

The Invisible Golden Ghetto

by Lois Jordan, LCSW, LCDC

In 1968 I was a senior at Highland Park High School, planning for graduation and the hardest decision I had to make was, "What college am I going to go to?" My high school sweetheart, who is now my husband of 34 years, was doing likewise. The strongest mood or mind altering substance any of us could get our hands on was alcohol. And believe it or not, in those days, it was rather difficult to do that. Our community was known as "The Bubble".

Unfortunately, we seem to have a false sense of security. I hope this article will "Burst The Bubble" and help you to get your feet on the ground, in reality. My own experience as a life long resident of the Park Cities, my experience as a chemical dependency counselor for the last 26 years in the Park Cities/North Dallas communities, and the research available on the effects of wealth, show that there is an *invisible golden ghetto* filled with severe problems. Those who live in this ghetto are families of wealth, power, and fame. The children of these families show some remarkably similar problems to the poor but also show problems unique to the experience of wealth.

This ghetto is invisible because almost everyone, including most mental health professionals (Stone, 1972), reacts to the child of wealth with, "How can you have any problems? You've got everything you can want!" When you drive a BMW to school, take Christmas breaks to The Camen Islands or the family's condo in Vail, which is what people see. Tentative, frightened, and fumbling efforts to say that something isn't right or that something hurts are met with incredulity or the advice to relax, take a trip or a shopping spree, and appreciate the fact you have everything you want, everything that money can buy. It seems impossible that there can be serious problems when there is enough money to do anything that comes to mind.

Ralph Underwager and Hollida Wakefield conducted research with twenty-two children of wealthy families, ranging in age from five to fifty years old, and from the second to fourth generations after the wealth was amassed. They also used the studies and reports available from others about the unique troubles that great wealth causes for children.

Children of wealthy families show the tip of the iceberg of problems in a number of behavior patterns. *Newsweek* (1985) described the high level of drug use and drug dealing by children of wealth in a high school in Arizona. A number of studies suggest a powerful relationship between social class and drug use with at least as much an epidemic of drug use among the top one percent of the society as among the poor (Walker, 1982; Wellisch, 1984).

The children of the very poor and the very rich show a number of similarities related to drug use. These similarities are:

- maternal & paternal deprivation
- chronic depression
- lack of values and goals
- lack of role models
- low motivational levels

(Stone and Kestenbaum, 1975; Wixen, 1973; Grinker, 1978; Sedwick, 1985).

Drug use by wealthy children is compounded by having enough money to buy drugs of high quality, acceptance of drug use as normal social behavior in the invisible golden ghetto, and the finances and power to avoid legal consequences if caught.

Cocaine has been one of the drugs of choice for the wealthy basically because they can afford it. Many addicts will spend several hundred dollars a week on their drugs. A young Plano senior in our treatment program, reported she was using coke daily, seven days a week. Once they get hooked, using daily is not unusual. The frequency and extent of the use of alcohol, marijuana, hallucinogens, stimulants, and prescription drugs is also related to financial ability. There is some indication that the severity and destructiveness of drug use by children of wealth is related to whether or not the money is "old" or "new." Beginning with the third generation after the creation of wealth, drug use becomes more problematical and more difficult to treat.

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One of the basic complaints of our clients is that they have everything they ever wanted but they just aren't happy. They may be single or married, male or female, young or old, in or out of school, employed or unemployed, but all have one or more of these symptoms:

- chronic mild depression
- boredom
- emptiness
- superficiality
- low self-awareness
- lack of empathy
- intense pursuit of pleasure and excitement
- the belief that they can be happy only with people like themselves
- disinterest in school/work
- superficial or absent values, goals, and ideals
- the belief that buying, spending, or travel or other use of their wealth will solve all their feelings and problems

The wealthy may suffer from a poor sense of identity which results in these feelings of emptiness and unhappiness. All of the reports in the small amount of literature on the invisible golden ghetto describe *parental or maternal deprivation* as one of the most important common factors in the life of children of the wealthy. Like the poor, wealthy children may have little or no contact with parents. The tasks of child-rearing are performed by a succession of housekeepers or nannies, by private schools or tutors, and piles of toys or diversions are substituted for emotional closeness.

Strange as it may seem, children of wealth show the effects of *institutionalization* much the same as children of poverty. The institutions may be expensive, high status, private and comfortable, but they are still institutions. The reports agree that lack of contact with parents is an important part of the *failure to develop values and goals*. Children of wealth simply *do not have adequate adult role models* presented to them. No tutor, servant, or employee can be a satisfactory substitute.

Most children of wealth demonstrate a *hostile-dependent relationship with their parents*. A hostile-dependent relationship is one in which one person is emotionally or financially dependent upon another, and resents this dependency becoming increasingly hostile towards the person upon whom he is dependent. A good example of a hostile-dependent relationship is a thirty-year-old woman who had never had a job other than with the family business. There she had a meaningless position, didn't show up half the time and did little work. But the parents matched every dollar the company paid her, with a dollar from them. She had a trust fund income from her grandmother and the parents matched that as well. She had run up a huge debt in the course of her first marriage and her parents paid it off. Her parents always paid for her losses and helped get her out of trouble. She complained bitterly to them and about them. She fought with them almost every time they were together, yet she continued to expect them to take care of her.

This kind of relationship can also be very seductive to the parents. Why work at anything when you don't have to? This is what brings the children of poverty and the children of wealth together. There is no relationship between their effort and the rewards. The poor may keep trying for a while but nothing ever changes. For the rich, no effort is needed. They just stay rich. This fits well into the model of *learned helplessness* in which the randomness of events is what cripples. When either a person cannot see a relationship between what they do or what happens next, helplessness develops. The random events can be either positive or traumatic. It is not the quality of the event but rather the fact that it cannot be linked to any personal effort that produces the depression, absence of goals, lack of self-esteem and low motivation.

A final area of problems for the children of wealth is treatment. There are a number of factors unique to wealthiness that makes effective treatment of the malaise much more difficult. One of the most obvious is that the therapist must be a person who can handle the fact of wealth. Either envy or an inability to understand the lifestyle and behaviors may prevent an essentially middle-class therapist from effectively treating children of the wealthy. Wealth can also intimidate many therapists. A therapist whose family background includes wealth may have a better ability to deal with the impact of wealth.

Wealthy patients tend to resist therapy and frequently, whenever anything close to real change is about to happen, they shift therapist. The families of wealthy patients often sabotage therapy in many both obvious and subtle maneuvers. The wealthy may believe that their wealth alone can buy the solution to the mental health or chemical dependency problems of a family member.

Treatment with wealthy children is hindered by the *low motivation for change*, *lack of empathy*, and *difficulty in introspecting*. Another factor that gets in the way is mobility. When people can go off for a month in the south of France, a month skiing in Vail, a month in Montana, continuing in therapy becomes a casualty. Children of the wealthy have often been grossly spoiled and treated *as if they were special, different, and better than others*.

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When a therapist attempts to treat such a child as non-special, as a human being among other human beings - puzzlement, anger, fear, and anxiety may lead to enormous difficulties with the patient, with the family, and within the therapist.

The people who live in the invisible golden ghetto are the envy of most all other Americans. But wealth does not guarantee happiness, it can create unique problems. Therapy can be effective in treating these problems only if the therapist has an understanding of the nature of the invisible golden ghetto.

Lois Jordan is the owner and director of Solutions Outpatient Services, an intensive outpatient chemical dependency treatment program for youth and adults in Dallas, Texas. She is a Licensed Clinical Social Worker and a Licensed Chemical Dependency Counselor. Solutions is a member of the National Institute of Drug Abuse (NIDA) Clinical Trials Network (CTN) Texas Mode through the University of Texas Southwestern Medical Center. In addition, Solutions is a clinical training site for UTSW Child and Adolescent Psychiatry Department. Contact Lois at (214) 369-1155, Email: info@sosdallas.com, Website: www.sosdallas.com

Comments:

Gayle Bandt, LPHA

5/2/2008 6:36 am

Excellent article. It brought up issues I had not previously considered.

Anne Thym LCD CI

5/1/2008 7:56 am

Boy, it's been a long, long time since I heard anyone else talk about this subject. I came from similar situation as these kids. In the end, I buried my oldest brother and both parents to the disease of alcoholism. My secong brother is so full of rage I cannot be near him - it is truly dangerous. There is one other factor to consider in this picture: given that the disease is a family one and that means generational as well, add in the avoidance of the stigma. I was sent to a boarding school, a place to warehouse these kids, so that they could not behave in a way that would embarrass or threaten thier parents standing - tha same parents that were snorting and drinking and a lot of the other stuff that goes with it. There wasn't a lot of recourse for these kids. Social Services , as you noted, rarely took the issues from these kids seriously, and one reason why you might find these people run from therapy is because they are often taught, through emotional abuse, that they cannot survive without the family and it's money. They end up blackmailed to stay, in a way. I had to wait until my parents died to really be able to face my own insecurities and disprove them to myself. Thank you so much for speaking up about these issues. Anne, Thym, CI

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