

Chapter III. Stigma

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Working draft

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This chapter is part of a book-length project that examines the experiences of twenty-five fathers and thirty-five mothers whose children have significant “problems” (i.e. learning disabilities, drug and alcohol addictions, mental health difficulties, and physical or developmental delays). In the past decade, a number of scholars have written about the intensive nature of contemporary childrearing ideologies and practices. Given this climate of “anxious parenting,” how do parents cope with the experience of having a child who is “less than perfect?” The paper at hand explores how mothers and fathers experience the stigma associated with having a “problem child.” It is a working draft and does not yet have a references page. For questions and comments, please contact me via email at aafranci@ucdavis.edu.

Judy is in her early sixties, but you wouldn't necessarily know it. Slim and energetic with short hair that is neatly cut, I would have taken her for a younger woman. Classical music was playing in the livingroom when she welcomed me into her home, and we sat comfortably on the couch while she told me the story of her son. Jason, who is now twenty-five years old, was diagnosed with ADD when he was in elementary school. Judy says that while he is “adventuresome” and “a natural athlete,” his learning disability has prevented him from making much of his life so far. His grades were mediocre throughout junior high and high school, and after failing out of college during his freshman year at a university, his mom says he's “on the ten year plan” at a nearby state school.

Grades were not Jason's only problem while he was still living at home. He was prone to disobeying his parents, drank alcohol, smoked marijuana, and occasionally

threatened to run away. Judy says that other parents sometimes saw Jason as a problem child. One Fourth of July when Jason was in his mid-teens, for example, he invited a group of friends over to spend the night, and they decided to build a firecracker. The boys filled some clear plastic tubing with the flash powder from store-bought firecrackers, attached a makeshift fuse, and tried to ignite it. To their disappointment, they couldn't get the homemade firecracker to explode, so they gave up and left the device at the end of Jason's driveway. When Judy returned from running some errands the next morning, a police car was parked at the end of her street, preventing traffic from entering her cul-de-sac. Apparently, a neighbor had seen the firecracker, thought it was a bomb, and called the police.

Having stayed over the night before, Jason's friends were still at his house, and the police officers insisted on talking to them. In the end, the officers didn't bring charges against the boys because it was clear that they had not intended to harm anyone. Nonetheless, Judy and her husband Tom later contacted the other children's parents to discuss what had happened. As it turned out, one of the mothers was furious. Judy said,

We knocked on the door, and we just wanted to let them know that everything was gonna be okay. If you could have seen the look on the other mother's face when she saw it was us at the door! She was angry. She was hostile. And I wasn't ready for that. I *knew* her. She wasn't my closest friend, but I knew her well enough. My face got red. I could feel my face flush. I cannot convey to you what the feeling was... When you get to be a certain age... you've experienced all the embarrassment of life... but this time I was caught off guard, and I just was not expecting her reaction at all.

Judy and Tom tried their best to mend the situation, and they made Jason apologize to his friend's parents. But despite their efforts, the mother and father requested that Jason not spend any more time with their son. Judy explained,

Jason was very disrespectful toward [my husband] and me when he was at their house... I'm sure that [the other parents] thought... "This is inexcusable... Why don't they control this child?"... I mean, they didn't understand the ADD aspects of this. They just saw parents who obviously weren't in control of their child... I was concerned about seeing [them] the next time. I really was. Because it was such a slap in the face. Because we're nice people... we can't have a conflict of this magnitude happening if we're nice people.

Judy's story is illustrative of a situation that the mothers and fathers in this study commonly face: the stigma of having a "problem child." While not all of the parents I interviewed have children who misbehave or are delinquent per se, they do have children who in some way violate people's expectations of "good" or "normal" behavior.

Goffman (1963) defined stigma as an attribute that others find deeply discrediting. As such, it is first and foremost the children in this study who bear stigmata. For some, the problem is physical, such as an apparent developmental disability that hinders normal motor functioning. Depending on how the ailment is defined and displayed, however, others bear what might be considered a biographical stigma, such as a learning disability, a mental illnesses, or a drug or alcohol addiction. Even though conditions like autism, schizophrenia, and even ADD are considered biological in nature, people often interpret children's bad behavior as stemming from character flaws, rather than physical illnesses.

In some instances, parents experience what Goffman called a "courtesy stigma." Goffman noted that there is the "tendency for a stigma to spread from the stigmatized individual to his [or her] close connections" (1963:30). In the case of courtesy stigma, parents are stigmatized not because of an attribute that they themselves possess, but because of their close association with stigmatized children. Indeed, a number of scholars have explored how the parents of children with disabilities experience and manage courtesy stigma (Gray 2002, 1993; Baxter 1989; Scambler and Hopkins 1986;

Birenbaum 1970). On the other hand, the stigma of having an atypical child is not always limited to a courtesy stigma. As Judy's story demonstrates, some people blame parents for their children's problems. When this happens, mothers and fathers carry the stigma of being a "bad parent."

Previous scholarship on parenthood and stigma has not made a distinction between courtesy stigma and the stigma of bad parenting.¹ This distinction is important for a number of reasons. First, it offers greater analytic precision. Courtesy stigma arises from people's association with stigmatized individuals and *not* from attributes that people themselves possess. It is inaccurate to analyze parents' experiences in terms of courtesy stigma alone because in the case of the bad parent stigma, it is parents themselves who carry the discrediting attribute. Secondly, the distinction between courtesy stigma and the stigma of bad parenting is important in terms of understanding how parents' respond to negative labelling. Previous research has documented parents' techniques for managing courtesy stigma (West 1986, Voysey 1972, Birenbaum 1970), but we know less about how mothers and fathers manage the stigma of being a bad parent. Finally, much of the previous research in this area does not fully address the relationship between gender, parenthood, and stigma. As I discuss in more detail below, distinguishing between courtesy stigma and the bad parent label is helpful when comparing the experiences of mothers and fathers.

Gray (2002) argues that previous research on this topic has also overemphasized public encounters, "seeming to suggest that the stigmatization of parents only occurs when they accompany their stigmatised child in public places" (736-37). Because research has focused primarily on public venues, we don't know much about the experiences of

parents whose children's problems do not manifest in public places. In cases like Judy's, for example, it is less likely that strangers will witness the child's deviance because most teenagers who have learning disabilities, emotional problems, or drug and alcohol addictions can "pass" in public places as non-stigmatized individuals.² In these cases, stigma is more likely to arise during parents' private interactions with acquaintances, friends, and family members.

This chapter explores parents' experiences of stigma, addressing the conceptual and empirical issues outlined above. The presentation of data is divided into four sections. In the first, I discuss parents' experiences of courtesy stigma and the social isolation that often results from having a problem child. Among the parents I interviewed, the effects of courtesy stigma were particularly salient for stay-at-home mothers, the parents of young children, and the parents of children who had severe disabilities. I then explore how the stigma of bad parenting shapes parents' interactions with strangers, friends, and family members. I note that for mothers whose young children have learning and behavior problems, the suggestion of blame is often direct and explicit. In the third section, I focus more specifically on how the experience of stigma differs for mothers and fathers, and I draw from the body of literature on mother-blame to discuss the relationship between gender and the bad parent label. Finally, I consider how stigma creates in parents a sense of "otherness" and changes how they view themselves and their children in relation to "normal" middle-class families.

"I've Become a Bit Isolated": The Courtesy Stigma of Having a Problem Child

Public places are one of the venues where parents experience stigma. In grocery stores, parks, restaurants, and waiting rooms, parents interpret strangers' stares to mean that their

children are somehow peculiar or inappropriate. These encounters are generally undesirable and uncomfortable. However, when a disability is physical and apparent, mothers and fathers are unlikely to regard the stares of strangers as indicative of blame. Sarah, for example, is the mother of a thirteen-year-old boy with cerebral palsy. Due to a congenital brain injury, her son cannot walk or speak, is partially blind, and has a seizure disorder. Sarah separated from her son's biological father when he was still an infant, and two years later she met her current spouse, Matt. When I interviewed the couple together, they described their experiences of accompanying their son in public somewhat matter-of-factly.

Matt: You go to the doctor's office, and [people] look at him kind of funny. And he's not able to look at them... he's just kind of off in his own world... you don't want to have to explain. It's like, "Okay, he's a funny kid in a wheelchair, just get the hell outta here."

Ara: Have you ever said that? Or something like that?

Matt: No, I've felt it though.

Sarah: ... yeah.

Matt: No, I'm pretty easy... it's just kind of part of the package, you know? You know if you're going to the grocery store with him that people are gonna stare at you. Or if you're gonna go somewhere in public...

Sarah: [If] you go to the farmer's market, anywhere.

Matt: Yeah, and some people are very very gracious...

Sarah: Uh-huh, even some strangers.

Neither of these parents seemed to feel as though strangers viewed them as bad parents, and it's quite possible that their perception is correct. In the last fifty years, public education and advocacy for people with disabilities have mitigated the stigma associated with ailments like cerebral palsy; strangers probably don't blame Sarah and Matt for their

son's failure to behave as a "normal" thirteen-year-old boy. In any case, it appears that this couple experiences a courtesy stigma and not the stigma of bad parenting.

Kathy's six-year-old son also has cerebral palsy, although his limitations are somewhat less severe. He uses a wheelchair or walker and his speech is delayed. While Kathy says that it sometimes takes strangers a few moments to recognize that her son has disabilities, most people do notice that he is different. Like Matt and Sarah, she seemed to have gotten used to people's stares and did not interpret the unwanted attention as blame.

Now that he can't fit in [the front of grocery] carts, he has to sit in the back on his knees. You'll have people that'll look, like, "Why is that big ol' kid sitting in the back of the cart? Why doesn't he get out and walk?" You can just feel their looks, you know... And you get people who look like, "What's wrong with him?" or that kind of stuff. It used to bother me in the beginning when I noticed that people were noticing that he wasn't normal, but now I'm just kind of like, "Whatever."

Based on these accounts, it appears that parents like Kathy, Matt, and Sarah experience courtesy stigma just as Goffman (1963) described it. Their children carry a stigma because they are visibly different, and by extension, these parents are subjected to curious stares when they accompany their children in public. While these parents sometimes feel uncomfortable and interpret people's stares to mean that they are not "normal," they do not perceive strangers to have labeled them as bad parents.

The courtesy stigma of having a problem child makes it difficult for some caretakers to form and maintain friendships, especially with other parents. Since children's playgroups, school events, and extracurricular activities provide social outlets for their caregivers, children's problems often had a significant impact on parents' social lives. Valerie, for example, was twenty-four when she gave birth to her daughter who

was later diagnosed with autism. As a stay-at-home mother, Valerie found it difficult to form friendships with other mothers. In part, she thought this was because she was much younger than many of the parents in her neighborhood. However, she also felt as though her daughter's disability separated her from other mothers. She said,

I went into it feeling very much like I wasn't going to fit in. My child wasn't going to fit in, and I wasn't going to fit in. And that was a huge thing for me, that I couldn't ever fit in with other parents because my child was different from everybody else's. And I carried that feeling into her going into elementary school.

A pervasive sense of not "fitting in" was a common manifestation of courtesy stigma among the parents I interviewed, especially among stay-at-home mothers who had fewer opportunities to connect with people outside the realm of parenting. Another mother, Jessica, also reported that her social life had been impacted by her child's problems. Her son, who is six years old, had not received a specific diagnosis but had behavioral problems that made his mother reluctant to spend time with other parents. She commented,

It does affect my social life. I'm sure I would get together with more parents for playdates and things... I always have to think about that stress... it's always a double edged sword. Yeah, I'd love to get together, but then, you know, how will [my son] behave? Is he gonna behave okay? Am I gonna have to leave the park? Leave the house?" Sometimes I just don't wanna deal with that... I think I've become a bit isolated.

As I discuss in more detail below, it was typically women working as stay-at-home mothers who shouldered the burden of courtesy stigma.

Experiences like Jessica's were more common among mothers with young children or severely disabled children, presumably because such mothers spend more time performing childcare and have fewer alternative avenues for making friends.

Nonetheless, there were a few cases when the parents of teenagers with emotional or

behavioral problems said that their children's troubles made it difficult to maintain previous friendships. Hector, for example, is the father of Nathan, a sixteen year old boy who suffers from severe depression and may develop schizophrenia in early adulthood. Hector believed that some parents had distanced themselves from he and his spouse because Nathan is different from other boys his age. He said,

[Nathan] is quiet. He's different. He has long hair, plays guitar, he dresses up with punk clothing... We went to a barbeque with a bunch of kids who were out there playing baseball, they were really athletic. And they were all, "Come on, [Nathan], let's go play baseball, let's go play football!" And the other parents are going, "What's wrong with [Nathan]? How come [he] isn't out there playing sports?... He's just quiet"... It got to the point now to where we don't get invited a lot.

The courtesy stigma of having an atypical child not only shaped parents' friendships with other parents, but also their relationships with family members. In many cases, parents said that their mothers, fathers, sisters, and brothers provided refuge from the unfavorable reactions of strangers and acquaintances. However, some parents reported that their child's problems created social distance between them and their family members. Carol, for example, is the mother of a thirteen year old boy with autism. Her parents and siblings live in a different area of the United States, and since her son has a difficult time traveling on airplanes, she doesn't see them very regularly. She also suspected that some of her family members are uncomfortable interacting with her son. She said,

It's hard.... I really miss having that family support... I kind of wonder if geographics are the only issue because it's not that [my family] couldn't afford to come out more often. I think it may be very scary for them, very uncomfortable. It's, "Oh, we have an autistic child in the family, I don't know what to do, I don't know how I'm gonna handle this." You know, they've never said that, but I kind of wonder about that sometimes.

Eve, whose seventeen-year-old son has a genetic condition that has impaired his intellectual development since birth, told a similar story. Although her family members live nearby, she said that some of them are uncomfortable around her developmentally disabled son. Her brother and his wife have a child who is the same age, and Eve felt as though they had discouraged their daughter from developing a friendship with her son. She explained,

[My spouse and I] felt that [my brother and his wife] have instilled a certain way that my niece views [our son]. That it's, "Well, you really can't have a relationship with [him] because you're not on the same level. You're not [the same] academically, intellectually... it's like you're from a different planet"... and so that was instilled very early on. And so [my niece and son] have never had a relationship. Never. They don't even bother to speak to one another really. And so that's been very difficult to see because it didn't need to be that way.

Even when parents were able to rely on their family members for support, they often described the pervasive feeling that no one – not even their own parents or siblings – could understand what it was like to have a child with significant problems. Because they knew that their family members didn't share their experiences, a few mothers worried that they talked about their children's problems too much. Jessica, one of the mothers quoted above, commented,

I've thought about actually seeing a psychologist myself, just to vent, you know? Because I do vent a lot to my sister-in-law, and I don't want to abuse that... I don't want to consume her with all of that, you know? So that's what psychologists are sometimes good for (laughs).

One mother whose twin daughters have developmental disabilities received the explicit message that she was talking too much about her children's troubles. She said,

I have worn out relatives, specifically my mother and my sister... sometimes they're as blatant as, "I don't want to talk about it anymore." So then I'll say, "Fine, if you don't let me vent in any way I can, and as

much as I can, I'm just not gonna tell you anything." And that's when I say I feel kind of alone.

It's clear from these accounts that the courtesy stigma of having an atypical child impacts parents' close relationships. While it would seem as though any parent has the potential to experience courtesy stigma, stay-at-home mothers, the parents of young children, and the parents of children who are severely disabled are particularly vulnerable. This is not surprising, given that parents who spend more time and energy caring for their children have more opportunities to experience courtesy stigma and fewer opportunities to develop relationships outside the realm of parenting. As noted above, courtesy stigma is only one aspect of parents' experiences. For many parents, the courtesy stigma associated with having a problem child is accompanied by the stigma of being a "bad parent."

"You Must Be Doing Something To Encourage This": The Stigma of Bad Parenting

Many of the parents I interviewed felt that one time or another, others believed that they were to blame for their children's untoward behavior. These parents often experienced stigmatization in public places just like the parents quoted above, but with the added insinuation that it was their own fault. Tim - who is Eve's spouse - said that since his son's disability is largely cognitive rather than physical, strangers sometimes expect him to behave "appropriately" in public. In a few cases, people have implied that Tim and Eve are bad parents. He recalled one such incident,

When [my son] goes into a produce department, he likes to pick up vegetables, just pick them up and put them down. And he was doing this at a store once... [and] there was a couple... [who] complained to the manager and said, "This kid is picking up all these vegetables and this is horrible." And [my wife and I] were trying to explain, "He's just a special needs kid. I mean, give us a break. He likes to pick up vegetables sometimes and look at them and put them down." And [the couple] said,

“Well you guys seem to be special needs parents if you can’t do a better job controlling him...”

Claire, the mother of a nine-year-old boy with autism, has had similar experiences. Although her son has the physical appearance of other children his age, he has trouble making eye contact, uses repetitive phrasing, and exhibits what behaviorists call “superstitious behavior.” For example, he feels as though he must give a series of screams whenever his brother coughs, sniffles, or sneezes. When I asked Claire how strangers respond to her son’s behavior when she is with him in public, she replied,

There’s always a puzzled look. The worst, though, I’ve gotta tell you, old people in general. When he’s being rude, they like to send you signals that you’re a bad parent, like, “Tut, tut, tut,” shake their heads... there’s a certain generation of women that need to let you know that you have not done a very good job raising your child.

Unlike parents whose children have readily apparent physical disabilities, parents like Tim and Claire face the stigma of being bad parents, as well as the courtesy stigma of having a problem child. It appears that this is because strangers assume that their children are capable of “good” behavior, but that their parents are permitting them to misbehave.³

(P42-43) He’s typical on presentation to the point where if he acts up, like the sensory disorder thing kicks in and he can’t handle where he is, then people look at me and say, “Why can’t you control that child?” You know what I mean? Everybody always has their two cents to say.

Like the parents quoted above, mothers and fathers who experience the bad parent label have trouble forming relationships with other parents. Maria, whose son was identified as gifted after having numerous conflicts with other children in elementary school, felt as though other parents avoided her because they held her responsible for her son’s bad behavior. She recalled,

(People) always saw my son as the problem child in class. And I think their tendency is to blame the parent... I haven't really formed any relationships with my son's peers.... There was a new parent one year, her daughter was new to the school... and I talked to her, like one of the first days of school. And she's really nice and open and talkative. And then a couple weeks into, when she really – in my perception – found out who I was the parent of, well then suddenly it was like... I mean, I felt a difference... there's been a little wall put up because who knows what's going to happen with my son, you know?

As noted in the previous section, parents whose teenaged children had social or behavioral problems were less likely to experience courtesy stigma because of their children's troubles. They were not, however, exempt from the stigma of being a bad parent. Phil, for example, is the father of a seventeen year old boy who had been caught using and selling drugs. He and his wife had decided to send him to an out-of-state therapeutic boarding school, and Phil believed that other parents would hold them culpable for their son's delinquency. He explained,

One of the things we've talked about doing when he comes home this week is going to a basketball game [at his high school]... that will be very uncomfortable for me, frankly. Because a lot of those parents I've had no contact with [since my son left for recovery]. I'm not looking forward to at all. Frankly, [my wife and I have] been on the other end. And I know what I've thought. I'm not a cruel person, but... I'd say, "Something is wrong there... there's something the parents did." And now I'm sort of on the reverse end of it. And I don't blame anybody for looking necessarily cross-eyed at us or making judgements... going to the game, they're all gonna be there in one place, and you open yourself up to gossip and all the other kind of stuff.

In their work on epilepsy, Scambler and Hopkins (1986) make the distinction between enacted stigma and felt stigma. Enacted stigma, they argue, occurs when people discriminate against individuals who are labeled as different or inferior. Felt stigma, on the other hand, occurs when individuals fear stigmatization or experience shame because they *believe* others will perceive them as different or inferior. In Phil's case, the stigma is

felt rather than enacted because it is something he anticipates and imagines rather than something he experiences in face-to-face interaction. Before I began conducting interviews for this research, I anticipated that most parents would experience felt, rather than enacted, stigma. I was surprised when mothers reported that it was not uncommon for people to overtly suggest that they were the source of their children's problems. Carol said that before her son received a diagnosis of autism, the teachers at his school kept implying that she and her husband were doing something wrong.

Carol: [The teachers were] asking me things like, "[Mrs. P06], do you and your husband," because [our son's] got such bizarre behavior, "Do you all take drugs? Do you all beat each other?"

Ara: You had people ask you that?

Carol: Oh yes. *Oh* yes... they kept thinking, "Well, he's OCD, and certainly you all must be doing something to encourage this bizarre behavior."

Another mother, Martha, said that her daughter had been struggling in school since kindergarten. Whenever Martha had a meeting with her daughter's schoolteachers, they would ask her about her daughter's home life. Martha took this as an insinuation that she and her husband were bad parents. She said,

There were just saying... "What's the situation at home? What's going on at home?" I'd say, "Excuse me? We're talking about a first-grader, and you're thinking I'm doing something wrong at home or our home life is in disarray? I mean, where are you going with this?" And they'd back off a little, but they'd say, "Well, you know, you just never know with these things, and children are very sensitive to things going on at home." So... you know, it's automatically the parents' fault.

The overt suggestion of blame most commonly occurred during mother's interactions with school teachers, perhaps because teachers are taught to ask parents about the home lives of children who are doing poorly in school. Mothers may have

encountered blame more often than fathers did because it was most often mothers who met with schoolteachers to discuss their children's problems. On the other hand, school personnel might have been more likely to blame women for children's problems, regardless of the context. As I discuss in the next section, there is a long history of mother-blame in the United States, and the bad parent label is more often associated with mothers than with fathers.

In any case, school was not the only place where others called women's parenting skills into question. Although it happened less frequently, women's family members sometimes stigmatized them as bad mothers. Anna, for example, first started to suspect something was wrong with her daughter when she turned three and still was not developing speech. After a number of tests, it became clear that that her daughter was severely developmentally delayed, but Anna's mother wondered whether or not poor parenting was the problem. Anna explained,

My mom actually had a very hard time accepting my daughter's special needs. And thought it was bad parenting... [she] was saying, "What? You're not training her right. What kind of mother are you?"... and I think too, she initially felt embarrassed... She kept that [up] for about a year.

Anna said that at some point, things became so disagreeable that her mother asked her not to bring her daughter to a family wedding. Anna persisted, and her mother eventually came to accept that she had not caused her daughter's disabilities, but only after a year of uncomfortable interactions.

In at least three cases, parents blamed one another for their children's problems. Rachel, for example, is the mother of thirteen-year-old Maya who was rushed to the hospital after intentionally taking an overdose of Tylenol when she was eleven. Rachel

had been arguing with her daughter more frequently in the months leading up to what she hesitantly refers to as the “suicide attempt.” In fact, the two had been arguing shortly before Maya locked herself in the bathroom and ingested the pills. When I asked Rachel how her husband responded the news that his daughter had attempted suicide, she replied,

I don't know what [my husband] was feeling, but it manifested as anger and blame. Strongly as anger and blame. I mean obviously on some level there there's fear and all that kind of stuff, but it manifested entirely as anger and blame. Which I didn't need. I was going to take on the blame anyway.

Although this experience was not common among the parents I interviewed, it demonstrates the potentially devastating nature of the bad parent label. Parents were deeply implicated in their children's problems, and the prospect of blame existed not only during parents interactions with strangers and acquaintances, but also during interactions with their family members and significant others.

From this discussion, it should be clear that while the stigma of bad parenting is often linked to the courtesy stigma of having a problem child, the two are not synonymous. Parents might experience courtesy stigma by itself; this occurs when parents' social interactions are negatively impacted by their child's “deviance,” but other people do not label them as bad parents. Parents can also experience the two types of stigma simultaneously; this is the case when someone has a child with a stigmatizing attribute, and others believe that he or she has caused the deviance by not parenting correctly. Finally, although it is not the case among this group of parents, we can imagine that some mothers and fathers experience the stigma of bad parenting in the absence of courtesy stigma. This occurs when others determine that someone is bad parent, even though the child does not display a discrediting attribute. For example,

single women with children are sometimes stigmatized as bad mothers, even when their children are “normal” and do not display problematic behaviors (Ladd-Taylor and Umansky 1998).⁴

While previous research acknowledges blame as an important aspect of parents’ experiences, scholars have not distinguished between courtesy stigma and the stigma of bad parenting. As noted in the introduction, it’s possible that this has obscured the significance of gender. Gray (2002), for example, notes that mothers experience stigmatization more often than fathers do. He speculates, as I have done, that this is because women are more engaged in the tasks of childrearing and because people hold women more accountable for their children’s behavior. While this analysis is sound, it is incomplete. There is a well-developed body of research exploring how the public holds women’s accountable for children’s problems, but few scholars have made the connection between stigma and the cultural phenomenon of mother-blame.⁵ I suspect this is because scholars of stigma only have addressed the topic of blame indirectly, framing parents’ experiences broadly as courtesy stigma. As I discuss in the next section, mother-blame provides an important context for understanding why mothers and fathers have different experiences of stigma, particularly when it comes to the bad parent label.

“I wasn’t there for it”: Motherhood, Fatherhood, and Stigma

Among the parents I interviewed, mothers and fathers reported similar experiences of courtesy stigma. When a parent reported that they had experienced courtesy stigma, his or her spouse inevitably recounted times where he or she had experienced it as well. As stated above, however, courtesy stigma had a greater impact on mothers who worked as full-time caregivers. In couples with “traditional” divisions of labor, both men and

women encountered courtesy stigma, but it was mothers who more keenly felt the resulting isolation. Jessica, who I introduced above, repeatedly emphasized how isolated she felt because of her six-year-old son's aggressive behavior with other children. Things had gotten so bad at one point that her son nearly had to leave the preschool because of other parents' complaints. Jessica explained,

It's really hard when people are looking at you. And it's a small town, and I never know who is looking at me... there was these two parents [in the cooperative preschool] that wanted to have him kicked out of the program, you know, because of his behavior. And everytime I see him in town... (laughs), I just get these emotions. Even though I kind of get it... they have these sweet little girls and... they just thought it was a scary behavior.

Jessica is a full-time mother, and her son's cooperative preschool requires a high level of parent involvement. Her son's behavior had made it difficult for her to form relationships with parents from the preschool, so she was trying – without much success – to make other connections. She said,

I've thought about getting a women's group together. I feel, like, socially isolated. So I'm actually trying to work on that. I kind of scheduled a mom's night out, but that's hard. A lot of regular people are just a little resistant to that. I don't know. I mean, it's hard for them to do. It is such a child-focused culture right now.

I interviewed Jessica's spouse, Peter, on a different occasion. He also recounted the problems his son experienced at the preschool, although he noted that he wasn't there himself. He said,

And there were a couple of times when he, either with another child in preschool or with an adult there, became physically violent. And I think some of the other parents were frustrated with that, and um, you know, concerned for their children. Maybe irritated that a child wasn't taking their orders. You know, I wasn't there for it. But it came to a point when there was actually a request that [he] be, you know, leave the preschool.

I then asked Peter whether or not he felt as though his son's problems had affected his social life, and we had the following exchange:

Peter: I've got a pretty demanding job, so to be honest, I don't have a lot of friendships outside of that. I mean, we have a few family friends, I've got my brother and my family and a couple of people I get together with occasionally or catch up with over lunch or whatever. But my personal network is a pretty small one. A lot of my social interaction is through my work.

Ara: And did it ever come up in your work relationships?

Peter: Yeah, I was pretty forward enough with people to let them know that [our son] was having trouble in school and that we were talking, you know, going to psychiatrists and psychologists. And um, so I think I was pretty open with people.

Based on this exchange, it's evident that Jessica bears the brunt of courtesy stigma.

While Peter was aware of the situation, he did not perform routine child care during the work week, and he was absent for much of the "action" surrounding his son. As such, his day-to-day relationships were not greatly impacted by his son's problems.⁶

It appears, then, that in this group of parents, gender shapes the effects of courtesy stigma indirectly. Since most of the couples in this study allowed gender to dictate the division of family labor, mothers were more likely than fathers to experience the negative consequences of courtesy stigma. I did interview two fathers who acted as primary caregivers for their children, and their experiences support this finding. Bill, for example, provided much of the child care when his two-year-old son developed a seizure disorder. His son is now sixteen years old and has developmental disabilities. Unlike a majority of the couples in this study, it is Bill's spouse that has stable, full-time employment with health benefits, and Bill participates in the day-to-day caretaking of his

son.⁷ Much like Jessica, Bill said that caring for a child with special needs has been isolating. He commented,

... you lose your family because of it, you lose your friends because of having a special needs child. You know, a.) they're afraid they're gonna catch it, b.) they don't understand it, c.) they don't want to deal with it, it's too depressing. You know, they just don't want to be around your child.

Bill participates in a support group for fathers whose children have special needs, which he said has helped ease his sense of alienation. He explained,

Knowing that I can call a couple of [these dads] at any time and just vent has been just an extremely important aspect of what's going on. Without that I'd go nutz. Or I wouldn't know I would be going nutz. And you just kind of deal with that... you can at least call a dad and say, "Meet me for a pizza. Meet me for a hamburger, I need to talk. I just need to get out. The walls are closing in on me."

Bill's experiences echoed those of the stay-at-home mothers I'd interviewed, providing support for the notion that courtesy stigma indiscriminately impacts whichever parent is providing most of the day-to-day child care.

Mothers and fathers also shared the experience of parent-blame, or the bad-parent label, although mothers more frequently reported direct encounters with people who labeled them as bad parents. Just as in the case of courtesy stigma, it's likely that this occurred in part because mothers performed most of the routine child care and were more likely than fathers to interact with people who were in the position of blaming them for their children's problems. Mothers typically relayed these encounters to fathers, who then experienced parent-blame secondhand. Unlike courtesy stigma, however, gender appeared to shape parents' experiences of the bad parent label more directly. Based on participants' own accounts, for example, mothers seemed more likely to interpret people's negative expressions regarding their children as indicative of blame. Judy's story of her

son's attempt to build a firecracker illustrates this point. When I interviewed Judy's spouse, Tom, on a separate occasion, he also recounted the Fourth of July incident.

While Judy believed that the other parents had blamed her for her son's behavior, Tom didn't seem to share her impression.

Tom: There were some times when he was making firecracker kind of bombs or something and the cops came out and all this kind of stuff. In fact, one of the neighbors finally said, "We don't want our kid playing with your son anymore." Well that was devastating, as far as I was concerned...

Ara: When you say devastating...

Tom: Ego. Ego! You know, this is our kid, and I was angry at them, the other parents...

Ara: Were you embarrassed when things would happen, like the incident where the neighbor didn't want their son playing with yours anymore?

Tom: I don't know if embarrassment is the right word. But it's close. Yeah, there was an ego problem for me. "You don't like my kid?" you know, sort of thing... [I was] disappointed, certainly.

This interview excerpt suggests that while Tom felt angry and was insulted by the parents' rejection of his son, perceived blame wasn't necessarily part of his experience.

Mothers may be more sensitized to the bad parent label because of the cultural phenomenon of "mother-blame," or the belief that mothers are responsible for the social problems caused by improperly raised children. Mother-blame was popular in the 1940's and 50's and was epitomized by Philip Wylie's best-selling book *The Generation of Vipers* (1942). Wylie, who is now widely regarded as a misogynist, claimed that mothers had manipulated and emasculated an entire generation of American men, rendering the country weak and corrupt. Wylie's claims were part of the backlash that occurred in response to women's increased participation in the labor force during World War II

(Ladd-Taylor and Umansky 1998, Thurer 1994). In the decades that followed, mothers became scapegoats for everything from schizophrenia (Ladd-Taylor and Umansky 1998) to serial killing (Epstein 1998). At different times in the last sixty-five years, the public has blamed mothers for autism (McDonnell 1998), homosexuality (Terry 1998; Thurer 1994), anorexia (Vander Ven & Vander Ven 2003), youth rebellion, children's poor school performance, low self-esteem, and poverty (see Garey and Arendell 1999). Given this historical context, it's not surprising that the women in the study perceive parent-blame more often than fathers do. They may be more sensitive to the suggestion of blame, and indeed, it is likely that people more often implicate mothers in their children's problems.

It's also important to note that while most people take women's carework for granted, they often praise fathers who participate in routine child care. As Susan Douglas quips in her book *The Mommy Myth*, "... a dad who knows the name of his kids' pediatrician and reads them stories at night is a saint; a mother who doesn't is a sinner" (2004:8). The tendency to idealize involved fathers might result in a halo effect, making it less likely for people to blame men for their children's troubles, even when they do participate in routine caretaking. Ever since his divorce fourteen years ago, for example, Dan has been the primary caregiver for his eighteen-year-old son who has learning disabilities. While he has experienced courtesy stigma – he finds it difficult to date because his son still lives at home, for example – he could not recall a time when someone had blamed him for his son's problems. In fact, he has experienced quite the opposite. He said, "[People tell me], 'Dan, you're a friggin' saint for doing what you do.'

I have had a couple guy friends that said, ‘I couldn’t do it.’ You know, ‘Give him back to his mom.’”

How, then, do these findings compare to previous scholarship? There are two bodies of research relevant to the topic of gender, parenting, and stigma. The first is social psychological research that focuses on stigma management and frames parents’ experiences broadly in terms of courtesy stigma (Gray 2002, 1993; Baxter 1989; Scambler and Hopkins 1986; Birenbaum 1970). The second body of literature stems from sociological research on the family. As discussed above, this scholarship offers a feminist analysis, focusing on how dominant maternal discourses hold mothers accountable for their children’s failures and the failures of contemporary society more broadly (Vander Ven & Vander Ven 2003, Ladd-Taylor and Umansky 1998, Thurer 1994, Garey and Arendell 1999).

Neither of these areas of research fully articulate the relationship between parenting, gender, and stigma. As noted above, the social psychological research on this topic tends to bracket gender. While Gray (2002), for example, acknowledges that mothers experience stigma more often than fathers do, his analysis is brief and speculative. He writes,

There are several possible reasons for this difference between mothers and fathers. One is the fact that the mothers were more likely to be the parent who had to deal with public encounters [...] Second, due to their traditional role as primary caregiver, mothers may feel and/or be attributed more responsibility than their husbands for their child’s behaviour [...] (2002:743-44).

While Gray’s analysis of gender lacks depth, feminist scholars typically assume that it is mothers alone who experience the stigma of having a “problem child.” Research from this perspective provides an extensive analysis of mother-blame, but doesn’t

systematically compare the experiences of mothers and fathers. For example, Craig and Scambler (2005) critique Gray (2002) for not adequately theorizing the gendered nature of parents' experiences of stigma, stating,

... the notion of courtesy stigma has different effects on men and women because of the dominant and regulatory discourses of contemporary mothering that hold women responsible for [children's care]... Stigma theories typically fail to recognize that what is at stake is not the ability to 'pass as normal' but how motherhood is governed (1123).

Craig and Scambler, however, draw their own findings solely from interviews with mothers. Because they did not address or account for fathers' experiences, their conclusions overstate the importance of dominant maternal constructions and render the stigmatization of fathers invisible.

My analysis in this chapter suggests that mothers do experience stigmatization more often than fathers do. The effects of courtesy stigma are far more salient for mothers who provide full-time caregiving because their social networks are bound to children's activities and they have fewer opportunities to form other connections. Also, given the broad cultural context of mother-blame, women are more sensitive to perceiving the bad-parent label and are more likely to experience overt blame during face-to-face encounters. While mother-blame does appear to be far more common than father-blame, however, we should be careful not to overstate the importance of gender in determining who receives the bad parent label. As demonstrated in the previous section, fathers do sometimes perceive that others blame them for their children's problems. This suggests that parent-blame is not essentially about motherhood, as Craig and Scambler (2005) claim. While dominant notions of motherhood are at work here, contemporary constructions of childhood also play a role. As discussed in [an unwritten chapter], most

people believe children are fragile and vulnerable (Stearns 2003, Zelizer 1985, Aries 1962). In this context, parenting is risky business for everyone involved, and to the degree that it is becoming more common for white, middle-class fathers to participate in routine child care, there exists the potential for these men to experience father-blame.⁸

Distinguishing between courtesy stigma and the bad parent label is also useful in terms of analyzing the importance of gender. I suspect that framing parents' experiences broadly in terms of courtesy stigma has caused social psychologists to neglect gender in their analyses. At the same time, feminist scholarship in the sociology of family has focused solely on the stigma of bad mothering, giving the impression that men simply don't experience the stigma associated with having a problem child. By articulating the difference between courtesy stigma and the bad parent label, it's clear that gender is relevant to both types of stigma, but it operates differently in each case. In the case of courtesy stigma, gender plays an indirect role by influencing parents' decisions about who will be responsible for child care. In the case of the bad parent label, mothers are more susceptible than fathers because of the unequal nature of contemporary constructions of motherhood and fatherhood, as well as the broader cultural context of mother-blame.

“It's Brought Me to a Different World”: The Consequences of Stigma

Goffman (1963) argues that stigmatization involves a readjustment of one's group alliances. Others see stigmatized individuals as essentially different from “normal” people, and stigmatized individuals sometimes come to see themselves as belonging to a group of what Goffman calls “fellow-sufferers.” Many stigmatized parents experience such a realignment, coming to view themselves and their children as essentially different

from other middle-class American families. As his developmentally disabled son grew older, for example, Tim said that he increasingly felt like he couldn't relate to other parents. He also believes that the experience of having a child with a disability has made him more sympathetic to other people with problems. He commented,

You see other people spending time with their kids in various things... saying, "Hey, you want to come see our kid's play tonight?" or you know, "Our child made the finals in the drama club," or who knows what? And you just can't relate to any of that. You can't participate in any of that because it's not your world... [Later in the interview] I think I have more sympathy for people who are down and out... I think I've really gotten more textured and layered and more nuanced in my ability to identify with people's problems and to sympathize with them, to be there for 'em, to really kind of be a shoulder to lean on... I mean, it's sort of the fellowship of suffering, if you will.

Many people consider children's college attendance to be a gold standard of parental success. For most of the children in this study, the goal of a college education poses significant challenges, and in some cases, the dream is altogether unattainable. As such, education was a topic that frequently evoked a sense of alienation among the parents I interviewed. Joan – the spouse of Hector, who I introduced above – talked about how she felt when she attended her son's high school parent orientation. Because of her son's mental health problems, he has a difficult time in school and usually attends classes structured for students with learning problems and other difficulties. The local high school caters to a high-performing population, and Joan said that the goals and interests of other parents called attention to the fact that she and her family are different. She stated,

It was very uncomfortable... when it was the parent night when you come and hear about [the high school], all they talked about were the colleges. "These classes are all accepted by all the UC's" ...and all the questions were about, "Now if my son took French 5 in ninth grade..." (laughs)... I'm also on the parent website thing. So I get questions that parents post,

and they're usually college related. And you feel uncomfortable. [Hector] and I felt very uncomfortable, we both did when we were there to learn about the school. And they didn't talk about, "We have a wonderful resource center for our students that need modifications or help in achieving to their learning ability or learning style." I mean, where is that?

Sarah – who in a previous section discussed the experience of accompanying her disabled son in public – also has a step-son with drug and alcohol problems. This son is scheduled to finish high school this year and has no clear plans about what he will do after graduation. In this regard, Sarah's experiences were similar to Joan's. She said,

Everybody asks, "Oh, what's gonna happen after high school?" ... and I get emails from the senior class parent group... there was something yesterday about what the seniors [are] doing. They're going to the career center. And they're thinking about this, and college, and la la la. And we're just not in that same situation... I feel alone, you know, not being able to relate to other parents who are thinking about totally different things for their kids.

Some parents said that having a child with problems changed the way they looked at their families and themselves. Lisa has two children who were born with a metabolic disorder. The disorder has purely physical manifestations in her daughter's case, but her son suffered severe brain damage before doctors properly diagnosed and treated his condition. Her spouse came from what she referred to as a "perfect family," and she commented, "I felt the pressure to make my family perfect... in society, there's such a demand to make your family this way and to be this way... well, I felt the pressure to do the normal thing, what everybody does with their kids, you know?" Lisa went on to say that in some ways, her children's problems have freed her from the pressure to be "normal" or to achieve the domestic perfection that she felt was expected of her. When reflecting on how her children's experiences have changed her, she said,

I definitely didn't envision my life to be where it is now. But I'm happy where it is now. Because I've just changed into a person that I think is better than what I was... I've learned so much about people. You just learn to be so less judgemental. I used to be such a stressed person all the time, and I feel like it's just calmed me down... I've met incredible people, so I just feel like it's brought me to a different world, but in a good way.

Similarly, Claire said that having a son with autism has changed how she views herself.

She commented,

Well it's changed the way I see myself significantly. I think that when you have a kid with special needs, there's a major shift in the way you see life. And you see yourself as belonging to a group of people who, um, sees the world differently... you all the sudden align yourself with people who know a certain kind of pain, who have a certain kind of world view, you know? ... there's a certain life experience that bonds you because you understand something. So I feel this affinity to other parents that have kids with special needs.

While Lisa and Claire do not describe their changed identities in negative terms, it's important to recognize that parents' experience of "otherness" represents a loss of status, nonetheless. Claire, for example, commented that it is usually only other stigmatized mothers who allow their children to befriend her son. She said,

The people who are kind and actually encourage [their kids] to be friends with [my son] are very often poor people, single moms, immigrants. The mothers, particularly at the school, the white, upper-middle class mothers, the volunteers, the ones that are always organizing the fund raisers and such, inevitably will prevent friendship between their kids and my kid.

Phil, who was worried that other parents would blame him for his son's involvement in selling drugs, associated his son's deviance with poor, non-white people. This father talked at length about how his son and his friends listened to "hard rap" and behaved like an inner city gang, despite the fact that they were themselves white and middle-class. He said,

They're just wannabes... it was like, "Do you realize how ridiculous you look if you're trying to come over as being tough?" ...but it was part of the persona that apparently he wanted. And that's more concerning in some senses. Because you know, so-called gangs are infesting even towns like [ours]... it goes beyond just the drug use... [We live in] a town of about fifty thousand... I would say [it's] middle class... our houses are the average track houses, six hundred, six hundred and fifty thousand. So it's not cheap. I don't want to make this ethnic or cultural, but there's been a big infusion of Latinos... and there are lower rent apartments and things of that nature. And I think that's brought a little bit of the drug culture...

In the eyes of many people in the United States, drug and alcohol addictions, teenagers' deviance, and even learning problems are associated with poor, non-white children. If parents are not able to effectively manage stigma, having a child with such problems can result in a loss of status that aligns them with "undesireable" groups of people. In Judy's words, having a problem child is not commensurate with being a "nice" family.

Judy: [Jason] would get angry and rush out of the house. Slam the door. There was a lot of noise at our house. We're nice people, but there was a lot of noise sometimes. That was a sanity quotient for me. I wanted to stay a nice people. It was important to me to be a nice people.

Ara: Tell me what you mean by it.

Judy: ... it meant that we were still nice, ordinary people in that we didn't have big horrible bad dysfunctional problems... at times, [Jason] and this ADD factor were pushing me off that desire to be a normal, ordinary, nice people.

This quote calls to mind one of Goffman's famous lines about the nature of stigma. He wrote, "...in an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports" (128). While no one can possibly adhere to such narrowly defined standards, parents like Judy wanted very much to live as "nice" and "normal" people. As

demonstrated by these accounts, children's problems often challenge their parents' capacity to define themselves as "ordinary" middle-class folks.

Conclusion

This central purpose of this chapter has been to explore the stigma associated with having a problem child. These data demonstrate that having a child with significant troubles impacted parents' interactions with strangers, their relationships to friends and family members, and their sense of belonging to "normal" middle-class families. Unlike the previous literature on parenting and stigma, I make a distinction between courtesy stigma and the stigma of being a bad parent. This distinction is important because it is more analytically accurate, provides a clear avenue for exploring how parents manage the bad parent label, and allows us to more clearly determine the relationship between gender and stigmatization. This chapter offers a number of hypotheses regarding who is likely to experience stigma and with what consequences.

This discussion raises a number of questions, some of which have been addressed in the previous literature on parenting and stigma, and others of which I address in the next several chapters. As noted above, scholars have documented how parents manage the courtesy stigma of having a child with disabilities, particularly when the stigma is enacted in public places. Voysey (1972), for example, finds that parents strategically avoid public encounters in order to ameliorate the effects of negative labeling. West (1986) observes that in order to manage stigma, some parents are selective about who they inform of their children's problems. And finally, Birenbaum (1970) notes that in an attempt to insulate themselves from stigmatization, some parents limit their interactions with people who aren't sympathetic to their children's disabilities.

Research in this area has given less attention to how parents experience and manage the stigma of being a bad parent. To what extent do parents internalize the bad parent label? Do parents counteract stigma by trying to convince themselves and others that they are “good” parents? I begin to address these questions in Chapter 5 by exploring parents’ experiences with self-doubt and guilt. Such feelings are sometimes tied to the felt and enacted stigma of being a bad parent; indeed, guilt is one indicator of the extent to which parents have internalized the bad parent label. I find that parents’ self-doubt and guilt produce a great deal of anxiety that usually compels them to act on behalf of their children. When this occurs, parents behave in ways that adhere to contemporary child rearing ideologies, demonstrating to themselves and others that they are good parents. In sum, the strategies that parents employ to release themselves from self-blame are the same strategies that allow them to manage the stigma of being a bad parent.

Before I explore parents’ experience of guilt, however, I consider an aspect of stigma that has received little attention: grief...

¹ Gray (2002) hints at this distinction in his research on the parents of children with high functioning autism when he argues that researchers must pay more attention to the “broader biographical nature” of a parent’s relationship with his or her child. Nonetheless, Gray applies the concept of courtesy stigma to all forms of stigmatization in his data, including instances of parent-blame.

² The term “passing” (Goffman 1963) refers to a stigma management strategy whereby an individual hides his or her discreditable attribute in order to appear “normal” in the eyes of others.

³ Gray (2002) points out that because conditions like high functioning autism are not immediately evident to outsiders and fall into Goffman’s category of “discreditable” stigmata (1963), people are more likely to react negatively when children with such conditions behave inappropriately.

⁴ Ladd-Taylor and Umansky (1998) argue that in the last century, stigmatized mothers have typically fallen into one of the following three categories: those who do not live in

“traditional” nuclear families, those who fail to protect their children from harm, and those whose children are deviant.

⁵ Craig and Scambler’s research on the mothers of children who require gastrostomy tubes (2005) is one exception. However, these authors argue that by itself, the concept of stigma is inadequate in explaining the experiences of women whose children have disabilities. Craig and Scambler contend that stigma is an aspect of “governmentality,” a concept used by Foucault (1988) to describe how social control operates through self-regulation in contemporary, Western societies.

⁶ This quote also brings to mind the finding that adult men in long-term heterosexual relationships typically have less extensive social networks than their counterparts (Phillipson, 1997). As Peter’s comment indicates, it may have been the case that men’s relationships were not as impacted by courtesy stigma because they did not have as many extra-familial relationships to begin with.

⁷ Bill has had full-time employment on and off since his son began having problems. However, his spouse’s employment offers more stability and better healthcare benefits. Bill currently works thirty hours per week for a small, local organization that provides support for parents whose children have special needs. The job does not pay well, but it allows him more flexibility to take care of his son.

⁸ While the future of paternal involvement is far from certain, Coltrane’s research (1996) suggests that recent economic, social, and demographic trends encourage greater participation on the part of fathers.