of the attention; this turns into self-consciousness.⁵⁴ According to Lasch, in narcissistic individuals “self-esteem is fragile—intense self-consciousness over how he/she is doing and how well he/she is regarded by others. In response to criticism, defeat or disappointment there is often rage, inferiority, shame, humiliation, or emptiness.”⁵⁵

The shame and self-consciousness in narcissistic patients lead to the development of the last but not least symptom of pathological narcissism, a “false” or “pretend” self they show to the world to cover up the feelings of inadequacy, or what lay people call “imposter syndrome”. These patients often feel they portray to the world a different person than the person they feel to be inside. When the mother cannot mirror her infant’s emotional needs due to her own narcissistic disorder and depression, then the infant creates a false self in order to comfort, please, and mirror the mother. The roles become reversed, and the baby ends up playing the role of caretaker to the inadequate mother.

The inability to have healthy relationships and to commit to them is a common theme in those who suffer from narcissistic disorders. Those who suffer from NPD repeatedly and neurotically seek other narcissistic partners who cannot make an emotional connection.⁵⁶ They are essentially trying to reconnect with the motherhood over and over again, trying to create a better ending. This effort always comes up short and leaves them with feelings of emptiness and rejection. Lasch says of such individuals, their “interpersonal relationships are invariably disturbed. A lack of empathy is common. Entitlement, the expectation of special favours without assuming reciprocal responsibilities, is usually present. Interpersonal exploitations, in which others are taken advantage of in order to indulge one’s own desires or for self-aggrandisement, is common; and the personal integrity and rights of others are disregarded...Close relationships tend to alternate between idealisation and devaluation.”⁵⁷

The Inability to Grow Up

The debate among young people about the freedom to be self-focused versus taking on responsibility and commitment is manifest in their inability to mature or grow up emotionally. Think of Peter Pan and the lost boys. Theirs is a story of children whose parents either literally rejected them or who were neglected by their parents. In Neverland, they remained children, forever trying to recreate a carefree childhood where they were attended to, cared for, and loved unconditionally for who they were. This is what we have done to our children, whose emotional growth is so stunted that they cannot move on to, as Erik Erikson says, a generative period of marriage and parenthood.⁵⁸ If they do marry and have children, they resent the adult role of self-sacrifice required to maintain the commitment and wish they had remained children.

I use the analogy of a good meal: if you have eaten a satisfying meal, you will have no trouble leaving the table, but if you do not get enough to eat, you will stay at the table and wait for more food to come. Our children are developmentally not wanting and not capable of leaving the table that we have laid for them.

Choices and Solutions

The good news is all is not lost: we can strengthen the social fabric and turn around this crisis of mental illness. Our children are not destined to suffer from narcissistic disorders of the self if we make different choices in how we raise them. There are solutions to the trend toward selfishness and narcissism, and they require us making hard choices, and those choices begin with us as parents.

Parents and other caring adults can do so much on an individual level to shift our direction toward a world where selflessness and self-sacrifice become the norm:

- Love your children unconditionally and replace your expectation of perfection with the acceptance and love of the imperfect child.
- See children as individuals: be their reflection rather than asking them to be extensions of yourself or reflections of you. Love your children as separate from you. Help them to find their strengths, and to accept and forgive their weaknesses and limitations. Support their interests and strengths even if they are different from your own. Appreciate and respect their tastes, beliefs, and life choices rather than imposing upon them your own.

- Prioritise your children over your work or any of your other pursuits. Spend as much time with your children physically and emotionally as possible, especially in the two critical periods of brain development: from 0-3 and 9-25 years of age.
- However, despite the vital importance of being there physically and emotionally for your children, resist the urge to become overprotective out of fear or a desire for perfection. Overprotectiveness prevents children from developing resilience. Allow them to make their own choices (unless it puts their health and safety at risk), their own mistakes, and let them take risks within reason. Support them through their disappointments and rejections, but do not try to prevent every small hurt or inconvenience. By having you there to help them process these disappointments, they will learn how to navigate larger challenges by themselves as they grow older.
- Reject the superficial values, and the unachievable “perfect” physical appearance and lifestyles promoted by social media. Limit your own use and restrict your children’s use if they are under the age of 16. Exposure to the values portrayed on social media can only be mitigated by your children seeing you model your values, demonstrating that what is on the inside matters more than what is on the outside.
- Their wider environment beyond the home also really matters. Raise children in caring, faith-based communities which promote self-sacrifice, volunteerism, and empathy.

As parents, what we model in our own lives and how we treat others also communicates to our children how they should interact with the world around them. We can model healthy relationships and priorities through our actions:

- Model giving, loving, empathic, and self-sacrificing behaviour. If we prioritise caretaking, love, and generosity to those dearest to us and to those in need, then our children will be the benefactors of our choices. If, however, we focus on materialism over relationships and the avoidance of all discomfort associated with looking upon poverty, sadness, and need, then we turn away from humanity and teach our children to do the same.
- These patterns of behaviour begin at the individual level. Self-care is critical for healthy giving. Be kind to yourself and nurture yourself so you have the energy and internal resources to give to others. We cannot fully love others

unless we can love ourselves. Model self-care for your children as a means to an end to give to others.

- Then you can assess your own familial relationships. Treat your own parents as you want to be treated when you are older. If you delegate the care of your parents to institutional care, the message to your children is that aging is something that we do not want to see or be part of. We do not want to interrupt our lives to face the messy parts of the aging, and yes, dying, process. Aging and death are a part of life; making them seem scary is the problem. In a society that has strong religious beliefs, accepting death as part of life is not traumatising. Whenever possible, take your parents into your home rather than putting them into a facility where someone else will care for them. Let your children see what old age looks like and how we all need care as we age. Let them see that death and aging is not frightening if you have the people you love around you.
- After these core relationships comes our work outside the home. Reject the narrative of careerism and materialism as the source of happiness and success. Teach your children through your own modelling that work is important, but secondary to relationships and family. Teach them that material success is only as pleasurable as those you love and have deep connections with whom you share your treasures, and that success is not worth achieving if you have to sacrifice your relationships to attain it.
- Finally, seek to model selfless giving to your wider community. The best way to break the cycle of selfishness is to show your children your compassion for others. In Judaism, the term “Tikun Olam” means to heal the world, and it is one of the most important tenants of the Jewish faith. Show your children that giving is not just how much you take out of our pocket, but how much you are willing to invest time in caring for others, whether they are close to you or strangers. Practice random acts of kindness. Talk to the homeless man rather than just throwing them a dollar. Help the elderly man in your building to get food and have your children help you to help him. Volunteer at the local homeless shelter or community outreach programme. Voluntary exposure to hardship does not make us more stressed, rather it engages and activates us to do better and cultivates our empathy.

We also have choices to make as a wider society when it comes to the emotional wellbeing of our children. We can choose to build a society where our children’s

irreducible emotional needs are met, so they can develop into the giving, loving, and selfless human beings they have the potential to become:

- In our schools, we must teach a curriculum of ethical behaviour beginning in primary school. Encourage volunteering and require service hours for graduation from secondary school. Encourage entrepreneurship in volunteerism through coursework and mentoring. Offer awards to recognise exceptional giving.
- In our healthcare services, we must prioritise and promote mental health in parents, not just the children they are raising. We have decades of research on the impact of maternal depression and anxiety on children, and yet are only just beginning the conversation about the importance of parents' mental health to the mental health of children. As a society, we can focus on the importance of early evaluation, psychoeducation, and treatment of parents in workplaces, community centres, places of worship, OB/GYNs, paediatricians, and other medical facilities.
- In our governments, we must implement economic policies which support families to care for their own children, especially in years 0-3. Paid leave and childcare stipends, rather than institutional care, allow children to get what they need from their primary attachment figure and throughout childhood, so they can have the wholeness to give to others.
- Policymakers can also put our resources into parent care rather than institutional childcare. When parents do need outside childcare, we can give them the money directly to determine the best person to care for their children. We can support government officials who implement community and family centred policies.
- As citizens, we all have the ability to shape the decisions made by our policymakers and legislators. Support a government that supports caring for the elderly and sick in their own homes or with family whenever possible. Advocate for financial and practical support; it is better for families and better economically than the government subsidising nursing homes and institutional daycare for children under the age of three..

Hope For a Better Story

I cannot overstate my concern about the increase in selfishness and narcissistic disorders I am seeing in children and adolescents. If the status quo persists, we will continue to see a rapid decline in the mental health of our children. As I write this,

approximately one in five children around the world have been diagnosed with a severe mental illness.⁵⁹

We are producing less functional adults who are incapable of loving, being empathic, committing to intimate relationships, or having and raising emotionally healthy children. We have not survived as a species because we were self-centred; we have survived because we put the good of our children, our families, and our communities before our own self-interest. The crisis we face is dramatic and demands our immediate attention. Ultimately, the survival of our species is at stake.

The future offers a new paradigm, looking forward to a society which recognises that caring must come first. Ambitions—both personal, and career-related or economic—are all attainable over the course of a lifetime, but not at the expense of relationships. We can have everything in life if we are ambitious, just not at the same time. Raising healthy children is not mutually exclusive of our own personal ambition. Life is long and we can achieve a great deal for ourselves and for our families, but it requires patience, timing, self-sacrifice, and the prioritisation of our relationships. The way forward is not total self-sacrifice, nor is it total self-sufficiency. The goal is interdependence; we need to feel cared for to want to care for others, and only then will others want to care for us in return. Reclaiming the instincts of giving, caring, nurturing, and sacrifice is attainable and within our reach.

It is only by changing ourselves that we can change the path for our children and that we can change the world. We have to put our own ambition, vanity, and pursuit of short-term pleasure aside for longer and loftier goals which strengthen rather than weaken relationships. Many readers will identify with the hunger for admiration, understanding, and acknowledgement. We all want to be mirrored and seen for our unique qualities. But being considered at the top of your field, being famous, or rich can never replace the loss of the admiration, recognition, love, and interest from your own parents. It is only by recreating those connections with real love, connection to family and friends, and therapy that we can break the cycle of pathological and defensive self-centeredness.

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