

*How I Lost One Faith  
and Found Another*

For fifteen years I practiced child psychology, and for fifteen years I loved doing it. From my seventh-story office window, I had a beautiful panoramic view of the Hollywood Hills to the north and Beverly Hills to the west. From inside my consulting room, I had a view of the families who lived in these privileged neighborhoods. Most of my time was spent conducting psychological tests and doing psychotherapy with children. Like anyone who enters a healing profession, I gained great satisfaction from discovering the roots of a problem and then showing both parents and children what could be done to help remedy it. I was successful. I made a good living.

From the outside, the families who came to see me looked as if they had ideal lives. The parents were committed to raising successful, happy, well-adjusted children. They attended every soccer game. They knew to shout, "Way to go, Green Hornets!" to cheer the whole team, not just their Nicole. Father and mother went to school conferences and listened hard and well. They were involved. They could recite without hesitation the names and most telling personality traits of their child's three closest friends. If a child scored low in school, the parents hired a tutor or educational therapist right away.

Ten years ago I started to feel that something fundamental

was amiss. My discontent began when I first noticed an odd pattern in my testing practice. I had grown accustomed to dealing with all levels of psychological distress, from severely disturbed children to those who were mildly unhappy. Often I had to deliver news that was painful and disappointing for parents to hear. I might have to say, “Even though Jeremy knows lots of TV jingles by heart and seems bright and alert to you, his IQ falls well below normal and he needs to be in a special school program.” Or, “The reason Max washes his hands so much isn’t because he is fastidious. This behavior is a symptom of an obsessive-compulsive disorder that showed up on every psychological test I gave him.”

I thought of these as the “hard news” days, and I never looked forward to them. Parents nearly always reacted to my report with great resistance. It’s understandable—parental denial is born of fierce love and fear, and it’s a hard defense to break through. But most of the mothers and fathers rose to the challenge, tackling their child’s problems with compassion and commitment.

Fortunately, there were also plenty of “good news” days, when I could report to parents that their child’s problems were within normal limits, meaning they fell within the broad range of expectable attitudes, moods, and behaviors for that particular age. It was a relief to deliver the reassuring message that a child was simply going through a difficult phase, and that his or her overall psychological profile was healthy.

Then I began to see a curious new pattern: some of the “good news” parents were not welcoming my good news. Instead of feeling relief, they were disappointed. If nothing was wrong, if there was no diagnosis, no disorder, then there was nothing that could be fixed. “My child is suffering!” complained the worried parents. And I had to agree. The children of these fine parents were not thriving.

Some children had difficulties throughout the day. In the

morning there were complaints: “My tummy hurts. . . . I’m not going to school because Sophie used to be my best friend and now she’s always mean to me. . . . Coach Stanley is unfair. He wants us to run too many laps in P.E.” After school there were battles over when and by whom homework would be completed, or unceasing demands for goods and services: “Everyone has platform shoes. . . . All the other kids in my class get to watch PG-13 movies. . . . All the other parents let their kids get their ears pierced. . . . All my friends get more allowance than I do.”

At the dinner table there was conflict about the desirability of the food that had been prepared and whether or not the child was in the mood to eat it. At bedtime there were more complaints: “I just need to watch one more TV show. . . . My ear hurts . . . I have bad pains in my legs and my arms. . . . I’m afraid to sleep without the light on.” When the parents tried to explain themselves to the children (“You need to go to school because . . . You need to eat dinner because . . . You need to go to sleep because...”), the children turned into little attorneys, responding to each explanation with a counterargument.

It may sound as if these problems are mild, typical of normal friction in the relationship between young children and their parents. But the scenarios these parents described to me were not mild. The daily problems were unremitting and the only let-up came in very specific circumstances. The perfect alignment of the planets looked like this: if the children felt protected from any sort of danger, relieved of pressure to perform or take responsibility, and sufficiently stimulated by having lots of fun things to do, they were able to relax and be cooperative, pleasant, and respectful. But these moments were rare. Much of the time both the parents and the children were miserable and frustrated.

Some of these children were on the outer edge of “normal limits.” I was often asked to treat cases of bed-wetting, constipation, poor grades in children with high IQs, or children with serious difficulty making and keeping friends. But none of these

children fit the category of the hard news cases. None seemed to be suffering from any kind of real psychopathology. Instead, everyone—parents and children—seemed off course, unmoored, and chronically unhappy.

#### LOSING MY FAITH

I was trained to believe in psychology, the talking cure. I had been taught to provide psychological support without being judgmental, but I began to have more and more judgments. Something was wrong, but I couldn't locate the problem in my diagnostic manual. Working with children, I started to feel like the highly paid baby-sitter. Working with parents, I felt as if I were prescribing Tylenol for acute appendicitis. In need of supervision and guidance, I consulted two senior clinicians whose opinions I deeply respected. I went back into therapy myself to see if I had some unconscious resistance to perceiving my clients and their children clearly. Nothing worked. The words that came to my mind to describe these troubled youngsters were old-fashioned: petulant, obstinate, rigid, greedy, cowardly, lethargic, imperious. I started wondering whether their problems fell into a different category than I was considering, whether they might be problems that psychotherapy alone could never repair—problems of character. My training was failing me.

#### THE LAMENT OF THE MODERN MOTHER

I was thirty-seven years old when I began to search for a different approach to counseling. During most of the ten years it took me to find a new philosophy of parenting and put it to good use, my life, both externally and internally, was very much

like the lives of the families I counseled. Like them, I felt burdened. My husband, Michael, and I had two young daughters, and although we hired a housekeeper, we did most of the daily child tending ourselves. As the girls grew older, I vowed to stay involved in all the small details of their lives: to make fresh sandwiches and tear off a ragged piece of lettuce if it looked unappetizing, to run the baths, supervise the homework, plan the play dates, and wave good-bye each morning like Harriet Nelson. Like so many of the mothers I counseled, I wanted to be a hands-on parent, and like them, I had plenty of other ambitions as well. I wanted to continue to do fulfilling professional work, to stay fit and healthy, go to the movies, keep up with my gardening, read at least one professional journal and a book a week plus the newspaper every day, head committees at the girls' schools, bake . . . and take saxophone lessons.

Of course, I wanted my children to have every opportunity for success and fulfillment as well. So, in addition to schoolwork, homework, and play dates, they each had a private music lesson once a week and occasionally a tutor for the academic weak spots. The younger one played soccer. Every appointment went on two calendars, a big one in the kitchen and my own appointment book. There was no time for anyone to waste.

I got up at 6:15 each weekday to make the lunches and launch the carpools. Most mornings I went to the gym or on a power walk with a friend, then to work. By four, when the children were back home, I was worn down, and by ten I was nearly catatonic. That wasn't part of the plan—I had meant to spend the evening hours with my husband, to watch a movie, make love, or simply talk about things beyond our little domestic sphere. Each evening I would make a pledge that the next night I would stay up late with him, but when the next night came I would again be an adulterer—my lover was sleep.

Despite my exhaustion, I didn't sleep soundly. I'd wake up, look over at the clock, and see unfriendly numbers like 1:25 or

3:30 A.M. There hadn't been enough time in the day for all my concerns, so they had overflowed into dreamtime. Occasionally I welcomed these opportunities for quiet reflection. More often, though, I spent the time choreographing the hundreds of moving parts that would make up the day to come: *Susanna's teacher sent home a note saying "bring a paper towel roll" tomorrow. I think this is different from a roll of paper towels. I think it means just the empty roll. Should I neatly unroll the one in the kitchen and make a pile out of the towels, or send her to school without a paper towel roll and risk having her left out of the art project?*

I worried most at night about my age. I had had Susanna when I was thirty-five and Emma when I was thirty-nine, and I couldn't help calculating the future. . . . *When Emma is twenty-one I'll be sixty. If I were younger, would I have more energy for them? How old will I be when my daughters marry? Will I be seventy? Will I be breathing? None of my friends is likely to see her grandchildren married. What have we done?*