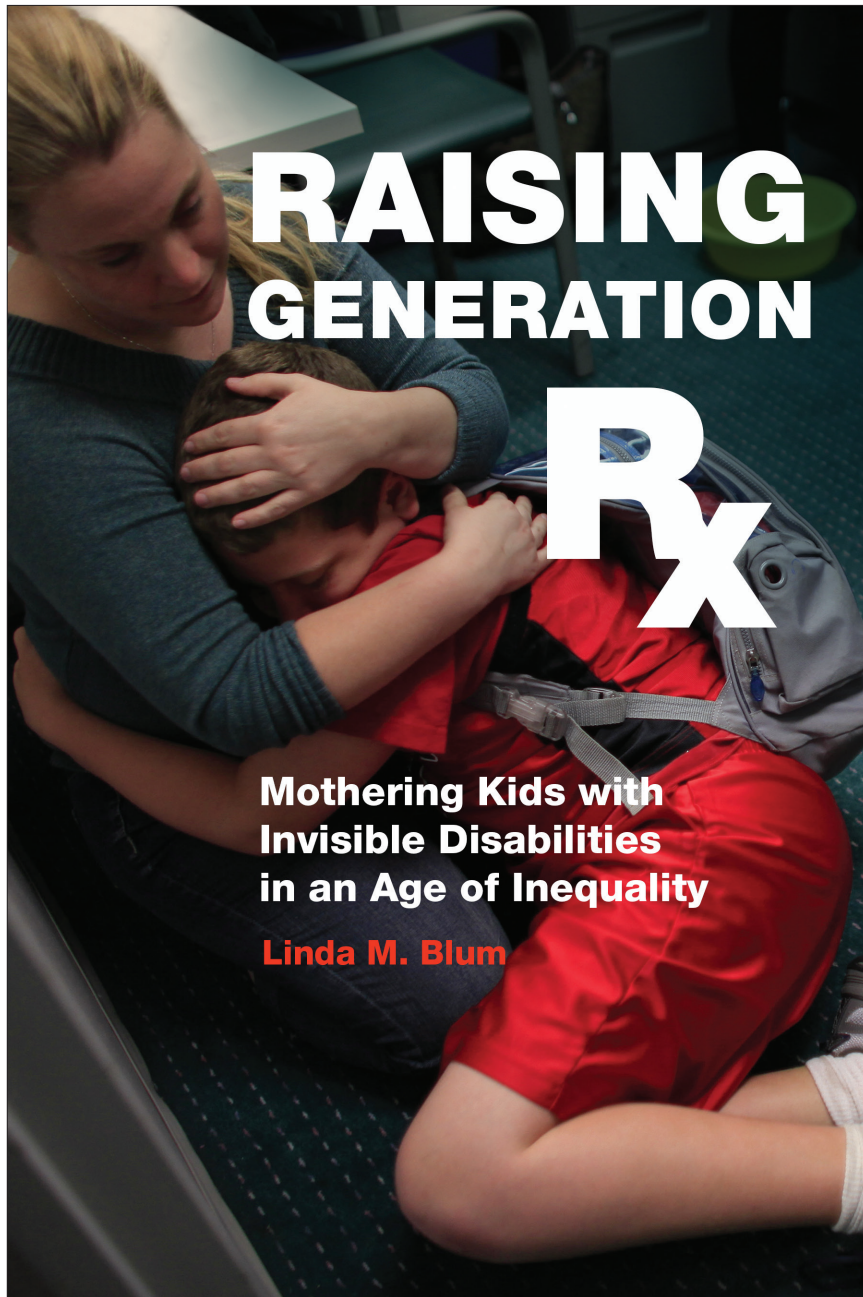


RAISING GENERATION RX

MOTHERING KIDS WITH
INVISIBLE DISABILITIES IN AN AGE OF INEQUALITY

INSTRUCTOR'S GUIDE



Recent years have seen an explosion in the number of children diagnosed with “invisible disabilities” such as ADHD, mood and conduct disorders, and high-functioning autism spectrum disorders. Whether they are viewed as biological problems in brain wiring or as results of the increasing medicalization of childhood, the burden of dealing with the day-to-day trials and complex medical and educational decisions falls almost entirely on mothers. Yet few ask how these mothers make sense of their children’s troubles, and to what extent they feel responsibility or blame. *Raising Generation Rx* offers a groundbreaking study that situates mothers’ experiences within an age of neuroscientific breakthrough, a high-stakes knowledge-based economy, cutbacks in public services and decent jobs, and increased global competition and racialized class and gender inequality.

Through in-depth interviews, observations of parents’ meetings, and analyses of popular advice, Linda Blum examines the experiences of diverse mothers coping with the challenges of their children’s “invisible disabilities” in the face of daunting social, economic, and political realities. She reveals how mothers in widely varied households learn to advocate for their children in the dense bureaucracies of the educational and medical systems; wrestle with anguishing decisions about the use of psychoactive medications; and live with the inescapable blame and stigma in their communities.

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Chapter 1

SUMMARY

This chapter provides an overview of the growing prevalence of invisible disabilities like ADHD among American children, connecting the rise of childhood medicalization to sociocultural and economic changes in the New Economy. Although mothers have historically been assigned primary responsibility for children, mothers in the twenty-first century must also manage and optimize their children's brains to prepare them for uncertain futures within a competitive, knowledge-based opportunity structure. In the age of neuroscience, "good" mothers must be fluent in the brain sciences and navigate the educational and healthcare systems, acting as vigilantes by engaging with and at times challenging professional authorities on behalf of their children.

The pervasiveness of American neoliberalism, with its celebration of entrepreneurialism and personal responsibility, has created deeply gendered expectations for youths. Economic restructuring has particularly taken a toll on many employment opportunities. The author suggests that this influences the gendering of disability, with boys' troubles more likely to be medicalized than those of girls. A gendered analysis reveals that diagnoses reinforce the desired forms of productive citizenship.

A feminist sociological perspective takes women as knowing subjects, allowing the mothers in this study to construct their own narratives through in-depth interviews. Moving beyond understandings of neuroscience as destiny, this chapter draws attention to the sociocultural factors shaping family life such as greater diversity in household types, neoliberal attacks on government programs, and the rise of a "risk culture." This chapter briefly introduces the research methods and concludes with an overview of the book chapters and key arguments.

QUESTIONS FOR DISCUSSION

- Why does the author choose to focus on mothers?
- How has mother-blame shifted in the twenty-first century? In what ways does it remain the same as in previous historical periods?
- What are some neoliberal values, and what are the gendered implications of these values? Do you think citizenship has different meanings for men and women, boys and girls? How do we come to learn these different meanings?

ACTIVITY

- Find recent depictions of young people with invisible disabilities in popular culture. Are the depictions negative or positive? Do they tend to portray individuals from particular class backgrounds or ethnoracial categories?

Chapter 2

SUMMARY

This chapter presents the sample of 48 women interviewed and highlights the shared experiences of mothers of children with invisible disabilities across racial and class lines and diverse household situations.

There are two major experiences shared by the mothers. First, all experienced difficulty with the extensive care burden. This included navigating the dense bureaucracies of the educational and medical systems. The author therefore explains the metaphor of mothers acting as vigilantes in more detail.

Mothers are also inundated with neoliberal expectations to singularly handle this care burden at special-education parent meetings and through advice books. Mothers must be “parent professionals,” and are told to “Do it Yourself.” This chapter also introduces the related issues of mothers’ social support and marital strain.

Managing medications is another major responsibility contributing to a heavy care burden. Despite popular depictions of mothers medicating their kids as a quick fix to shirk parenting duties, most mothers in this study described themselves as very resistant to medications. Across differences of ethnoracial background, income, and education, mothers engage in an ongoing process of intense research into varied drugs, dosages, and side effects.

The second major experience shared by all of the mothers was the stigma surrounding their child’s troubles. Both mothers and their children experienced social isolation as a result. The need for exceptional brain power in a knowledge-based economy may make the stigma surrounding invisible disorders especially acute. A substantial number of mothers expressed resentment towards those raising children with traditional, visible disabilities – envious of their clear diagnoses and the sympathy such visibility offers.

With such experiences of social disgrace and isolation, it was perhaps not surprising that nearly half of the mothers turned to psychoactive medications themselves.

QUESTIONS FOR DISCUSSION

- What does the author mean by “Lone Bureaucratic Rangers”? Can you think of an example of a time you interacted with a dense bureaucracy in your own life? What was your experience like, and in what ways did you have to act as a vigilante?

Chapter 2

- Why do you think there are so many public narratives about bad mothers? What is the function of these narratives?
- Does the visibility of disabilities generate more sympathy? In what situations do you think kids with invisible disabilities are at a greater disadvantage than those with more traditional disabilities? In what situations do they experience an advantage?
- Many labels are used to describe kids with invisible disabilities. What are some of these labels, and do the labels invoke different meanings? Is there a hierarchy of stigma for these labels?

ACTIVITY

- Find an advice or self-help book that has been on recent best-seller lists. Were there any neoliberal values or expectations within the book? Did the book rely on neuroscientific discourse?

Chapter 3

SUMMARY

Through the lives of 10 affluent, married mothers, we learn how raising a child with invisible disabilities in the context of privilege is only somewhat easier than for those lacking class, race, or (heterosexual) marital privilege. In the New Economy, with greater risks to kids' future security, affluent mothers must work hard to ensure the transmission of cultural capital to their high-need children. While residing in affluent neighborhoods would seem to make this task easier, tensions surrounding stigma and visibility instead may escalate. Disruptive kids and accompanying special-ed budgets are seen as unfairly taxing local resources, threatening school and community standing. Struggling children also strain marriages and threaten the family order that is most often mothers' gendered responsibility to restore.

The author found that affluent mothers had surprisingly little authority when advocating for their children in the educational and healthcare systems. Instead they often secured high-end, commodified support by paying for therapists, private schools, educational advocates, psychopharmacologists, and alternative providers. Privileged mothers are better able to afford such services, but they do not escape the culture of mother-blame. Rather they describe living in "communities of judgment" in which they and their children experience social isolation, gossip, and intolerance.

QUESTIONS FOR DISCUSSION

- The author draws on the scholarship of Pierre Bourdieu and Annette Lareau to describe how mothers are responsible for maximizing their children's cultural capital and ensuring the transmission of class privilege. What are some strategies used by the affluent mothers to instill cultural capital in their kids?
- The author introduces us to the husbands of three privileged mothers (Judith, Abby, and Theresa) in this chapter. How do these husbands deal with their children's issues? Which marital relationships had a sufficient "economy of gratitude" to cope with the demands of raising a high-need, struggling child?
- Medicating children with psychopharmaceuticals is very controversial. What different attitudes towards them are expressed by the mothers in this chapter?
- Why do you think it is so difficult for mothers to decide to medicate their children?

Chapter 3

ACTIVITY

- Interview your own mother or another adult woman in your life who works outside the home. Does her job represent an example of a “New Economy” job? How would she fare balancing her job with caring for a child with invisible disabilities?

Chapter 4

SUMMARY

This chapter explores differences in the experiences reported by the single mothers. The author suggests that the presence of an unruly child together with the absence of a husband in the home creates a distinct cultural deficit at a time of widespread discomfort with postindustrial family change and threats to manhood.

Even more than their married counterparts, single mothers shouldered a heavy care burden. A child's invisible disability, however, may encourage lone mothers to override class differences in parenting styles. Single mothers with few cultural or financial resources described becoming more demanding of professionals and more active in pursuit of greater services and enrichment opportunities for their vulnerable kids. As they practiced vigilante mothering, in other words, their parenting came close to the affluent norm of "concerted cultivation."

Single mothers expressed considerable ambivalence about their lone status. On the one hand, they lacked the practical support of a partner and his income. This left them torn between the demands of raising an unruly child and the demands of full-time employment. Some were lucky to rely on grandmothers or other kin, but others had to cut back on paid work – and several, falling into poverty, turned to state assistance. Yet, on the other hand, such mothers expressed that, paradoxically, they could better cope with a needy child without the burden of a husband's demands.

Engagement with the state is "double-edged," making more services available for troubled children, but paradoxically increasing stigma and surveillance for single mothers. The lone mothers in this study reported greater suspicion of their maternal fitness than married mothers, and mothers of color were most likely to face harsh state scrutiny. Pejorative images in popular advice and the media persist even as single-mother households represent a growing demographic.

QUESTIONS FOR DISCUSSION

- What are some of the strategies Vivian used to acquire resources for her daughter after withdrawing from paid work?
- Refer back to the affluent mothers in Chapter 3. In what ways do the single mothers in this chapter have advantages in terms of social support compared to the married, privileged mothers? In what ways are they disadvantaged?
- Single mothers often have to deal with a third dense bureaucracy – the state. Compare the interactions of Kay and Marika with state agencies. How and why are they different?

Chapter 4

ACTIVITY

- Each of the “hard living” mothers in this study had been dealt a “tough hand” of life circumstances. What are some of these circumstances? Research the availability of some public or private resources that could be helpful to these mothers.

Chapter 5

SUMMARY

Gender norms and ideologies shape the experiences and understandings of invisibly disabled children – with most emphasis on troubled boys and the mothers who rear them. This chapter compares the narratives of mothers of sons to those of disordered daughters.

Invisible disorders are enmeshed with heightened fears of failed masculinity, so mothers worry about “coddling” their sons and they embrace strategies to toughen their sons’ bodies. Despite these maternal strategies, boys with invisible disabilities experience bullying in the form of gay slurs, masculine policing, and physical threats of violence by peers in schools. Mothers of sons perform a “risky high-wire act” because troubled boys who retaliate too aggressively face harsh public sanction in the post-Columbine era. Zero-tolerance policies in schools often ignore the context provoking aggression and may single out vulnerable, already victimized boys.

Mothers of daughters spoke of the additional layers of invisibility surrounding troubled girls, who tend to internalize their troubles in gender-normative fashion. Yet even when daughters were less gender-conforming, mothers reported greater obstacles and longer years of distress before the relief of a diagnosis for their daughter’s invisible issues. However, mothers of troubled daughters reported receiving less direct, primary mother-blame than mothers of troubled sons.

There are also many similarities in children’s troubles across gender lines. All mothers confronted diagnostic uncertainty and shared exasperation with contradictory criticism and advice. Another similarity in mothers’ accounts across gender lines was the victimization of their kids, although girls tended to experience more verbal, (hetero)sexualized teasing compared to the gay-slurs and physical bullying of boys.

QUESTIONS FOR DISCUSSION

- What does the author mean when she describes mothers of troubled sons as performing a “high-wire act?” What is at stake for mothers?
- Why do mothers in this study emphasize their children’s physicality and bodies, considering that their children’s disorders are “invisible?”
- How have school shootings and the media’s coverage of these events shaped our society’s perceptions of boys’ physicality and aggression?
- This chapter describes an incident in which Allan Lowenthal was bullied at school. What were the repercussions for Allan, and how did this incident affect

Chapter 5

him and his family? What kinds of school policies could be put in place to prevent similar events from occurring in the future?

ACTIVITY

- Discuss together what strategies your parents might have used to instill or enhance your body capital. Do you think there are other strategies now used by college students?

Chapter 6

SUMMARY

Children of color, particularly boys, are overrepresented among those labeled with emotional and behavioral disorders and those assigned to special ed. This chapter focuses on the narratives of the sixteen mothers raising children of color. Although raising an invisibly disabled child places mothers at a disadvantage within medical and educational institutions, raising a child of color requires distinct maternal work and adds another layer of difficulty.

Despite previous explanations pointing to “cultural differences” in beliefs and values to account for the puzzling “undertreatment” of children of color, the author finds that mothers raising children of color are not so different from other mothers. Rather, these mothers must be “doubly vigilant” in navigating life in a still racialized society. Mothers often alluded to the long American legacy of racism and the persistent patterns of school sorting, medical exploitation, and experimentation it justified.

As such, mothers raising children of color expressed more complex ambivalence toward medicalization than mothers raising white children. This attitude may also be based on their child’s gender, as disability labels for young men of color may in particular do more harm than good. Rather than enabling such boys to receive helpful services, labels can mean receiving subpar services, increasing the odds of school failure, and reinforcing larger cultural images of black male dangerousness.

Schools tend to “adultify” black boys and interpret black boys’ misbehavior as more “willfully bad” compared to that of white boys. However, mothers raising children of color often expressed sympathy for teachers and healthcare providers. Many mothers ultimately relented to psychoactive medications to protect their children from greater harms and to keep them in school. Class location affects racialized meanings of invisible disability, as medicalization may be more readily embraced and may work better to protect boys of color in highly privileged class contexts.

QUESTIONS FOR DISCUSSION

- How does Rosa describe her decision to medicate her son? How was her experience different from or similar to that of Virginia?
- Why do you think mothers raising children of color tend to be more reluctant to medicate their kids than mothers raising white children?

Chapter 6

ACTIVITY

- Discuss together: Did your school growing up have a “gifted and talented” program or a special education program? Do you think the racial patterns regarding these programs could describe your school? Can you think of other ways in which schools often unintentionally (re)produce white privilege?

Chapter 7

SUMMARY

The conclusion summarizes and extends the theoretical argument linking the rise of childhood medicalization to sociocultural and economic changes in the New Economy. The author argues that despite the influence of neoliberal values embracing private, market-based solutions to the challenges posed by invisibly disabled children, the solutions to these challenges are ultimately a public, not a private matter.

Our cultural representations of child disorder nearly all center on individual mothers, who are expected to take practical and symbolic responsibility for the nation's children and its future. The mothers in this study described being surrounded with proximal blame, couched in the languages of neoliberalism and neuroscience. Single mothers and those raising children of color experienced a higher level of mother-blame, describing greater suspicion of their maternal fitness because of their social location.

The mothers' narratives revealed how little the United States does as a nation to protect reconfigured families from the harsh conditions of postindustrial capitalism, as mothers took on lone moral quests for institutional justice on behalf of their children. Rather than continuing to expect mothers to act alone, we might better use neuroscience to create an inclusive sense of public responsibility for our children.

QUESTIONS FOR DISCUSSION

- What would public neuroscience look like? How would it challenge neoliberal beliefs?

ACTIVITY

- Think about what kind of public policy would be most useful for the mothers in this book and their kids with invisible disabilities. Can you suggest new legislation to address the most pressing issues they faced? What does it provide for families in different social locations and varied households?

Overall Reflection and Discussion Questions

- The mothers in this book reported many difficulties accessing healthcare providers and securing insurance or other coverage of the costs (whether from school districts or state assistance). Compare and contrast the experiences of at least three vigilante mothers from divergent social backgrounds. What factors account for their difficulties?
- What is meant by the term “the medicalization of childhood”?
- How do you think the term “disability” should be defined?
- How successfully do you think the author uses a feminist sociological perspective?
- How do the families this author studied challenge assumptions about the “traditional” family?
- How does raising kids with invisible disabilities in the New Economy reveal the tensions in gender relations?

