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Losing The "Normal" Child

Ramifications for Middle-Class Mothers

This paper uses the lens of loss and grief to examine the role of "normal" or "ideal" children in middle-class mothers' social psychological landscapes. Drawing from thirty-four interviews with women whose children suffered from a wide range of physical, psychological, and behavioral problems, the author illustrates how children's ailments resulted in the domino-like disruption of women's maternal identities, paid work, and relationships. The depth and breadth of upheaval reflected women's child-centered orientation, not just to child rearing, but to life in general.

"Ever has it been that love knows not its own depth until the hour of separation," wrote the Lebanese-American poet, Khalil Gibran. It is a popular sentiment, echoed less artfully in the cliché, "you don't know what you've got until it's gone." The words are overused, but they are not without insight. Grief is instructive. It signifies the relative value of who or what was lost. In this way, grief is an important lens for social psychologists. By exploring how people's lives are disrupted by loss, we can identify the place of particular role-performances, identities, and relationships in the larger configuration of people's internal and interpersonal worlds.

This research uses the lens of loss and grief to explore the place of child rearing in middle-class mothers' lives. More specifically, I draw from in-depth interviews with thirty-four mothers whose children have learning and developmental disabilities, mental health problems, and substance addictions to identify what aspects of women's micro-social worlds are tied to parenting "normal" or "ideal" children. As critical scholars of disability point out, "normality" itself is an ongoing construction; not until the mid-nineteenth century was the term applied to human conduct, and its standards are so narrow that no person is

strictly "normal" (Davis; Goffman). Nonetheless, women's expectations of their children were predicated on the illusion of normality, and, because the structure of women's lives reflected an intensive, child-centered approach to motherhood, children's problems had tremendous disruptive potential. In addition to losing the child they had expected or imagined, mothers faced widespread challenges to other role-performances and relationships. Children's problems resulted in such a cascade of loss and disruption that many women learned to see themselves as essentially different from other, "normal" women.

Background

These data stem from a larger project on middle-class women and men whose children have problems. My interest in the topic stemmed from sociological literature on the anxious, child-centered parenting culture that has gained prominence in the contemporary United States. Scholars of motherhood argue that this culture is characterized by an "ideology of intensive mothering" that constructs child rearing as an altruistic, emotionally consuming, and labor intensive project (Douglas and Michaels; Hays; Thurer). Although this model of parenting is highly feminized, research suggests that fatherhood is becoming more intensive as well (Coltrane; Pleck). In fact, data show that both mothers and fathers devote more time to childcare than their counterparts did forty years ago (Sayer et al.; Gauthier et al.).

While the ideology of intensive parenting is widely shared, its successful performance requires symbolic and material resources. Not only do middle-class parents have more time, money and education, but their desire to maximize children's opportunities for success leads them to orchestrate children's activities, further bolstering this orientation to child rearing (Lareau). With this cultural landscape in mind, I set out to understand what happens to middle-class mothers and fathers whose children have significant problems. In this era of intensive, child-centered parenting, what is it like to be the middle-class parent of a "problem child?"

The recruitment parameters were broad; any middle-class parent who identified his or her child as having a "significant problem" was eligible to participate, as long as he or she could meet for a face-to-face interview in the Northern California area. I sought participants through support and advocacy groups, non-profit organizations, and schools for children with special needs. I was also referred to potential participants by friends, colleagues, and previous participants. Although the sample included twenty-one fathers, this article focuses solely on the accounts of 34 mothers.[1] Indeed, while children's problems disrupted the lives of both mothers and fathers, the experience of loss and grief reflected the gendered nature of parenthood itself.

The interviews were informally structured to reflect an inductive, grounded approach to conducting qualitative research (see Lofland et al.). Twelve women preferred to be interviewed with their spouses, but the remaining mothers were interviewed separately. During these guided conversations, I encouraged mothers to emphasize what had been the most salient aspects of their experiences while also prompting them to discuss matters relevant to the stated purposes of the research. I documented each interview with a hand-held audio recorder and later converted the conversations into verbatim transcripts. This allowed me to sort the data into analytically relevant categories, a process referred to as "coding" (Lofland et al. 200).

Children varied widely in terms of problem type and age. The table below summarizes the problems that participants described. Children often suffered from more than one condition, and this chart reflects only primary labels and diagnoses.

Table 1. Summary of Children's Problems	
Types of Problem	*N*
Learning Disabilities (Attention Deficit/Hyperactivity Disorder, Dyslexia, and Auditory Processing Disorder)	7
Developmental Disabilities (Pervasive Developmental Disorder, Autism, Asperger's Syndrome, Down Syndrome, Cerebral Palsy, and Fetal Alcohol Syndrome)	16
Mental Health Problems (Depression, Anxiety, Attachment Disorder, Obsessive Compulsive Disorder, Trichotillomania, Bi-Polar Disorder, Oppositional Defiance Disorder)	8
Drug or Alcohol Addiction	8
Medical Problems Without Developmental Disabilities	1
Total	40*

Some participating families had more than one child with problems. This is why the total number of children in the sample is 40, even though there are only 36 participating families.

Although the majority of children were between the ages of six and eighteen at the time of the interview, the sample does include twelve "adult children." A single participant accounted for five of these, and her sons and daughters,

who ranged from twenty-four to forty-four years old, were much older, on average, than the others. The remaining adult children ranged in age from 19 to 25 years old. Three of these still lived at home, and two others relied on their parents for financial assistance.

Loss and Disruption

As noted above, the experiences of loss and disruption documented here highlight the central place of problem-free children in the lives of the middle-class women in this study. The phrase "child-centered parenting" usually refers to maternal practices that are driven by children's developing needs and interests. However, as these data illustrate, child-centeredness can extend well beyond maternal practice, organizing other aspects of women's daily lives. In this case, losing the "normal" or imagined child not only posed challenges to women's maternal identities but also disrupted women's paid work and personal relationships.

Losing the Imagined Child

Women recalled entering into motherhood with specific ideas about who their children would become. The content of these expectations varied according to women's personal biographies, but most reflected middle-class assumptions about what constitutes a normal child and normal course of life. Educational achievement, participation in extracurricular activities, and career plans figured heavily into what women expected (and lost) when their children developed problems.

> *I pictured these kids that were very involved in all their school stuff and were in and out of here with their buddies. And doing all the normal things, you know? The football thing… good students, go off to college… get whatever degree in whatever field and live your life accordingly. And that's not what happened. [My son] was asked to leave the high school in the middle of his senior year… I never pictured that, I'll tell ya. I never pictured that one of my kids would not graduate from high school.* (Deborah, whose adult son is an alcoholic)

> *When I was growing up, I went to the public library. I walked past there on my way home from school and stopped. And my kids will never go to the library by themselves! One reason I bought this house was because it's close to the library. Because I grew up going to the library, and I assumed my children would too….* (Peg, whose 16-year-old son has Attention Deficit Disorder)

> *People always say you have these expectations of your children, and I always thought, "Oh, I never did." Until I had [my younger son]. Then I was like, "Oh, wow, I do," just like everybody else (laughs), you know? I try to be like, "No, I don't care if they ever go to college or whatever, just as long as they're happy and healthy, and that's all that matters." But after having [my younger son], then I realized, "No, wait, you do think about that stuff." Because I realized that [my younger son] wasn't gonna do those things. And that was hard for me. (*Kathy, whose 6-year-old son has cerebral palsy)

As these quotes suggest, children's problems challenged and sometimes shattered women's expectations, and the loss of the ideal child was a recurring theme in the interview data.

It was not just that women hurt for their own losses, however. When it came to losing the ideal child, they also hurt for their sons and daughters, who they worried would be unhappy or unfulfilled.

> *You just want so much for your children. You want them to be liked by others, [to be] successful and feel good about themselves. It's such a hard emotion to describe, that connection, of what you feel for your children. I mean, you'd do anything. You would. You'd do anything for them to just make it in this world. And then you see them struggling. It is the saddest thing. It breaks your heart.* (Jessica, whose six-year-old son has a non-specific impulse control disorder)

> *You come home with this bundle, and you look at that person, and you love that person so deeply. And you don't take them home thinking, "I hope you grow up to be an addict." You have many other wishes and hopes for that person. And to not be able to see that (beginning to cry)… you almost have to separate yourself from all those wishes. Well, they're gone! I mean, you still hope that she's gonna find happiness, she's gonna find a way to have a productive and successful life. And to have a life that she's gonna really enjoy, that will be not fraught with legal problems and other kinds of problems.* (Andrea, whose 19-year-old daughter abuses drugs and alcohol)

Most of the women interviewed grieved simultaneously for themselves as well as for their children. Children's problems meant that they had to relinquish cherished expectations. At the same time, these mothers suffered vicariously as they watched their children struggle physically, psychologically, and socially.

Challenges to Maternal Identity

Losing the ideal child had implications for women's notions of self. Just as they had imagined who their children would become, they had imagined what kinds of mother they would be. Children's problems challenged women's visions of motherhood and, in turn, posed obstacles to their maternal performances.

> *Certainly one of the things that changed was my picture of motherhood. You know, how it looked… it was like the dream was not necessarily the reality (laughs). I never anticipated it. It was like, "I didn't sign up for this, and I haven't planned for this, and I don't want this."* (Deborah, whose adult son is an alcoholic)

> *I sometimes imagine the more perfect mother I'd be if I'd been given a child a little less challenging.* (Jessica, whose six-year-old son has a non-specific impulse control disorder)

> *Here you're trying to be the perfect parent, to do as well as you can. And no matter what you do, it's not turning out that way. I mean, I tried to be perfect (laughs). But you know, that doesn't mean anybody else is gonna want to be (laughs).* (Andrea, whose 19-year-old daughter abuses drugs and alcohol)

Like Jessica and Andrea, several mothers said that children's problems made it difficult to see themselves as "perfect" or "good" mothers. They viewed their children's conditions and behaviours as measures of their maternal efficacy and blamed themselves for having caused children's problems.

> *Initially I felt that it was my fault … because of my genetic background … I blamed myself for a long time. And it took a lot of convincing from his therapist and my own therapist that I eventually ended up going to that it wasn't my fault. That I am a good mother and I'm a loving mother.* (Joan, whose 15-year-old son exhibits the early signs of schizophrenia)

> *I totally felt guilty. I was sure it was everything I had done wrong, though I didn't know what it was. If we had it to do over again, I know a lot of things I'd do different … he was never abused or neglected or anything. My kids have always come first. Maybe too much…. I just think that I've overindulged them.* (Mary, whose 17-year-old son abuses drugs and alcohol)

> *I think I really internalized that sort of feeling that a lot of mothers have*

> *that anything that goes on with your child … you must be responsible for it in some way. And that if you were doing things right that it wouldn't happen … I had a sense that I was really in over my head. That I shouldn't have had children as young as I did. Why was I in such a hurry? …I had a sense that I was not capable of producing a normal child.* (Valerie, whose eleven-year-old daughter has autism)

We can assume that women's guilt stemmed, in part, from a long history of mother-blame in the United States. At different times in the last sixty-five years, the public has blamed mothers for schizophrenia, autism, homosexuality, anorexia, serial killing, youth rebellion, children's poor school performance, low self-esteem, and poverty (see Vander Ven and Vander Ven; Garey and Arendell; Ladd-Taylor and Umansky; Thurer). However, it was not simply this historical legacy that led women to feel responsible for having caused their children's problems; in many cases, others implied that mothers were bad parents.

> *[My in-laws] just thought, "Oh, well she's not disciplining him." That was one of the things that really used to get to me, that people would tell me, "Oh … he doesn't have enough discipline." I'm like, you don't get it, it doesn't matter … if I were a beater, this child would be beaten to death because it doesn't affect him in any way shape or form.* (Amanda, whose 15-year-old son has Bi-polar Disorder)

> *[Her teachers] 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" … you know, it's automatically the parents' fault.* (Martha, whose 13-year-old daughter has a non-specific learning disability)

> *When [my son] is being rude, [people] like to send you signals that you're a bad parent, like, "Tut, tut, tut," shake their heads … and old women particularly, you know? 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.* (Claire, whose nine-year-old son has autism)

As these quotes illustrate, dominant constructions of the "good mother" are contingent upon the typically-developing, "well-behaved" child. Thus, the loss of

such a child posed serious challenges to women's identities as good mothers.

The Disruption of Paid Work

As feminist scholars point out, organizations are not gender-neutral. The "universal worker" is modeled after men's bodies and the traditionally masculine relationship to caregiving and paid labor (Acker). Models of caregiving are feminized, and when a family's demand for carework increases, women commonly withdraw from paid employment in order to care for ailing loved ones (Dalley, 24). Several of the women I interviewed had either decreased their paid work, delayed returning to the workforce, or become full-time mothers in response to their children's problems. A few were motivated by guilt, but most simply found it difficult to meet their children's needs while also working full-time outside of the home.

> *I did feel like because I was a working mom that maybe I wasn't being as available. Although I did stop working full-time and only worked part-time … I made that change because I felt when she was in junior high and went through the depressed period that I just need to be around more.* (Andrea, whose 19-year-old daughter abuses drugs and alcohol)

> *I was home with [my son] for that first year and a half … and then after I got my master's degree I did work for a few years, a couple of nights a week as a teacher. But then it became clear that it was just too hard to do that … [because of] the demands of the family, particularly [our younger son]… and so now it's been almost seven years that I haven't been working outside the home….* (Sarah, whose 13-year-old son has congenital brain damage)

For women whose children had comparatively mild problems and did not require full-time care, the shift in employment constituted a short-lived disruption. They experienced it as a choice, and in most cases it was not financially burdensome. In contrast, women like Sarah felt as though they had been forced to relinquish their career aspirations, and they experienced this change as a significant loss.

> *At some point, I'll be able to maybe go and do something, some career… I have that desire still … but I honestly have little hope … I read in a newspaper … [and see] pictures of business women, different women doing different things. And I feel sad that I can't do that. But [I'm] not really resentful anymore. Just sad. That's part of the grief.* (Sarah, whose 13-year-old son has congenital brain damage)

I think the toughest thing was realizing I had to quit my job. That was hard. I mean, I was at the point I was ready to … but it was just the fact of I've always had a job. I've never not worked. So that was a struggle for me. (Kathy, whose six-year-old son has cerebral palsy)

As illustrated here, some women's career performances were contingent upon having "healthy," "normal children." In this way, the ramifications of children's problems rippled outward, beyond women's maternal role and into other areas of life.

The Disruption of Relationships

Children's problems resulted in the widespread disruption of women's relationships, and this was a salient component of women's grief. The mother-child relationship itself was a source of pain. The mothers of teenagers and adults with substance addictions suffered through periods of estrangement and perceived rejection, for example.

It's horrible … many times I've woken up sobbing in the middle of the night and just feel like I can't continue. It's been one of the hardest things ever … (his) rejection, (after) adopting him in my heart, anyway. (Sarah, whose 17-year-old step-son abuses drugs and alcohol)

The mothers of children with disabilities, on the other hand, said that in the beginning they had been so focused on treating their children's ailments that they did not enjoy their children as much as they should have.

I really realized then that I was so stressed out and so worried and so kind of isolated and just unhappy in so many different ways when she was little, that I had missed a lot of time with her. (Valerie, whose eleven-year-old daughter has autism)

Children's problems also changed women's relationships with their other, untroubled children. Several mothers reported that these children received less of their time and energy. Some experienced this as a loss.

[My third son] kind of got overlooked… he just took on that role. He was kind of the lost kid in the family … and I feel badly because I can never go back and get that back, those parts of his childhood. (Deborah, whose adult son is an alcoholic)

Most of the women in this study were married when their children devel-

oped problems and they said their relationships with their spouses were also disrupted. Because children required so much carework, couples had little time and energy for one another.

> *I wish I could have at least, the very least, a weekend away with my husband. I think that would do us a lot of good. But, I mean, I can't ask for a babysitter.* (Jessica, whose six-year-old son has a non-specific impulse control disorder)

Some women threw themselves so fully into finding treatments for their children's problems that they became absent from their marriages.

> *I know that I now have done everything, um, that I possibly can to, um, help [my son] … I did all of that, but I did it, unknowingly, a cost to a strained marriage, and a continued strained marriage.* (Joan, whose 15-year-old son exhibits the early signs of schizophrenia)

Even more problematic for women's marriages, however, were disagreements between mothers and fathers about the nature of children's problems and/or how best to manage them.

> *[My husband] had a real mental block about [our son's condition] and it took him a long time to come around and accept it. So that was difficult for me, as far as not feeling I always had a partner there that was in this with me.* (Amanda, whose 15-year-old son has Bi-polar Disorder)

> *At one point [my husband] talked about spanking, and I have never believed in spanking. I just said, "You're kidding, aren't you?" And he said, "No, no. I think maybe…" you know, that really got my feathers ruffled.* (Jessica, whose six-year-old son has a non-specific impulse control disorder)

Most women said that, in the end, their marriages were strengthened by these troubles. However, a handful of mothers said that their children's problems contributed to the eventual dissolution of their marriages.

> *Well, my first husband left shortly after [my younger son] was born. Left the three of us, me and the boys. He would say it wasn't about [my younger son]. He told me that at the time, (that) it wasn't about [our son], it was about me… but I believe that [our son] was … a significant component … he didn't know how to handle that.* (Sarah, whose 13-year-old son has congenital brain damage)

> *I think that [our son's] situation brought out part of my ex-husband's personality that I don't think I really recognized when we were first together… [he's] not sensitive to illness at all and his insensitivity to his children on that level … I definitely think it was part of [why we separated].* (Amanda, whose 15-year-old son has Bi-polar Disorder)

The ramifications of children's problems reached beyond the nuclear family and impacted women's relationships with extended family members and friends as well. Some mothers said that people simply felt uncomfortable around their children, and this resulted in social distance.

> *I really miss having that family support … 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 … how I'm gonna handle this?"* (Carol, whose 13-year-old son has Asperger's Syndrome)

> *Socially, people had a hard time with it. I mean, people would invite us to parties and say, "You can come but you can't bring [your son]." I mean, horrible things like that.* (Amanda, whose 15-year-old son has Bi-polar Disorder)

As previous research suggests, having a child who is deviant or disabled is stigmatizing (Green et al., Gray; Birenbaum). Some women reported that they intentionally withdrew from others in anticipation of such judgment.

> *Well at first I pretty much avoided going anywhere… we live in a pretty small community. And I just couldn't handle it … I was in so much pain anyway. And I did feel like people would judge me. And I was embarrassed. Totally embarrassed.* (Mary, whose 17-year-old son abuses drugs and alcohol)

> *I think it's affected our social life.… We have to really consider whether it's really worth getting together with other people sometimes because it's more stressful when we get together. And especially if people don't quite get it.* (Jessica, whose six-year-old son has a non-specific impulse control disorder)

For many of the women I interviewed, a diminished social circle was a significant loss that compounded their grief and left them feeling isolated, as well as sad. This was particularly common among women whose young children had

problems, possibly because these mothers had fewer opportunities to develop friendships with other parents in the first place.

> *Couples don't think about it, but their socialization is extended through what their children do. They meet people at the ball park, little league at the school, all those things. As their children grow, their socializing grows as well. Well, it doesn't when you have a special needs child … your social circle becomes smaller and smaller and smaller as your child grows, as your child develops.* (Eve, whose 17-year-old son has a genetic disorder and cognitive disabilities)

The disruption outlined here illustrates the extent to which the smooth operation of women's personal relationships relied upon typically-developing, non-deviant children. Again, these data highlight the broad, social psychological ramifications of "child-centeredness." Because children played a central part in the configuration of women's connections to other people, their troubles spilled over into most areas of women's lives. As I discuss below, the social psychological ramifications of this disruption were profound.

Feelings of Grief and "Otherness"

The outer turmoil described above was mirrored by women's inner turmoil. Nearly all of the women in this study said that children's problems were among the most painful and difficult things they had ever experienced. Mothers routinely used words like "devastating" and "traumatic" when describing their feelings of grief.

> *Probably the biggest thing was sheer terror … and real sadness. I mean, just incredible sadness, you know? Um, like this is your baby! … you know the world is not gonna be perfect, but you sure as hell don't envision [alcoholism] when you walk out that hospital door. It's devastating (crying). It's absolutely devastating.* (Deborah, whose adult son is an alcoholic)

> *I remember an instance … trying to communicate with my husband about how I felt… I guess I wasn't communicating it where he could hear it … so I wrote him a letter (pausing to cry) … and I said, "I'm dying inside" (continues to cry).* (Lauren, whose adopted ten-year-old twin daughters have non-specific developmental delays)

A number of women reported that, for a period following the onset of their children's problems, they experienced depression.

> *I ended up falling into a deep depression. I was physically and emotionally wiped out and drained and fearful of the future. And I couldn't fix my son. And I'd always been able to take care of his needs before. And it was difficult for me not to be able to help him. I was sleeping a lot. When I was not working I was at home in bed.* (Joan, whose 15-year-old son exhibits the early signs of schizophrenia)

Women's grief was embodied, and many suffered physical ailments such as headaches, weight loss, and insomnia.

> *When we first started going through the problems with him, it was just hell. I was so depressed. I could hardly function. We never slept a whole night… there was never any rest or peace of mind or peace at all … before he left, I lost 25 pounds. I couldn't eat.* (Mary, whose 17-year-old son abuses drugs and alcohol)

Beyond feelings of depression, most women recounted feelings of "otherness," or the sense that they were not like other, "normal" women. As their losses accumulated, they came to feel like their whole lives had shifted off-course.

> *The first year was just a real emotional time for me. I mean, I would just cry at nothing… I'd be in the shower and I'd start bawling. And now that I look back on it, I think it was just my emotional feelings of dealing with the fact that I don't have a normal [life] … you know, I have that in my life forever.* (Kathy, whose six-year-old son has cerebral palsy)

Kathy anticipated caring for her son for the rest of her life, and in addition to relinquishing her work outside of the home, she had been forced to let go of her imagined future. Her feelings of otherness were particularly strong, and not all women shared this experience. However, even comparatively mild problems could threaten women's sense of being "normal."

> *It was very important to me that we be nice, ordinary, normal people… at times, [our son] and this ADD factor were pushing me off that … threatening it…. Because if things went too haywire, then we wouldn't be nice, ordinary people. We would be another one of those dysfunctional families out there.* (Judy, whose adult son has Attention Deficit Disorder)

As Judy's comment suggests, women's understandings of normality were imbued with assumptions about middle-class respectability. Mothers' accounts of otherness often revealed the loss of status that accompanied children's problems.

I work with a librarian, and sometimes I look at her and I say, "She took my life!" I think both of her kids went through [the gifted education program] … and she sits and reads, and they read all these books…. (Peg, whose 16-year-old son has Attention Deficit Disorder)

Everybody asks, "Oh, what's gonna happen after high school?" And it's painful! …I get emails from the senior class parent group … there was something yesterday about, "What are the seniors doing?" They're going to the career center. And they're thinking about college, and la la la. And we're just not in that same situation. (Sarah, whose 17-year-old step-son abuses drugs and alcohol)

In sum, women's grief stemmed from more than just the loss of the imagined child. Children's problems were often so disruptive to women's lives—their notions of self as mothers, their work outside of the home, and their personal relationships—that they resulted in uncomfortable feelings of difference. These data do not represent the totality of women's experiences, but they capture a particular moment in time when women's feelings of loss and grief were most profound. There is no doubt that many women went on to reconfigure their expectations of children, motherhood, and family life itself. Nonetheless, this period of disruption highlights how child-centeredness places children not just at the heart of maternal practice, but also at the core of middle-class mothers' social and psychological worlds.

Conclusion

I opened this discussion with the premise that loss and grief tell us something important about the structure of people's lives and minds. From a social psychological perspective, the self is made up of social materials. We are, quite literally, brought into being through social interaction, and our internal worlds are sustained by our social milieu (Mead). Grief signifies that one has lost some cherished part of the self. This means that by tracing the contours of loss and grief, we can map the patterns of people's social psychological worlds. In this case, women's experiences of loss and grief illustrate the central place of "healthy," "normal" children in middle-class mothers' lives. As demonstrated above, losing such children gave way to the widespread disruption of women's taken-for-granted worlds.

As much as this analysis has focused on the lived experiences of individual women, it is important to place their stories in proper cultural and historical context. Children have not always and everywhere occupied the center of women's lives. In the United States, the child-centered family emerged with

the rise of domesticity in the latter half of the nineteenth century. Prior to that period, people neither recognized childhood as a special part of the life course, nor constructed children as fragile, innocent, or "priceless" (Margolis; Zelizer; Ariès). Child-centered parenting practices and the ideology of intensive mothering are characteristic of the late-modern West, and it is in this context that children's problems have such disruptive potential.

The acknowledgement that child-centeredness is a culturally and historically specific phenomenon raises the question of whether or not it is desirable, whether or not it is good for children, good for mothers and fathers, or good for society. For the most part, such questions are outside the purview of this paper. However, some scholars argue that intensive mothering harkens back to a previous era, when motherhood was a woman's most salient identity, and other aspects of feminine personhood were viewed as secondary to the maternal role (Douglas and Michaels). In this light, we might view these mothers' grief not just in terms of personal misfortune, but as symptomatic of persistent gender inequality in U.S. society.

[1]In addition to qualifying as middle-class (according to income, education and occupation) this group of women was highly educated and predominantly white.

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