The Dynamics of Family Trouble: Middle-Class Parents Whose Children Have Problems

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Abstract
Because families are primary venues for self construction, they are also common sites of identity disruption, loss, and inner turmoil. Sociologists have a long tradition of studying the personal effects of troublesome family circumstances such as separation or divorce, illness, and death. However, scholars of these topics contribute to separate lines of research and rarely build on one another’s work. Drawing from interviews with middle-class parents whose children suffered from a range of problems, this article introduces “family trouble” as a concept that captures the similar social psychological elements of disruptive family events. On a broader level, the article highlights the relationship between the disruption of social order and the disruption of selves.

Keywords
trouble, suffering, social order, parenthood, family

Introduction
A basic premise of sociological social psychology is that personal life is socially organized. An “ordinary day” is a familiar sequence of situations...
embedded in larger institutional contexts. As people move from one circumstance to another, shared expectations organize interaction so that relationships unfold in patterned, but not necessarily predictable, ways (Hewitt and Shulman 2010). Our selves and these systems are interdependent; identities receive verification in interaction and the order of everyday life is contingent on each person keeping his or her place (Goffman 1971). It follows that all participants in a situation are implicated when someone violates the rules of conduct. Deviance threatens not just the rule breaker but also the actor whose expectations are breached and the community that encompasses them both (Goffman 1971, 343).

Families occupy a unique position in the configuration of everyday life. On one hand, each family is a “unity of interacting personalities,” a dynamic form that emerges not from legal or cultural directives but from the interaction of family members themselves (Burgess 1926; also see Erickson 2003). Ideologically premised on voluntary commitment, mutual affection, and self-fulfillment, late modern families are less prescriptive than their early modern counterparts and serve as key venues for personal identity formation (Cheal 1993). On the other hand, marriage and parenthood conscript people into roles that organize interaction within and outside of the family. To be a mother, father, or child is to occupy a particular place in relationships, and these roles anchor the self to groups, organizations, and institutions (Stryker and Burke 2000).

Because families are important arenas for the construction of both personal and social identities, they are also primary locales for identity disruption and loss (Weigert and Hastings 1977). Circumstances such as separation or divorce, illness, and death commonly interrupt patterns of interaction between family members, threaten salient notions of self, and spill over into other spheres of interaction. Sociologists have long studied the social psychological ramifications of such events (e.g., Davis 1963; Karp 2001; Lopata 1996; Umberson 2003; Vaughan 1986; Waller 1930). However, most situate their work within problem-specific bodies of literature and do not build on one another’s research.¹ As a result, we lack a shared language for talking about the personal upheaval that stems from the disruption of family interaction.

In this article, I introduce “family trouble” as a sensitizing concept that captures such upheaval. Drawing from interviews with fifty-five middle-class parents whose children suffer from a wide range of problems, I demonstrate how children’s ailments resulted in the domino-like disruption of parents’ personal lives. For some, these events culminated in a crisis of meaning and a period marked by sadness, worry, and feelings of otherness. Psychology has a monopoly on explanations for human suffering, and even

1. The footnote is not included in the text.
sociologists use psychological terms such as “depression,” “anxiety,” and “post-traumatic stress” to describe troubling experiences. In contrast, I refine the sociological term “trouble” to locate upset not within individuals but within the microsocial order, thus highlighting the social nature of inner turmoil. Because family-related upheaval is only one of the ways that people can become unmoored from social life, this deployment of “trouble” has applications beyond the study of parents and families.

**Family Trouble**

The relationship between self and society is paradoxical, and this has consequences for subjective human experience. From a structural vantage point, social order is a powerful force that organizes human thought, emotion, and action. Selves emerge in the course of social interaction (Mead 1934): identities stem from role performances (Stryker and Burke 2000), and the patterns of everyday life provide ontological security, or an inner sense that the world is safe and reliable (Giddens 1991; Berger 1963). At the same time, social order emerges from the complex coordination of human conduct and, thus, is vulnerable to unexpected events, unanticipated consequences, human error, and willful deviance. From a dramaturgical perspective, people are like “acrobats engaged in perilous balancing acts, holding up between them the swaying structure of the social world” (Berger 1963, 138). Psychological well-being is as vulnerable as social order. To the extent that self, identity, and ontological security rely on particular social patterns, the disruption of those patterns upsets one’s inner world.

This vulnerability is particularly evident in late-modern families, where interactions are heavily vested with personal significance. Long-term romantic partnerships, for example, are meaning-giving units (Berger and Kellner 1964). People redefine themselves and reality as they become members of a couple. They usually adjust their living arrangements, employment choices, leisure activities, and friendship circles in ways that affirm and accommodate the relationship (e.g., Kalmijn 2003; Kalmijn and Bernasco 2001). The relationship is a key venue for the ongoing construction of salient identities and taken-for-granted assumptions about life’s meanings (Blumstein 1991; Berger and Kellner 1964). This is why uncoupling, due to separation or death, is potentially devastating. If the relationship had served to sustain one’s self, one’s place in the social order, and one’s sense of reality, the disruption of that relationship can have wide-ranging, painful social psychological consequences (see Arendell 1986, 1995; Lopata 1996, 1973; Riessman 1990; Vaughan 1986).
Like long-term partnerships, parenthood often serves as a social psychological lynchpin. Research in the sociology of the family suggests that parenthood has emerged in the last several decades as a master status, or a position that strongly influences and takes precedence over individuals’ other statuses, roles, and identities (Hughes 1945). Feminist scholars argue that today’s parenting culture is characterized by an ideology of intensive mothering that constructs motherhood as an all-consuming project (see Douglas and Michaels 2004; Hays 1996; Thurer 1994). Fatherhood has become more intensive as well; in contrast to the image of the distant breadwinner, today’s ideal father participates in the routine care of infants (Pleck 1987, 93; also see Coltrane 1997). Women remain disproportionately responsible for routine parenting, but fathers have increased their participation in child rearing over the last three decades (Bianchi 2000). In fact, both mothers and fathers devote more time to childcare than their counterparts did forty years ago (Gauthier, Smeedeng, and Furstenberg 2004; Sayer, Bianchi, and Robinson 2004).

As this scholarship suggests, for some men and women parenting is a demanding undertaking that encourages heavy self-investment. In this cultural context, children’s problems are highly disruptive. Among the parents in this study, children’s deviance and disabilities unsettled—and, in some cases, upended—large swaths of everyday life. Participants’ experiences of disruption were characterized by five elements. First, parents defined their situations as troublesome. Second, they experienced a breakdown in their daily routines. Third, parents’ relationships to one another, family members, and friends became distant, uneasy, and in some cases confrontational. Fourth, parents found it challenging to maintain cherished role performances and salient identities. Finally, they experienced inner turmoil in the form of anxiety, sadness, loneliness, anger, or guilt. Of the fifty-five participants in this study, twenty sought help from psychologists, psychiatrists, or family therapists when trying to cope and come to terms with children’s problems. Thirteen reported that because of their children’s problems, they developed physical maladies such as weight loss or gain, insomnia, headaches or fatigue. These five aspects of parents’ experiences were linked together in such a way that disruption tended to gain momentum and cause further disruption. Inner turmoil, for example, commonly led to further relationship disruption. Relationship strain further challenged cherished identities, and the growing departure from daily routine contributed further to a definition of the situation as troublesome. Rather than unfolding in a particular sequence, disruption emerged from, and flowed between, multiple arenas of parents’ microsocial worlds.
Given its history in sociology, “trouble” is a fitting term for this dynamic process of disruption. C. Wright Mills (1959) makes the distinction between “personal troubles” and “public issues” to convey how ostensibly personal problems are linked to larger social and historical circumstances. Robert Emerson (2008, 2009, 2011), in his research on the micro-politics of trouble, explores the interpersonal processes by which people recognize, respond to, contest, and construct problems in everyday life (see also Emerson and Messinger 1977). Scholars who conduct conversation analysis sometimes study “troubles-talk,” or conversations that touch on problematic events or situations (Jefferson 1980). Finally, Judith Butler uses the phrase “gender trouble” (1990) when studying how people subvert or confound the gender binary.

These scholars use the word “trouble” informally, in a way that is consistent with its conventional meaning. Trouble is “a problematic departure from the course of ordinary events that warrants special treatment,” Jefferson explains (1980, 153). It begins “with the recognition that something is wrong and must be remedied” (Emerson and Messenger 1977, 121). To make trouble, which is the focus of Butler’s work, is to actively disrupt or destabilize. However, these uses of trouble also convey something beyond that which is usually implied in casual speech. These authors conceive of trouble as a collective phenomenon—a property of interactions, relationships, groups, and institutions. For them, trouble manifests between people, not just within them. Also, all of these works are concerned in some way with the disruption of social order. Trouble is what occurs when the patterns of social life do not unfold as people believe they ought to. In this way, the word “trouble” means something distinctly sociological.

Here I refine the concept of trouble to capture the relationship between inner turmoil and microsocial order. Focusing on disruption as it unfolds in the context of families, I define “family trouble” as an upheaval in interaction between family members that involves a threat to some salient aspect of the self and results in inner turmoil. Following the tradition of Emerson and Messinger (1977), I emphasize the socially constructed nature of trouble. Although my empirical focus is middle-class mothers and fathers whose children have significant problems, I argue that circumstances like separation, divorce, illness, and death commonly manifest as family trouble and involve the dynamic disruption of microsocial patterns such as routines, relationships, role performances, and identities. I conclude by considering how micro-sociologists might use the generic concept of trouble to illuminate the social nature of personal upheaval in other spheres of daily life, such as employment.
Methods and Participants

I designed this research project to explore how middle-class mothers and fathers make sense of misfortune and how parents play a role in the construction of childhood deviance and disability. I intentionally focused on middle-class parents. On the most pragmatic level, it was easier for me to access this group, given my own social location as a white, educated, middle-class woman. More importantly, however, intensive parenting requires symbolic and material resources. Middle-class parents’ desire to maximize children’s opportunities for success leads them to orchestrate children’s activities (Lareau 2003), and time spent parenting is positively correlated with income and education (see Sayer, Bianchi, and Robinson 2004). It is within this class-specific context that I set out to study how children’s problems affect parents’ lives.

Prior to collecting data, I submitted the study’s design, recruitment materials, and a provisional interview guide to the University of California, Davis, Institutional Review Board. The committee reviewed and approved the project annually until I finished collecting data. 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.² Using what is sometimes referred to as purposeful or judgmental sampling (see Lofland et al. 2006, 91), I sought participants through support and advocacy groups, nonprofit organizations, and schools for children with special needs. I recruited others through the use of snowball sampling (see Lofland et al. 2006, 43). These strategies yielded thirty-four mothers and twenty-one fathers from thirty-six different families. The group included sixteen married couples, one separated couple, two divorced couples, and seventeen individuals (fifteen women and two men) who did not participate with a partner. Six of the married couples preferred to be interviewed with their spouses, but I spoke with the remaining participants separately.

When I described my research to parents, I explained that few studies had examined what it is like for parents when children have significant problems. I emphasized that I was interested in their experiences, rather than their children’s. My interview guide was informal and flexible, reflecting an inductive, grounded approach to conducting qualitative research (see Lofland et al. 2006; Charmaz 2006). I started each interview by asking participants to give me a history of their children’s problems. I also prompted them to discuss their actions on behalf of children and how children’s problems had affected
them personally. I documented each interview using a hand-held audio recorder and later converted each recording into a verbatim transcript.

My primary form of analysis was coding, or the practice of sorting data into “various categories that organize it and render it meaningful from the vantage point of one or more frameworks or set of ideas” (Lofland et al. 2006, 200). I also jotted memos in order to record emergent patterns and think through connections between different swaths of data (Charmaz and Mitchell 2001, 347).

Participants’ annual household incomes ranged from $30,000 to $250,000, and the median for household incomes was $90,000 per year. All parents in the sample had completed high school. Of the thirty-four mothers in the study, twenty-seven had college educations, and eleven of these held master’s or postgraduate degrees. Among the twenty-one fathers, all but two had bachelor’s degrees, and eight had completed graduate or postgraduate programs of study. All but five families owned their own homes, and all but three participants were white.

Children varied widely in terms of problem type and age. Table 1 summarizes the problems that participants described. Children often had multiple problems, and this chart reflects their primary labels and diagnoses. Five of the families in this study had adopted their children, and their accounts of disruption were surprisingly similar to those of the biological parents I interviewed. Also, 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 nineteen to twenty-five years old. Three of the seven still lived at home, and two others relied on their parents for financial assistance.

This research design has two implications for the analysis that follows. First, the wide variation in children’s problems and ages is both a strength and limitation. The sampling strategy adheres to what Lofland et al. (2006) describe as “maximum variation sampling,” a technique intended to “discover the diversity or range of the phenomena of interest” (93). My use of this approach was beneficial insofar as it allowed me to explore the range of conditions and behaviors that parents deemed problematic. It also allowed me to recognize and theorize what is common among these parents, despite significant differences stemming from problem type and age. However, wide variation made it challenging to generalize about this group of participants. I remain sensitive to the risk of overgeneralization and, when appropriate, note patterns of difference. Second, because support and advocacy groups were
Table 1. Summary of Children’s Problems

<table>
<thead>
<tr>
<th>Types of Problems</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Learning disabilities (attention deficit/hyperactivity disorder, dyslexia, and auditory processing disorder)</td>
<td>7</td>
</tr>
<tr>
<td>Developmental disabilities (pervasive developmental disorder, autism, Asperger’s syndrome, Down syndrome, cerebral palsy, and fetal alcohol syndrome)</td>
<td>16</td>
</tr>
<tr>
<td>Mental health problems (depression, anxiety, attachment disorder, obsessive compulsive disorder, trichotillomania, bipolar disorder, oppositional defiance disorder)</td>
<td>8</td>
</tr>
<tr>
<td>Drug or alcohol addiction</td>
<td>8</td>
</tr>
<tr>
<td>Medical problems without developmental disabilities</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>40a</td>
</tr>
</tbody>
</table>

a. Some participating families had more than one child with problems. This is why the total number of children in the sample is forty, even thought there are only thirty-six participating families.

key recruitment venues, this group of participants may differ from other middle-class parents in important ways. For example, the ramifications of children’s problems might have been particularly severe for these parents, leading them to seek organized support. Also, these data suggest that support group participation shaped how parents made sense of children’s problems, as I later discuss.

Parents in Trouble

Defining the Situation as Troublesome

From a symbolic interactionist perspective, objects and experiences do not have inherent meanings. As Emerson and Messinger (1977) illustrate in their seminal piece on the micropolitics of trouble, it is only through social interaction and interpretation that situations emerge as “problematic.” As indicated by children’s eventual labels and diagnoses, parents deemed a wide range of conditions and behaviors to be troublesome. Initial “signs” and “symptoms” that something was amiss included underachievement in school or sports, disobedience, inability to participate in commonplace interactions, emotional outbursts, not acting one’s age, and physical ailments. While some cases involved less interpretive work than others, children’s conditions and behaviors did not automatically lead parents to define the situation as prob-
lematic. Such definitions grew out of an indeterminate, contentious process facilitated by social comparison and others’ corroboration that something was seriously wrong.

Some parents recalled a specific event that culminated in family trouble. However, just as Emerson and Messinger (1977) argue, such events usually occurred only after prolonged periods of ambiguity and uneasiness. Marie and Steve called 911 when their teenaged daughter cut her wrists with a pair of scissors. Later that night they discovered she was addicted to cocaine, but they had been worried about her erratic behavior for weeks beforehand. Steve explained,

She was always the tougher of [our three] kids, but she went to a new level during the summer . . . [she became] more defiant, much tougher . . . a new level of dissatisfaction with a lot of the old standby activities . . . so we started to see some of this stuff. But we never made a connection.

Even in cases when the first signs or symptoms seemed unambiguous, the process of naming children’s problems was protracted. Bill’s son started having seizures when he was five months old. Although everyone agreed that something was wrong, doctors were unable to diagnose the problem, and the parents were plagued by uncertainty. Bill said,

The doctors never used the word “epilepsy” with us. They always said, “A seizure disorder, a seizure disorder” . . . and it’s like, “Just say it! Tell me something so I can hang on, just don’t give me some general fluff term!” We wanted a diagnosis.

Family trouble took shape over the course of weeks, months, and even years as parents engaged in social comparison. Parents compared their sons and daughters to siblings, friends, and the nonspecific, “normal” children they read about in child rearing manuals. Lauren, who adopted her twin daughters when they were just infants, recalled,

I went and bought all kind of baby development books, and “Oh, they should be doing this at this age, and this at that age” . . . at two [years old], [my daughters] didn’t talk a lot. They had maybe a vocabulary of five to ten words, which is not very much. So I questioned the pediatrician.
Participants also used other parents’ experiences as a measure of their own. Mike, whose son was later diagnosed with Attention Deficit/Hyperactivity Disorder, said that he became sharply aware of his son’s problematic behaviors when he spent time with other families. He said, “Seeing our situation and getting together with other families, it [was] like, “God, they’re not having to work this damn hard!”

Emerson and Messinger (1977) point out that third-party interpretation and intervention play a key role in determining whether or not trouble “exists” and, if it does, what kind of trouble it is. Among the parents in this study, a vague feeling that something was wrong often stemmed from, or was amplified by, the opinions of friends and family members. Anna had noticed that her two-year-old daughter, later determined to have severe developmental disabilities, was not acquiring language as quickly as other children her age. However, her own concerns remained vague and unspoken until voiced by someone else.

When [my daughter] was two-and-a-half, a neighbor mentioned [that] maybe I should get her hearing tested. And I thought, “Oooh, maybe other people are noticing it now too.” And I thought, “It’s not just me.”

For many parents, concerns that were once nebulous or transitory began to solidify when children garnered negative attention from school officials. Phil and his spouse did not think their son had “real” problems until he started getting into trouble in high school.

[Mary and I] were always, I think, a little concerned. [But] I put it off more to—as I told you earlier—a boy being a boy... It wasn’t until really his freshman year... that we really started to get some inkling of, “There’s some real deep issues here”... [at] the start of the sophomore year... he [got into three] fights and was expelled right around Thanksgiving.

Although corroboration was key to the emergence of family trouble, people commonly disagreed about the nature of children’s conditions or behaviors. As Emerson and Messinger’s work (1977) illustrates, vested interests in the construction of trouble lead people to vie for particular definitions of the situation. As primary caregivers and potential targets of judgment and blame, it was often mothers who first defined the situation as requiring remediation. Fathers, who were less often subject to people’s assessments, were more likely to view their children’s conditions and behaviors as normal, temporary, or insignificant.
Francis

(see also Singh 2003). Martha became convinced that her daughter had a learning disability, but her husband was skeptical. Martha said,

“One of the hardest things was my husband’s denial . . . kind of the guy-macho-thing, “There’s nothing wrong with my kid . . . we can remedy this. We just have to work harder. She doesn’t have a problem. What’s this dyslexia thing? That’s crazy, that’s ridiculous. No, no,” simply, “No.”

Perhaps in an effort to manage mother-blame, women often advocated for biological or psychological definitions of the situation that located the problem within the child, rather than between the child and parent.

Although the timing was variable, all of the parents in this study eventually sought professional medical advice. In most cases, experts did not initiate the labeling process but served to confirm or contradict parents’ growing suspicion that something was wrong. It was not uncommon for mothers to visit doctors or psychologists with specific labels or diagnoses in mind. When I asked Jen how her adopted daughter came to be diagnosed with an attachment disorder, she replied,

Actually, I found it on the Internet, is what happened. I, like, typed in the symptoms. ’Cause it was so frustrating not to know what was going on! And it was clear that that’s what it was.

Jen then sought the help of an attachment specialist and received professional support for her definition of the situation. Support groups sometimes provided parents with a language for naming children’s problems. Judy came to view her son, then in the sixth grade, as having Attention Deficit/Hyperactivity Disorder after she attended a support group meeting for parents whose children have ADHD.

I went to [the meeting] . . . to see if [my son] really might be [ADHD], or maybe not, or whatever . . . that’s when I thought, “This is what’s going on here with this child!”

Not all experts were amenable to mothers’ definitions of the situation. A number of parents reported that doctors and psychologists dismissed their concerns, could not definitively say what the problem was, or could not offer remedial advice. When they were dissatisfied with one expert’s assessment,
parents sought out other doctors or psychologists whose definition of the situation more closely aligned with their own.

It is tempting to view family trouble as beginning with a given problem—a learning disability, an addiction, or a seizure disorder, for example—that goes on to upset interactions between family members. However, few interviews evinced such a linear trajectory. In most cases, parents were coming to view their children as having significant problems at the same time that other aspects of their lives were coming undone. In fact, disrupted routines, relationships, roles, identities, and emotions further contributed to parents’ definition of the situation as troublesome.

The Disruption of Routine

Patterns of time are constitutive elements of the social order (Zerubavel 1981). Our sense of reality depends on some events occurring before or after others. We expect activities to begin and end at certain times and to reoccur at regular intervals. The temporal structure of action and interaction “[helps] us to attain some peace of mind regarding our environment” (Zerubavel 1981, 14). Children’s problems commonly upended the temporal organization of parents’ lives. By requiring mothers and fathers to spend more time parenting, they disrupted daily routines, squeezed out other activities, and led to further disruption.

Parents’ efforts to name or fix the problem, or to determine whether or not a problem existed, were particularly disruptive in this respect. Sergio, who later learned that his son was at risk for developing schizophrenia, recalled what it was like when he and his spouse first sought medical advice for their son’s symptoms.

He was complaining a lot about stomach aches and headaches and throwing up at school. He’d call us up and we’d come get him from school. This was an every other day thing . . . [and] we just kept going to doctors . . . I mean, we got to the point where we were going to doctors on a weekly basis. (emphasis added)

By noting that their son called to come home from school “every other day” and that they took him to the doctor “on a weekly basis,” Sergio emphasizes the disruption of his daily round. This pattern is also evident in the words of Andrea, whose nineteen-year-old daughter had been in trouble for fighting, drug use, and truancy. She commented,
I’d be calling the police at 2 A.M. in the morning saying, “I don’t know where my daughter is . . . ” I was a crazy woman during that time. Writing down phone numbers, trying to pick up [and] listen in on her conversations to find out who she’s hanging out with . . . I was scouring the libraries for reading material and all kinds of things. (emphasis added)

Andrea’s comments indicate how her daily life had become preoccupied by trying to address her daughter’s problems. To emphasize just how “crazy” things had become, she mentions her late-night phone calls to the police. Once again, the disruption of temporal order is evident.

Attending to children’s problems meant that parents had less time for other activities. To varying degrees, men and women compromised time in the paid labor force and with friends, time with one another, and time for themselves. Jessica, whose four-year-old son was so disobedient and aggressive that other parents wanted him expelled from their local preschool, explained,

[You have] to just take care of yourself. I mean, that’s something I’m struggling and working with. . . . [I’m not] exercising. . . . I wish I could have at least a weekend away with my husband. . . . I wish I had time to take a class.

Bill echoed Jessica’s comments when he said,

It’s overwhelming . . . you’re not taking care of yourself. You’re not eating right, you’re not exercising, you’re not sleeping. . . . My health deteriorated, was going downhill very fast. . . .

Like Bill, several parents said that their health had suffered because they did not have enough time to take care of themselves. The busyness and stress of trying to identify or remedy children’s problems often took a heavy physical toll.

The degree of temporal disruption depended on the perceived nature and severity of children’s problems. Learning problems involved extra visits to children’s schools and additional time spent overseeing homework, for example, but these changes did not constitute a wholesale upending of parents’ daily rounds. Nonetheless, even parents in these situations noted a shift. Martha, for example, recalled how much time she used to spend working with her dyslexic daughter:
I would read to her . . . ’cause she couldn’t read! . . . She’d get home from school, we’d curl up on the couch and the bed. I mean, from a family point of view, *there were lots of dinners that weren’t made* . . . [because] we had been reading for hours. (emphasis added)

Martha’s comments illustrate how even comparatively “mild” problems were time-consuming and disruptive to the daily round. Such parents also emphasized the inordinate amount of time they spent *thinking* about children’s problems. Judy, whose twenty-five-year-old son was diagnosed with Attention Deficit Disorder when he was in the sixth grade, commented,

I felt like it was with me *all the time*. I felt like this kid and his situation was at the forefront of my life *almost all the time* . . . . It kind of takes the joy out of life in general. (emphasis added)

Thus, even when problems did not require much concrete action (such as frequent doctor visits or round-the-clock supervision), they displaced parents’ patterns of thought. Whether mothers and fathers were frantically searching for a remedy or simply worrying about children’s fates, children’s problems upended parents’ everyday lives by consuming their time.

**The Disruption of Relationships**

Like the organization of time, relationships anchor us in social interaction and bring order to our daily lives (McCall and Simmons 1966). Our connections to lovers, friends, family members, coworkers, neighbors, and acquaintances indicate the statuses that we occupy. They enable and constrain our role performances and shape our identities. Just as they upended parents’ routines, children’s problems disrupted men’s and women’s relationships. Time constraints, the stigma of having a “problem child,” and others’ discomfort with misfortune had the cumulative effect of isolating the parents in this study.

Because parents’ relationships were embedded in the patterns of time described above, the disruption of routine was one means by which children’s problems affected their connections to other people. Sam, who said that his daughter’s Attention Deficit Disorder had become “the biggest, most consistent concern or issue in the whole household for all of us,” explained,

I see [my daughter’s problems] as probably having limited me from expressing myself in other ways, [from] doing some things that I *don’t*
As Sam’s comments illustrate, the disruption and reorganization of parents’ routines often left them with less time for building and maintaining relationships. This included their relationships with one another. When I asked Peter, Jessica’s spouse, whether or not his son’s problems changed their marriage, he replied,

In terms of it taking energy away from it, yeah. There were plenty of days and nights when we were just kind of at the end of our rope dealing with this situation. And it didn’t leave a lotta extra energy for having fun, you know? For just having light times or humor or romance . . . so yeah, it had an effect.

The disruption of relationships was more than just a matter of time constraints. Parents reported that children’s problems made others feel uncomfortable. As previous research indicates, the courtesy stigma of having a problem child is a source of isolation (e.g., Birenbaum 1970; Gray 2002). Tim, whose son has developmental disabilities, said

People are often uncomfortable with someone who is different from them . . . so you see this kid making all these weird noises, these weird facial expressions, things like this. And people were just uncomfortable with it. [Our friends’] kids wanted to hang out with other “normal” kids . . . and those parents were taking their kids to soccer games and to little league games and associating with other parents who were taking their kids to the same soccer games and little league games. So as the time went on . . . our world became more and more insulated.

As Tim’s comments suggest, courtesy stigma was a source of isolation in at least two respects. First, friends had withdrawn because they were uncomfortable with his son’s condition. Second, “normal” children connect parents to others through shared activities. Because their son did not play soccer or participate in little league games, Tim and his spouse could not use those activities as venues for making or maintaining friendships.

In some cases, blame was a central feature of stigma. As noted above, this was more common among the women I interviewed. Maria, whose son was
frequently in trouble for fighting with other children in elementary school, felt as though other parents avoided her because they held her responsible for her son’s bad behavior.

(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 . . . .

The judgment and isolation that women experienced further encouraged them to define the situation as troublesome and in need of remediation.

The disagreements that men and women had about the nature of their children’s problems caused marital tension. Mothers frequently expressed frustration at what they saw as their spouses’ denial. For example, until his son was suspended from school for facilitating a drug deal, Matt was reluctant to view him as having a “problem.” Sarah, his spouse, believed there was a problem early on. When I asked them whether or not this affected their marriage, she explained,

We [usually] talk at length about stuff and we can come together and be connected and united. But the issues with [our son] have been harder than anything else, at least for me. . . . You know, I’ve been more suspicious. I’ve seen evidence. I’m more detail-oriented anyway, but I notice and I say to him, “Oh, he seemed high,” or . . . whatever.

In cases like these, mothers usually convinced fathers to adopt their definitions of the situation. However, a few parents reported that disagreements about children’s problems contributed to the dissolution of marriages that were not strong to begin with.

Finally, the mere presence of misfortune sometimes distanced parents from family members and friends. Some participants worried that the anxiety, guilt, and grief stemming from children’s problems were burdensome to others. Lauren’s family members told her quite directly that she was talking too much about her twin daughter’s developmental delays.

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.
As these comments illustrate, parents who were consumed with children’s problems sometimes struggled to maintain relationships with friends and family members who had grown tired of hearing about their misfortune.

**The Disruption of Role Performances and Salient Identities**

Roles serve as a bridge between person and structure, self and society. In Sheldon Stryker’s words (2002), they “build ‘up’ to larger and more complex social units,” while also “build[ing] ‘down’ to the social person” (225). Parents’ interviews demonstrate that, in the course of disrupting their routines and relationships, children’s problems hindered the performance of key roles and challenged the identities associated with those performances. It is here that the connection between the disruption of microsocial order and the disruption of selves emerged quite clearly.

First and foremost, children’s problems disrupted men’s and women’s role performances as mothers and fathers. As Spencer Cahill (1987) illustrates in his research on children in public settings, adults assume moral responsibility for children’s deviance, and children’s bad behavior is face-threatening for caretakers. Parents had entered into child rearing with a host of ideas about the activities that parenthood would involve and what kind of mothers or fathers they would be. Many of these notions were predicated on having “normal” children, which meant that children’s problems posed serious obstacles to the enactments of parenthood that men and women had envisioned for themselves. Tim said that it was still painful to imagine what fatherhood would have been like, had his son not had developmental disabilities.

I still miss all the things I’d be doing with [my son] if he were a “normal” seventeen-and-a-half-year-old kid . . . I just kind of thought that as he grew up we might find some things in common. Like, whether it was watching football or going on bike rides or playing softball or going on nature walks, watching him play in a high school basketball game, whatever. All those things you just kind of assume are gonna happen in life. (emphasis added)

When Tim had imagined himself as a father, he assumed that he and his son would interact in particular ways. His part in these anticipated interactions comprised the role of father. Because his son was not “normal,” Tim could not do the “normal” things that fathers do.
While some fathers echoed Tim’s comments, children’s problems had a more salient effect on women’s expectations of motherhood and their identities as mothers. More specifically, women often reported that children’s problems challenged their ability to perform and see themselves as “good” mothers. Here, Andrea explains how her daughter’s truancy, drug abuse, and fighting challenged her maternal identity:

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. But you know, that doesn’t mean anybody else is gonna want to be!

Many women shared Andrea’s sentiments. As Jessica commented, “I sometimes imagine the more perfect mother I’d be if I’d been given a child a little less challenging.” Motherhood is often a central feature of women’s identities, and the public holds women especially accountable for children’s conditions and behaviors (Collett 2005; Thurer 1994). Consequently, children’s ailments posed serious challenges to women’s maternal performances and personal identities as “good mothers.”

As noted above, parenthood tended to operate for these participants as a master status, organizing other role performances and identities. In some cases, the smooth performance of spousal roles depended on the “normal” performance of fatherhood and motherhood, and children’s problems prevented participants from being the wives or husbands they had been or wanted to be. Joan, who had developed fibromyalgia, said that her tireless efforts to find a treatment for her son’s condition hindered her role performance as a wife.

I did all of that, but I did it, unknowingly, at a cost to my own health. And a cost to a strained marriage, and a continued strained marriage . . . now [my husband] has a wife that has fibromyalgia and she’s not the woman that she was.

Here again, we witness the domino-like disruption that characterizes family trouble. Because her son was no longer the boy he was supposed to be, Joan was no longer the “woman that she was.” The disruption then spilled over into marital performance; once a “normal” wife, she became a “wife with fibromyalgia.”

Children’s problems disrupted parents’ job performances and work-related identities in a similar way. For example, many women either cut down
on their employment hours or withdrew from the paid labor force altogether when children first developed problems. Andrea explained,

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 . . . I only worked three days a week.

In most cases, children’s problems impacted women’s employment but not men’s (see also Powers 2001). Nonetheless, a few of the fathers I interviewed reported significant changes in their work trajectories. Bill was in the midst of changing jobs and moving out of state with his family when his son began having seizures. He and his wife decided not to move, and since Bill was temporarily unemployed, he became a stay-at-home dad. During our interview, he recalled,

My son wasn’t in day care at the time. So I was the primary caregiver . . . while my wife worked. She had a good job, she had the benefits. So it would definitely be a dumb decision to make her stay home while I went out and looked for a job . . . [So I just became] Mr. Mom.

In other cases, the reduction of women’s employment meant that men experienced more pressure as primary earners. Tim, whose spouse had become a stay-at-home mother, explained,

One of the biggest ways that [our son’s] disability impacted us as a family were in a number of my career decisions. And some job opportunities that I had to say no to because it would have been too hard on the family. . . . I’ve been in some job situations over the years where I quite frankly probably put up with a lot more garbage and lousy treatment from employers than I would have put up with if I felt I had more options. But there were many times when I would say, “Well, I can’t really stand up for myself in this situation because [Eve] is home with [our son], I’m the sole provider, I can’t afford to lose this job.

Whether they led parents to leave the workforce, change jobs, remain in jobs they didn’t like or work fewer hours, children’s problems often altered women’s and men’s career performances. Some parents, like the ones quoted here, experienced identity shifts as they learned to view themselves as stay-at-home parents or as less efficacious in their workplaces.
Parents’ interviews were shot through with accounts of sorrow and angst. When describing the emotional ramifications of children’s problems, they used words such as “devastating” and “traumatic.” Two mothers, one whose twin daughters suffered from developmental disabilities and the other whose adult son was an alcoholic, said they felt as if they were “dying.” Parents’ emotional lives reflected the turmoil described above. Seth, whose daughter had run away and was living on the streets, said it was the most painful experience he had ever had.

I would rather have lost a limb, you know? I don’t know why. When [your kids] are born, they weasel their way so deeply into your heart, they’re a part of you . . . you make so many accommodations in your life to take care of that . . . it’s your life . . . nothing else matters. (emphasis added)

Parents’ inner turmoil highlights the connection between the place of children in middle-class families and the inner workings of the self. Parents’ lives and selves were structured to reflect the central and cherished place of children; as Seth explained, his children are his life. Because participants’ inner worlds had been sustained by now-disrupted social patterns, the family trouble stemming from children’s problems not only rippled outward into multiple spheres of their lives but also deepened inward, churning their cognitive and emotional worlds.

At the heart of parents’ inner turmoil was a sense of otherness, or a profound feeling of being different from “normal” people. Kathy, whose son had been diagnosed with Cerebral Palsy when he was an infant, said,

The first year was just a real emotional time for me. 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].

Kathy anticipated needing to care for her son for the rest of his natural life. For parents like her, not being “normal” meant relinquishing or dramatically altering career trajectories, letting go of vacation and retirement plans, and revising their notions of motherhood, fatherhood, and family life. Not every situation was as dramatic as Kathy’s, but even parents whose children had fewer limitations had similar feelings. For some, children’s problems
challenged their sense of middle-class respectability. I had the following exchange with Judy.

Judy: 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 [meant that we weren’t] normal, ordinary, nice people.

These parents’ sense of otherness reflects the unhinging they experienced because of children’s problems. As their lives became increasingly chaotic—and increasingly “deviant” from their perception of the middle-class mainstream—they experienced feelings of not belonging to the social worlds with which they previously identified.

In his work on religion and world maintenance, Peter Berger (1967) discusses “marginal situations,” or moments when “definitions of reality—of the world, of others, and of self” are radically challenged (43). Death, he argues, is the quintessential marginal experience because it “puts in question the taken-for-granted, ‘business as usual’ attitude in which one exists in everyday life” (43). For some parents, the upheaval caused by children’s problems constituted a marginal situation. Tim, whose son has developmental disabilities, is an Evangelical Christian. He said,

I’m not gonna lie to you, it was very very hard for both [me and my spouse], especially in those early years as we saw friends drifting away, [the] opportunity to recreate drifting away, opportunities to get out and experience life as a normal couple drifting away. Time to ourselves drifting away. . . . I’m a person of deep religious faith. At the time it caused me to really question and kind of get angry with God. . . . It was a tremendous feeling of frustration and absolute helplessness and uncertainty about the future.

As Tim’s experience suggests, family trouble culminated for some parents in a questioning of deeply held beliefs. In some cases, it resulted in a wholesale shift in their worldviews. Claire, whose son has autism, explained,

I think that when you have a kid with special needs . . . there’s a major shift in the way you see life. You see yourself as belonging to a group
of people who sees the world differently . . . you all the sudden align yourself with people who know a certain kind of pain. . . . There’s a certain life experience that bonds you because you understand something.

Many parents, especially those whose children had severe, intractable problems, experienced an existential crisis. As one mother whose adopted daughter has Fetal Alcohol Syndrome explained “Your innocence gets kind of lost.” Several parents said that the experience of family trouble made them more compassionate. Amanda, whose fifteen-year-old son was diagnosed with Bi-Polar Disorder, commented,

The difficulties have brought knowledge and understanding, and I think any difficulty with a child makes you less judgmental and more sensitive to other people. . . . [My son’s] situation has made me so open-minded to other people and what’s going on with them.

Although I have focused on the negative ramifications of family trouble, it is worth noting that, like Amanda, many participants said that they were better for these experiences. Steve and his spouse had enrolled their daughter to an out-of-state, therapeutic boarding school to treat her cocaine addiction. They had gone to visit her over the winter holiday, and Steve recounted the experience.

We went to an A-A meeting (pausing to cry) . . . on Christmas Eve! At six o’clock in the middle of Utah! If you don’t think that’s an experience, you’re wrong. Because it’s a hell of an experience (pausing to cry) . . . a real eye opener . . . I wouldn’t wish it on anybody, but I feel better for it. I feel that I am better for it.

So far this discussion focuses on a particular case of family trouble: a group of middle-class parents who viewed their children as having significant problems. As I have demonstrated, what usually began as a vague, indeterminate impression that something was wrong emerged as a period of serious upheaval ensnaring multiple facets of daily life. “Healthy” and “successful” children anchored these middle-class parents to cherished routines, relationships, roles and identities. The construction of children as deviant, disabled, or ill corresponded to the domino-like disruption of taken-for-granted realities and resulted in powerful feelings of loss and uncertainty. As I now
discuss, the dynamics of family trouble are not specific to parents who identify their children as having significant problems. Studies of separation, divorce, illness, and death evince social psychological features similar to the ones described here.

**Family Trouble as a Sensitizing Concept**

Although a complete review is not possible, a selective examination of previous literature reveals social psychological similarities between seemingly disparate cases of family-related upheaval. Consider the parallels that exist between uncoupling and having a child with significant problems. Like the participants in this study, couples on the precipice of separation or divorce experience a period of ambiguity. As Diane Vaughan’s (1986) work illustrates, marital trouble is constructed, and it emerges slowly as people nurture extramarital identities and share their dissatisfaction with sympathetic family members and friends. Marital trouble is also characterized by the disruption of routine; efforts to salvage the relationship require time and energy, and dissolution is so time-consuming that people sometimes wait for a break in their schedules before initiating separation (Vaughan 1986, 112, 86). Like the family trouble associated with children’s problems, marital trouble spills over into other relationships as friends and family members align with one spouse or the other (Ross 1995; Vaughan 1986). Furthermore, each member of the couple must reorganize the roles and identities that had been tied to the relationship; when couples with children separate, for example, their performances of motherhood and fatherhood often shift dramatically (Arendell 1995; Riessman 1990; Vaughan 1986). Finally, the emotional turmoil associated with separation and divorce is well documented. In Catherine Kohler Riessman’s (1990) words, people “may have feelings of distress, depression, and anxiety, and they may display the actions that can accompany emotionally upsetting states, such as drinking and bodily responses in the form of physical symptoms” (121-22).

The sense of anomie that stems from a disruption of social patterns on which important parts of the self rely is a defining feature of troubling family experiences. This is illustrated clearly in Debra Umberson’s (2003) study of how adults experience and cope with losing an parent.

The crisis [stemming from a parent’s death] can result in high levels of psychological distress, increased risk for depression, impaired physical health, or increased alcohol consumption. . . . Most adults are surprised by the intensity and persistence of their reactions, and are thrown off
balance when their distress fuels changes in their interpersonal relationships, behaviors, social roles, and even in the ways in which they view themselves. (7)

Across different types of disruption, scholars describe an experience of feeling adrift, unanchored, or unhinged. In his discussion of manic patients who live at home, for example, Erving Goffman (1971) describes how the ill person’s frenetic activity threatens families’ patterns of authority, work, leisure, and the distribution of resources. As Goffman explains, this jeopardizes family members’ perceptions of self and reality.

In ceasing to know the sick person, [family members] cease to be sure of themselves. In ceasing to be sure of [the patient] and themselves, they can even cease to be sure of their way of knowing. A deep bewilderment results. Confirmations that everything is predictable and as it should be cease to flow from [the patient’s] presentations. The question as to what it is that is going on is not redundantly answered at every turn but must be constantly ferreted out anew. (367)

Harriet Gross (1980) makes similar comments in her analysis of long-distance marriages. Thirty years ago, spouses who did not live together violated the patterns of time and space that characterized “normal” relationships. This challenged the taken-for-granted reality of marriage, leading members of these couples to experience “a kind of unhinging, as if they literally felt detached from a meaning-giving unit” (Gross 1980, 73).

None of these circumstances or events are automatically troublesome. Some parents refuse to construct their children’s poor school performances as indicative of serious problems (Harry 1992), and some people experience relief following separation, divorce, or the death of a family member (Riessman 1990; Umberson and Chen 1994; Vaughan 1986). Illness is not always disruptive and can even serve to bolster family-related identities (Wilson 2007). The concept of family trouble illuminates only those circumstances that social actors themselves identify and experience as problematic. What constitutes family trouble depends, in part, on the degree to which people’s selves are anchored to particular patterns of family interaction. Vaughan (1986) finds that uncoupling is easier for couples in long-distance relationships because each partner maintains a separate identity prior to parting ways. Umberson and Terling (1997) demonstrate that, among adults, the intensity of grief following the loss of a parent varies according to what the relationship meant to the bereaved person. As these examples illustrate, the events
and circumstances that constitute family trouble are as diverse as people’s interpretations and self-constructions.

Instead of referring to particular situations, then, family trouble captures a dynamic process of disruption. As noted above, it refers broadly to any upheaval in interaction between family members that threatens some salient aspect of the self and results in emotional turmoil. The degree to which a particular case of family trouble involves the features that characterized parents’ troubles—the upsetting of routines, relationships, roles, and identities—is an empirical question. Family trouble is necessarily a “sensitizing concept” that directs our attention to certain empirical possibilities without offering prescription for what we will find (Blumer 1969). Nonetheless, routines, relationships, roles, and identities are basic elements of taken-for-granted reality. Since people’s embeddedness in social life relies on the relative stability of these microsocial patterns, one can reasonably expect that at least some of these elements are implicated in every case of family trouble.

**Conclusion**

Social order is a delicate enterprise. Whether on the grand scale of nation-states or the micro scale of dyadic interactions, it is a social accomplishment requiring human beings to coordinate their actions in complex ways. Countless things can (and do) go wrong, and the patterns of conduct that make up our taken-for-granted worlds often reveal their fragility. The interpenetration of self and society is such that the disruption of social order can lead to what Goffman (1971) so aptly refers to as “deep bewilderment” (367). Most people, at one time or another, experience a period of profound personal change, when one or more of the cords tethering them to social life comes loose and sets them adrift. Families, which are venues for reality maintenance and provide bedrock for salient personal and social identities in the late-modern West, frequently serve as contexts of disruption. The concept of family trouble captures the common but unnamed and undertheorized phenomenon of the social psychological upheaval that corresponds to family-related disruption.

These data suggest a number of questions for future research. Although not illustrated here, most parents eventually reorganized their lives in ways that allowed them to manage and make sense of children’s conditions and behaviors. Scholars might examine whether there exist family trouble “careers,” as Goffman’s work briefly suggests (1971, 359). Also, I have implied that family trouble is rooted in unanticipated, ostensibly negative
events. However, even anticipated and desired circumstances, such as moving or having a baby, can be catalysts for family trouble (Cast 2004; Weissman and Paykel 1973). It would be useful to explore the disruptive features of events like these to see how they compare to those associated with children’s problems, divorce or separation, illness, or death.

This refinement of trouble has broad applications. Families are common sites of upheaval in personal life, but so are workplaces. Scholars like Katherine Newman (1988) and Lillian Rubin (1994) demonstrate that job loss involves the disruption of self-sustaining interactions and salient identities much in the same way that children’s problems do. Like family trouble, unemployment tends to spill into other spheres of life, disrupting people’s relationships with partners, children, and friends. Shaffir and Kleinknecht’s (2005) research on defeated politicians suggest that when people are heavily self-invested in their work, losing a job is tantamount to “social death” (708). Because trouble can stem from multiple social spheres and flow back and forth in multiple directions, the concept is widely relevant to social scientists interested in human hardship.

As noted above, sociologists have employed the term “trouble,” somewhat informally, when analyzing problematic situations (Butler 1990; Emerson and Messinger 1977; Jefferson 1980; Mills 1959). By extending the concept as I have done here, sociologists can lay claim to phenomena that are assumed to be psychological in nature. In their critical analysis of depression, Horwitz and Wakefield (2007) demonstrate that psychiatric classifications fail to distinguish between “normal sadness” and “depressive disorder.” The former is a context-specific sadness that occurs in response to negative life events and can be quite intense, sharing many of the symptoms of depressive disorder. These authors point out that rather than providing an alternative framework for understanding depression, sociologists have adopted a psychiatric-like approach that decontextualizes sadness and “classifies a broad range of negative emotional reactions as disorders” (203). This is a familiar criticism; sociologists have all but ceded the area of deviance to psychologists, psychiatrists, and criminologists (Adler and Adler 2006; Best 2004; Goode 2004). When it refers to the intersection of social disruption and the disruption of selves, trouble offers an alternative and distinctly sociological language for speaking about human suffering.

We can gain much by developing a sociological account of this kind. Contrary to the psychiatric point of view, which tends to pathologize negative emotions, a sociological analysis suggests that trouble stems from an existential dilemma that is part of the human condition. As illustrated above,
some data suggest that trouble is not an altogether negative phenomenon, but a potential catalyst for positive change. Assertions like these provide an important counterbalance to culturally dominant assumptions about the nature of psychological health. By further articulating the relationship between the disruption of social order and the disruption of selves, sociologists have an important role to play in shaping public discourse about topics such as depression, anxiety, and posttraumatic stress.

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Notes

1. For an exception, see Davis (1963).
2. By social class, I am referring to annual household income, level of education, and home ownership status.
3. Only three families reported annual household incomes that fell below $50,000. All of the parents in these families held bachelor’s degrees, and all but one family owned their own homes.
4. In one of these cases, participants sold their home in hopes of moving to an area where their son, who has Asperger’s syndrome, could attend a private school for children on the autistic spectrum. In another case, participants lived in a home that the wife’s father had given to them.
5. In order to preserve participants’ confidentiality, I use pseudonyms throughout this article.

References


**Bio**

**Ara A. Francis** is an Assistant Professor of Sociology at College of the Holy Cross. Interested in deviance and disorganization in everyday life, she studies how people manage and make sense of troubling life circumstances. She teaches courses in social psychology, deviance and the sociological perspective.