

Please cite the Published Version

Runswick-Cole, KA (2016) Book Review: Raising Generation RX: mothering kids with invisible disabilities in an age of austerity. *Disability & Society*, 31 (1). pp. 143-145. ISSN 0968-7599

DOI: <https://doi.org/10.1080/09687599.2015.1075952>

Publisher: Taylor & Francis

Version: Accepted Version

Downloaded from: <https://e-space.mmu.ac.uk/967/>

Additional Information: This is an author accepted book review published in *Disability & Society*. Published by Taylor & Francis, copyright the Author.

Enquiries:

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

Raising Generation RX: Mothering kids with Invisible Disabilities in an Age of Austerity, by Linda M. Blum, New York and London: New York University Press, 2015, 303 pp., £17.99.

In this detailed and insightful book, Linda Blum carefully and thoughtfully lifts the lid on the lives of forty-eight women who identify as mothers of children with ‘invisible disabilities’. As a feminist sociologist, she treats the women in her study as ‘important, knowing subjects’ (p.7). In doing so, she explores the ways in which the mothers both draw on and challenge the dominant discourses that touch their lives as she co-constructs the women’s narratives within the text. The study took place in the United States in the early part of the twentieth century and the mothers’ stories are marked by a particular temporal and cultural context, especially with reference to the health, education and care system, as well as cultural attitudes to class, race and gender. However, Blum describes the United States as a post-industrial context; this is a context in which neoliberal ideology promotes individual responsibility over the role of the state. As such, Blum describes a context that will be familiar to many of us living in a time of neo-liberal ableism in the global North (Goodley, 2014).

‘But why study mothers?’

Blum addresses the question ‘but why study mothers?’(p.3) at the beginning of the book. This is an important question, after all, one could argue that library shelves are awash with books focusing on the lives of mothers of disabled children. Mothers of disabled children already represent an overly scrutinized and surveilled group within research and in professional practice. However, what this is a book offers is a rich account of persistence and change in the mothers’ lives; while much has changed since the beginning of the twentieth century, particularly the requirement for mothers to care *and* to enter the labour market in order to be judged ‘good mothers’ (Jensen, 2012), much else has remained the same. The ghost of Bettelheim lingers in mothers’ lives as we continue to assign women the major responsibility for child care and the primary share of the blame when things ‘go wrong’ with children’s development and/or behaviour (Runswick-Cole, 2015). In a time of neoliberal parenting (Jensen, 2012), there is still much still to be said about the lives of mothers of disabled children.

Why invisible disability?

Blum also addresses the question of why the focus here is on mothers of children with 'invisible disabilities'. The "Generation RX", in the title of the book, may be unfamiliar to readers outside the context of the United States. It refers to a generation of children and young people who are being offered ever-increasing types and amounts of prescription drugs in the United States (Associated Press, 2005). In the States, children with 'invisible disabilities' can certainly be classified as part of Generation RX; the mothers in this book describe the drugs that have been prescribed to their children including Ritalin, prozac and lithium. The number of children labeled with 'invisible disabilities' and being medicated is rising across the global North. Furthermore mothers of children with 'invisible disabilities' see themselves and their children as different from mothers and children with 'visible disabilities'. They describe the ways in which 'the lack of visibility' or 'evidentness' of the origins of their child's difficulties creates difficulties in their lives (p.36). While mothers of children with 'invisible disabilities' and their children experienced stigma and disgrace, their perception is that children with visible disabilities and their mothers were viewed as more 'legitimately' disabled and, therefore, experience less stigma (p. 37).

The children are characterized by many of the mothers as having 'em-brained' disorders stemming from 'innate brain issues' (p.5). The mothers describe the varied ways in which they are come to (or are forced to) accept and are then required to manage their child's 'innate brain issues'. Blum describes the ways in which the mothers' negotiations of these demands intersect with issues of class, race, gender and sexuality. Blum also notes that these diagnostic claims are made at a time a neuro-cultural discourse permeates understandings of childhood. Nonetheless, Blum describes how throughout the book she 'attempts to treat invisible disabilities as both, real, embodied *and* as cultural inventions specific to time and place' (p.7).

Why gender, sexuality, race and class?

A distinctive approach within this book is the foregrounding of the issues of sexuality, gender, race and class. Often mothers of disabled children appear as a homogenous group in accounts of their lives and the impact of other aspects of their identity status remain hidden or under theorized. In the context of the United States, Blum painstakingly exposes the presence of white, middle-class, heterosexual

privilege within the mothers' lives, including the mothers' attempts both to exploit and to resist such privilege. Interestingly, none of the forty-eight mothers Blum describes are themselves identified as disabled mothers. Mothers' diversity is described by income, household and ethnoracial location but not by dis/ability status. However, several of the mothers in the book report that they, like their children, are taking medication such as SSRIs.

'Expansive mother blame'

Blum concludes by arguing that a core finding of the book is that: "mother-blame has become so expansive, yet so indirect" (p.240). While arguing that few mothers are blamed, or even blame themselves, as the 'underlying cause' of their child's difficulties, 'good mothers' are exhorted to engage in 'scientific motherhood' (p.240) and to take primary responsibility for enhancing their child's neurological development. In an age of neuroscience, institutional, environmental, cultural and structural inequalities have been redacted from accounts of how to promote 'normal' child development, leaving mothers to bear the responsibility of having produced an 'em-brained' child who is not 'good enough' to serve the requirements of the global economy. And yet, this book offers many counter-narratives to such narrow and de-contextualised accounts of mothering and childhood, and demands us *all* to think again about the role of structures of the state in building family well-being.

References

Associated Press (2005) *Generation RX? Teens abusing prescriptions* On-line at: <http://www.nbcnews.com/id/7582787/ns/health-addictions/t/generation-rx-teens-abusing-prescriptions/#.VXqhwlrMo3Y> Accessed on 12th June, 2015.

Goodley, D. (2014) *Dis /ability Studies: Theorising disablism and ableism*. (London: Routledge).

Jensen, T. (2012) 'Tough Love in Tough Times Studies in the Maternal', 4, 2, 1-26.

Runswick-Cole, K. (2015) *The #Mother-Blame Game*, On-line at: <https://107daysofaction.wordpress.com/2015/04/13/week-4-listening-to-parents-107days/> Accessed on: 12th June, 2015.