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The Crisis Model: A Socially Useful Psychology

Abstract The model of “crisis” is a culturally shared and widespread idea of human reactions to misfortunes such as accidents, diagnosis of disease, divorces, becoming a parent of a disabled child, and so on. The crisis model conveys the idea of coming to terms with unwanted experiences while advancing through various phases, for example, of denial, processing, and acceptance. The language of crises is integrated into Western emotional culture, particularly in the language used by caring professionals (e.g., social workers, psychologists, counselors, and health staff). Crisis talk is also frequent in the media, popular science books, and in everyday conversations when individual experiences are reported, debated, or discussed. Investigating the specific local culture of the Swedish world of the Deaf, to which families whose children have been diagnosed deaf belong, we aimed to extend the current understanding of crisis. How do parents and professionals make use of the crisis model when speaking about their own experiences, as well as the experiences of others? We observed that the crisis model served as a prop in such talk; it was used to compare, defend, criticize, and explain the behavior of others, but also to account for one’s own emotions and behavior. In the process, locally relevant identities and categorizations of others were constructed. The crisis model was originally a way of “diagnosing” parents’ emotional experiences when they learned about their children being deaf, but it has proven useful for other purposes in a context with abundant ideological differences.

Keywords Crisis; Crisis Model; Deaf; Hard-of-Hearing; Cochlear Implants; Psychology; Caring Professionals; Parents

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Idioms of distress manifest in quite different ways across cultures; anthropological studies elucidate how such idioms are interwoven into religions, social networks, traditions, and rituals of grieving (Watters 2010). Different societies have different emotional regimes (Reddy 2001), and in any society, various organizations, institutions, and occupations foster local cultures in which different emotional regimes reign. As such, they offer fertile ground for the sociological studies of emotions (Kusenbach and Loseke 2013).

Ideas travel in a globalized world (Czarniawska and Sevón 2005), and may become standardized, popular resources for people’s ways of understanding social life. The psychological “crisis model” with its various stages is one such idea. Stemming from psychiatrist Kübler-Ross’ (1969/2009) stage-wise model for dealing with death, its popularized version expects people in crisis (due to a variety of circumstances) to work through several phases of shock, denial, anger, and grief. The positive results of working through the crisis should lead to acceptance and insight.

As part of a Westernized, psychologically oriented, emotional culture, the crisis model is particularly present in the work of caring professionals, for instance, social workers, psychologists, counselors, and health staff (Watters 2010). Professionals apply the crisis model with small variations in different settings in order to explain or treat emotional responses to a number of misfortunes and unwanted experiences, such as accidents, disease diagnoses, divorces, aging (“mid-life crisis”), and becoming the parent of a disabled child. In addition,

the language of crisis is frequently used in the media, in popular science books, and in everyday conversations when individual experiences are reported, debated, or discussed. In short, a stepwise approach is often used by both professionals and amateurs as a model for dealing with crisis in general (Holstein and Gubrium 2000:12-13).

In this article, we will only briefly sketch the dissemination of “the crisis” across nations and contexts, devoting our analysis to inquiries of how the idea of crisis is used once it has arrived at one of its many destinations: the Swedish world of the Deaf. Instead of a classical constructionist analysis highlighting how specific ideas come into being (Best 2008), our analysis focuses on how this established idea is used, and in the process, how it implicitly defines identities and categorizes others. The Swedish world of the Deaf from the 1990s to the present day serves as a distinct context for such an analysis. Parents whose children were diagnosed as deaf found themselves entering a local culture with strong opinions about what was right and wrong for their children. The leading Deaf culture perspective in the 1990s strongly relied on sign language, while expressing stark criticism of speech practice and technological hearing aids; some parents and professionals defended these practices. Despite ideological differences, “the crisis” is taken for granted by all parties as a natural psychological reaction to the diagnosis of deafness.

The aim of this text is to examine a Westernized, culturally shared, and widespread idea of emotional responses to misfortunes, dramatic accidents, and serious illnesses: the crisis model. Whereas the basic

idea of the crisis seems surprisingly indifferent to local influences, in-depth studies of a specific local culture such as ours may reveal the ways people come to use an idea in a variety of imaginative and inventive ways for purposes other than its original understanding. In the world of the Deaf, the crisis model was originally a way of “diagnosing” parents’ emotional experiences when learning about their children being deaf or hard of hearing, but has proven useful for other purposes in a context with abundant ideological differences.

An Established Idea

In the Western world, a popular stepwise approach to personal crises has grown out of Elisabeth Kübler-Ross’ psychoanalytic analysis of terminally ill patients.¹ In her influential book *On Death and Dying* (1969/2009), Kübler-Ross proposed five stages of grief: denial, anger, bargaining, depression, and acceptance; these stages are “worked through.” Kübler-Ross’ crisis model received steady academic criticism, yet won great popularity (Hooyman and Kramer 2006). In the introduction to the 40th anniversary edition of the book, Dr. Allan Kellehear contended that the critics “never succeeded in putting off millions of ordinary men and women looking for some basic understanding and insight into the social and emotional experience of their dying or those of their loved ones” (Kübler-Ross 1969/2009:vii).

¹ The Kübler-Ross model bears resemblance to other psychological stage theories, for example, Erikson’s (1980) theory of psychosocial development, which states that a healthy personality depends on the individual’s ability to master challenges or “identity crises” inherent in the eight critical stages of a life cycle.

In Sweden, the psychologist Johan Cullberg’s (1975) crisis model (or theory of crisis) echoes Kübler-Ross’ in dividing crises into four “phases” of shock, reaction, adaptation, and re-orientation. His widely cited book made Cullberg the leading voice on the subject in Swedish medical education and institutions (Jarkman 1996).

The idea of crisis has not only travelled between nations but also among contexts within nations. In Sweden, the idea that people “lived with their crisis” and its stages turned up in various qualitative studies of people with illness, of parents with children who had diabetes (Richt 1992) or spinal cord lesions (Jarkman 1996), of self-help groups for mothers with children with traumatic brain damage (Wästerfors 1999), and of staff and patients in brain trauma clinics (Åkerström 1993). These studies all demonstrated the discourse of “crisis” in various medical settings, as well as how the language of crisis spreads among parents, families, patients, and professionals.

One explanation of the crisis model’s popularity is that it captures experiences, emotions, and responses to (sudden) misfortunes in a common recognizable language. The step-like construction of crises and the notion that the phases or stages have to be “worked through” have given rise to spatial, often tunnel-like, metaphors that are familiar from phrases such as “being in crisis,” “going through a crisis,” or “coming out of a crisis.”

As the notion of crisis has become established, the interpretation of its meaning and definition has become more nuanced, and some understandings are

now under debate. School counselors, for instance, criticize what they claim to be outdated knowledge, and suggest a Modern Crisis Theory with specifying categories of crises (traumatic crisis, age crisis, and grief).² Such diversifying processes provide further evidence that the crisis model is firmly rooted for dealing with crises in general, akin to what researchers have called “domain expansion” (Best 1990; Loseke 1999) in terms of claims and diagnoses of social problems (for instance, threatened children, and battered women). In our case, domain expansion concerns the construction of new areas for the application of a psychological model for diagnosing and understanding how people respond to a range of unwanted experiences.

Whereas the basic step-like features of the crisis model and its psycho-therapeutic vocabulary seem to be established as a shared language for human reactions to a variety of experiences, its specific content is locally shaped (cf. Silverman and Gubrium 1994). What causes a shock? What does it mean to “be in denial”? What is “adaptation” or “acceptance”? A constructionist perspective makes it possible to answer these seemingly psychological questions sociologically, and to analytically grasp what is taken for granted as everyday knowledge.

The Swedish World of the Deaf

Below we will investigate how the crisis model is used as a moral resource and as a discursive prop based on material from studies of professionals involved with deaf children and parents of deaf chil-

² See: http://www.skolkurator.nu/sveriges_skolkuratorer_lulea_okt2013.pdf.

dren. Our studies of the Swedish world of the Deaf have lasted more than 20 years, with the most intense research period occurring during the 1990s. During this time, a Deaf culture perspective had long been promoted by Deaf organizations; this perspective was eventually established in official arenas and more or less embraced by professionals and parents of deaf children. According to this view, deaf individuals belong to a cultural and linguistic minority, and medical interventions are an attack on this minority and its language (Berbrier 1998; 2002). Accordingly, the introduction of cochlear implants (CIs), a surgical device intended to give a deaf child a type of artificial hearing, was met with suspicion and protest. Over the years, however, the number of children with CIs has risen dramatically: almost all Swedish deaf children undergo the operation today. The ideological debate over language persists, with Deaf culture advocates promoting sign language for children with CIs and arguing that a too-heavy reliance on spoken language is harmful to them. After all, they argue, children with CIs are deaf the minute the external CI device is removed or broken. Our case is characterized by dramatic ideological and practical changes over the last few decades, a time during which parents’ crisis over having a deaf child has remained a prominent topic.

Materials and Methods

This study draws from material collected by the authors and several graduate students, encompassing investigations that aimed to analyze ideology and practice in a time of profound change in the care and education of deaf people in Sweden (Jacobsson

1999; 2000; Ryding 1999; Åkerström 2004; Säwe 2004; Åkerström and Jacobsson 2009). We used several methods: interviews, field observations, taped meetings, and documents. Taken together, we carried out more than 100 unstructured active interviews (Holstein and Gubrium 1995) with educational and medical professionals, as well as parents of deaf children. The interviews were transcribed verbatim, and the quotations we use in this article have been translated into English in a way that preserves the original meaning and style. A few interviews were carried out with deaf parents with the help of a sign language interpreter.

Roughly 20 parental meetings were attended, most of which were audiotaped. We also attended conferences for various categories of professionals dealing with deaf issues. Field observations were carried out at different sites, such as schools for the Deaf, parental associations, and in a variety of medical settings. Finally, documents such as magazines from the Swedish Association for Deaf People, National Association for Hard-of-Hearing People, and the parent organization for young CI patients were systematically collected and analyzed. While the current article draws its background from all of this material, the data included for analysis consists mainly of interviews and parental group discussions.

Uses of the Crisis Model

There is a widespread understanding among various professionals and among parents of deaf children that parents undergo crisis when their children are diagnosed. Almost all of our interviews with people involved in Deaf culture and in professions car-

ing for and teaching deaf children contained “crisis talk,” without us asking about it or raising the issue. Interviewees made use of the idea of crisis as a discursive resource when they accounted for their own or others’ behavior and when they argued for or against a variety of things. Parents invoked “the crisis” when they complained about the professionals in the field, and professionals explained parental behavior and decisions in terms of the same crisis. Parents and professionals also complained about resources, a recent example of which is the requests for more “crisis knowledge” and for the training of professionals in how to work with parents in crisis (e.g., National Agency for Special Needs Education and Schools 2011).

Comparing One’s Own Experiences

It is not only professionals who expect that a diagnosis of deafness will trigger a crisis; many parents do, too. Against this well-established idea, parents of deaf children reflect and compare their own experiences, emotions, and responses. Social comparison is a central theme in sociology and has been analyzed by several sociologists. The classic sociologist Max Scheler (1992) and others have commented on people’s habitual comparisons and examinations of each other. Such comparisons are vital for “investigative” identity work; identities are carved out in contrast with others, or people distinguish themselves in terms of being a bit better or worse off than others (for example, relative deprivation). Scheler’s (1992:122-123) formulation emphasized comparison-based ways of constructing a moral value: “[e]ach of us—noble or common, good or evil—continually compares his own value

with that of others ... All jealousy, all ambition... are full of such comparisons.”

Social comparisons are useful for other purposes, as well. People may compare their own experience with what has become expected, as one father did when he recalled how he felt about having a deaf child, “It was never a big deal,” and he remained a little surprised by the crisis that never was:

Yeah, sure, it was a little tough. But, I haven’t, well, I’ve waited the whole time for what could happen—well, not anymore, but quite a while after I thought: now it’s going to hit me, anytime now.

Crisis is not only expected, but also prescriptive. This observation is supported by a mother who accounts for why she is not in crisis despite her son being diagnosed as deaf a couple of months earlier; she was newly divorced at the time, which demanded intense emotional work, there were many practical issues to deal with, such as selling the house, and on top of these demands, she took part in many meetings with professionals in the Deaf field. She listed her troubles to the interviewer, which formed a background for explaining why she was distracted from the impending crisis (Ryding 1999).

Similar to the idea that a chronic illness causes intense crisis and biographical disruption regardless of other mitigating factors (Faircloth et al. 2004) is the idea of the necessity of crisis when a child is diagnosed. “Everything *should* be rocky during this period,” says one professional (cf. Gregory 1991). When our interviewees talked about the experience of having a deaf child, they all referred

to “the crisis” as an expected reaction, and some interviewees, exemplified above, expressed surprise or excuses when it failed to appear. The crisis is portrayed as a model for emotional reaction against which parents compare themselves.

Furthermore, the vocabulary of crisis seemed to be used to describe one’s own experience in a rather automatic way, visible in the following excerpt when the interviewer points out the word “acceptance”:

Interviewer: But, you said there were blows all the way until you accepted the deafness—when did you think you were able to do that?

Father: Well, it ... “accept the deafness,” that was, I don’t know ... where did I get that word from? But, it’s, yeah ... I really don’t know. There isn’t a date when you can say you accept the deafness. It’s a process, right, where you feel that ... [sighs] I don’t know, in some kind of way it felt as if, if, if...

When the interviewer repeats the parent’s choice of words, they seem to be less obvious to the interviewee. The parent even asks himself if the word “acceptance” is his own, while still borrowing it to describe the experience of having a deaf child.

Accounting for Others’ Wrongdoing

Another way of using the crisis model is when discussing other people’s behavior, choices, and ideas, particularly when they are constructed to be the wrong behavior, choices, and ideas. During the 1990s, educational professionals provided clear and indisputable recommendations for the family: preschools for the Deaf in which sign language

was the first language, and sign language courses for parents and siblings. When parents were reluctant to implement these recommendations, professionals made use of the crisis model to explain their behavior. In the following excerpt, the interviewer asked what the professional would think of parents who did not recognize the importance of sign language:

Educational professional: It's always a question of "Where am I in the crisis?" All parents want the best for their child, but they can get stuck, they cannot see clearly because it's such a different new world that's opening up, and I think it's important that they be allowed to be afraid of it. They have to go through this, it's nothing you can just accept like that, I don't think so.

With the help of a crisis model, professionals can understand and even come to expect opposition from parents, which also serves as an explanation for why their work is sometimes difficult. The use of the crisis model is analogous to that used during an illness with stages through which one must pass to become well again. If the stages are not passed, one is still "in" crisis. People in crisis are constructed to be not quite rational.

When CIs were introduced in the mid 1990s, educational professionals faced difficulties in guiding parents because they were anxious to "neutrally convince" parents to make the right choices (Jacobsson 1999). In general, educationalists joined the Deaf movement's critique of CIs in more or less explicit ways. In this sensitive matter too, the crisis model was used to account for wrongdoing in a dismissive yet sympathetic way. It was believed

that choosing the CI operation and accepting one's child's deafness were incompatible. In the following excerpt, a preschool teacher talks about whether parents would choose CIs:

And I really think that parents who have come such a long way that they place their child here [in a sign language preschool], they have accepted sign language as their child's first language and I don't think it [CI] would be considered then, but maybe at an earlier stage, before they've come such a long way in the stage of working it through.

Associations for the Deaf also used a crisis vocabulary and opposed the CI doctors who stressed the importance of surgery shortly after diagnosis in order to enhance the likelihood of success. According to the crisis model, this is a sensitive period in which parents cannot be expected to have entered the acceptance phase. A representative for one of the Deaf organizations who was strongly against receiving the CI explained in an interview: "Personally, I believe that it's impossible to make any other decision than to do this surgery ... when given this opportunity in the middle of the crisis."

At times, more understanding or sympathetic accounts were given by interviewees. Consider, for instance, a Deaf culture advocate who explained to the interviewer why parents do not join the prescribed parental education activities in courses given quite far from home. In her account, she adds on the crisis as a self-evident "clinching fact" after she lists a number of things: "You have to be active, which everybody isn't. You have to organize to be able to go away, buses, flights ... To learn sign language, you

have to be outgoing, you can't be shy. During the evenings you have to socialize with others. Everybody can't handle this." And then she ends, "And if you're in the middle of a crisis, it's really hard."

Towards the end of the 1990s, more and more children wore CIs, and there was also a new parent organization working in the interest of children with CIs. During one of the meetings of this organization, parents discussed the opposition towards CIs, trying to determine what could be causing it:

Karin: I mean, their way now, reacting so strongly against this [CI] may well be a way to work through the crisis that their children did not get the opportunity to have the surgery 10 years ago. I mean, it's just a hypothesis, of course, but it might be like that.

Birgitta: It must be like that I guess. I'm thinking: their train has left the station [i.e., too late for a surgery for medical reasons].

The crisis explains and makes sense of the various responses it is assumed to trigger. Nobody needs to be worse than any other person since no one can be held personally liable for a crisis. Rather than allowing themselves to be provoked by their antagonists, Karin suggests a more sympathetic explanation for the parents' behavior. This approach was also used by the Deaf culture activist above who described the choices made by parents who opted for their children to undergo CI surgery.

Criticizing Professionals

The idea of the crisis was not only used to explain the behavior, decisions, or emotions of others; it

was often used as a discursive prop by parents to criticize professionals. On the one hand, parents criticized professionals for not being sympathetic enough towards their state or condition (being in crisis). A mother, for instance, narrated an ownership struggle when describing how the preschool treated her child as if her child belonged to them: they had given the child its Deaf name, a personal sign used in the signing community that is different from the child's given name. The mother then continued to explain that the preschool teachers had not been educated in crisis, and that she was "pissed off" by this omission: "Cause no matter if you've accepted it, you're in a crisis."

On the other hand, parents criticized professionals for being too focused on the crisis, for not treating parents as rational beings. At times, crisis talk by professionals was referred to with irony by parents; the professionals' statements were highlighted by uncovering an incongruity or contrast between the parents' expectations of a situation and what the parents felt was really the case. In institutional settings or local cultures that are said to harbor strict authoritative norms, humor can be a strategy for resisting, ridiculing, or dealing with these cultures or their representatives (Gradin and Aronsson 2013). A mother claimed that the preschool teachers had too much interest in the *parents'* well-being. She referred to the preschool teachers' views of parents in the following way:

You have to have this whole crisis work that you have to follow step by step. It has to be the shock phase, the adaptation phase, and then you have to continue. If you have skipped ... then it's very ... then there's something

wrong. That's something that's taught really thoroughly, how parents should be taken care of. So you're very well taken care of even if you don't want to be.

The interviewee describes the preschool teachers as religiously adhering to the crisis model: "you have to follow it step by step," if not, "there's something wrong," suggesting an implicit criticism of the parents. She dryly points out how the teachers were taught to take care of the parents (rather than the children), and ends with the classic rhetorical device, ironically stating the reverse of what is intended: "so you are very well taken care of."

This type of complaint was common during our research. Several parents constructed the professionals as putting too much emphasis on the crisis instead of providing practical help, such as answers to questions like, "Where can I find sign language courses?" "Is my child entitled to school transport?" "Can grandma attend a course?" In patient organizations that advocated Deaf culture, this understanding of professionals' misguided emphasis on crisis formed a theme around which parents could align themselves with others in a common complaint. This theme thus served as a way to create and sustain social bonds by trading stories. During a parental meeting with ten parents present, this conversation was initiated by the chair's (Father 1) question:

Father 1: How many of you have had a crisis forced on you?

Father 2: How do you mean, forced on?

Father 1: Well ... eh, according to my experiences, as soon as it was verified, as soon as it was a certainty,

when at last we had it verified what we suspected, then we were supposed to enter a crisis.

Mother 1: That's what they said?

Father 1: Yeah, that was a must ... I thought it was extremely irritating to be treated like something that was, was fragile like a glass. I mean, of course, we were sad and all this, but, that we should be in such a crisis that was forced on us ... That was frustrating, that was hard.

Father 2: For me, the biggest crisis was when, when you started to suspect, before you knew. So, the diagnosis was a relief. That's how I felt.

Mother 2: Sure, you came into a crisis or became really sad, but then the home instructor [professional educator helping parents with disabled children] told us about what it meant, and to take sign language courses, and we were really happy. But, then the counselor and hearing consultant came and told us, "You have to wait with sign language, you have to work through the crisis first." [Sighs] And that's where the frustration was. We didn't want to, we didn't want to, yeah, we wanted to work with the crisis 'cause we were sad. That is, I mean, crisis, it's hard to say that it wasn't there, but we didn't want to speak with them about it. We wanted to get sign language and get a communication with our daughter and ... that's where it was solved.

Mother 1: I agree, you wanted to *work* yourself out of it somehow, I mean, practically all time you had [continues to talk about time devoted to sign language classes].

The experts are constructed, with one exception (the home instructor), as one-dimensional, tiresomely zooming in on the crisis to the extent that the described real needs (such as sign language) were not acknowledged. The crisis, on the other

hand, is de-dramatized: "we were sad and all this," where "all this" indicates a taken-for-granted, but not very dramatic response. Parents portray themselves as being competent in dealing with these feelings by themselves: "it's hard to say it [the crisis] wasn't there, but we didn't want to speak with them about it." Experts can help with practical matters such as sign language, but were described as either actively delaying or withholding such help.

A newly published handbook seems to answer this type of critique against professionals: *Congratulations! You've Become a Parent! Children With Impaired Hearing* (Gyllenram and Jönsson 2014). The first part of the book partly deals with crisis and emotions, but mainly addresses medical tests for the child and how to communicate with a baby. A reader's review (posted on the publisher's website) welcomes the easily accessible information about language development and practical tips for parents included in the book. The reader also states, "[i]t is written in a positive spirit, that everything actually will work out fine."³

At times, the critique of professionals during meetings or our interviews was implicit; instead, parents presented a performed strategic and tactical persona in response to the crisis-rigid orientation one expects from experts who have the power to make important decisions for one's child. In order to respond to critiques from the Deaf movement, CI medical teams expanded to include psychologists, counselors, and educators. The task of these occupational groups was to ensure a psycho-

³ See: <http://www.interquest.se>.

social perspective on the decision of whether to offer a child a CI operation. Psycho-social evaluation of the family involved an assessment of the parents' expectations of the CI. The expectations had to be reasonable. Parents who thought the surgery would cure their child's deafness and render sign language unnecessary were said to have unrealistic expectations and could be suspected of providing a poor milieu for the child. To parents who wanted to be offered the surgery, much was at stake during this evaluation, and to them, the evaluation was associated with criticism of not having accepted their child's deafness. In an interview with two mothers whose children had CIs, the interviewer asked how it felt to be evaluated as parents before they received the decision about the CIs. The mothers started laughing when they recalled their strategy:

Lisa: Oh no, God! Oh, we discussed it before [going there]: "My God, what shall we say now?" [Annika laughs]. What shall we say so we don't make mistakes, and they [the staff] say "No, they have not dealt with their crisis, nah, *they* won't have an implant!"

Annika: Well, that's how it is! [Interviewer laughs].

Lisa: You're kind of afraid because you have to kind of strike the golden mean. You can't be too like, "We accept that she is deaf and there is nothing to it" and you can't be like "Not at all! We won't survive if she is deaf."

The children of both of these mothers were eventually offered CI surgery. Knowledge of the heated debate and the interpretative framework of the crisis model seemed to have yielded material for what might be called proper crisis management. We may

also interpret such recalled experiences as ways of performing as a savvy player, a tactical and knowledgeable parent who outwits the experts.

Conclusion

During our studies of parents of deaf children and professionals dealing with deaf children's education, care, and medical issues, it became apparent that preschool teachers, teachers, nurses, counselors, welfare officers, and others had to learn about crisis. When these professionals were not updated through their workplaces, they had to attend courses or lectures given by experts. In this sense, it is fair to conclude that the psychological idea of a crisis model has been successfully implemented. To be truly effective, however, an idea must be used among people in their everyday lives, and not dismissed and forgotten as soon as professionals close their books or leave the lecture halls.

We were fascinated by how the crisis model was used, not only by professionals but by parents as well, in a variety of imaginative and inventive ways for purposes other than the original understanding of psychological responses to grief, misfortunes, and illness. As Lemke (1995:21) states, "[w]e speak with the voices of our communities, and to the extent that we have individual voices, we fashion them out of the social voices already available to us, appropriating the words of others to speak a word of our own."

We have sought to show how a widespread psychologism can be used by the individual voices described above, or rather in subcategories within lo-

cal cultures that center on parents of deaf children. Members of these local cultures use the idea of crisis in several sociologically significant ways: above we have discussed how "the crisis" was used as comparisons, as accounts, and as criticism.

Moreover, in situations that include conflicting socio-political opinions, crisis may come in handy as a tool or a weapon in ideological debates. In our studies, this was the case when some participants argued in favor of Deaf culture implying a strong reliance on sign language, where "the crisis" was used to define parents who did not choose sign language as their main communication but opted for hearing aids or CIs. These parents were described as "blocked" because they were not out of the crisis, or because the crisis had not yet caught up to them. Parents who decided on a CI could use the same strategy when explaining the antagonism from Deaf culture activists: these activists were "in crisis" when they realized that they had made "the wrong decision" and that it was too late for their children to have surgery.

People may be trapped in common understandings or discourses; we live by the words given to us, and in many ways we speak with common voices. In contemporary modern society, we use sociologisms and psychologisms, simplified understandings based on sociological and psychological results; or lines of reasoning that have developed into general knowledge about categories of people, situations, or human life, a tendency that may be called a "scientization" of everyday life, language, and meaning (Berger and Kellner 1982:128). Still, as Garfinkel (1967:66-75) reminded us, we are not simplified "cul-

tural dopes," or their relatives, the "psychological dopes." In this article, we have aimed to illustrate this versatility, this "art of witcraft," in our research participants.

Finally, our studies point to the utility of the idea of crisis: creating *implicit constructions* of various categories. Such constructions foster an image of the victims of crisis. People may act as victims, but also fight against victimhood; the sympathy given to victims is double-edged because it invites associations with incompetence (Clark 1997). In contrast, parents may portray themselves as smart by strategically presenting themselves as being in crisis or having passed through crisis in order to achieve various sought-after decisions from experts in the field who possess mandates to make decisions. In their criticisms, parents described experts as not understanding them, as denying them sympathy, but parents also thought of experts as narrow-minded and limited: "they learn crisis

through books, but when they meet someone outside the cliché, it's 'error.'" This quote was provided by an interviewee who wanted more concrete, technical material help rather than sympathetic psychological understanding. The experts, on the other hand, used the idea of crisis to realize their roles during interviews, presenting themselves as experts when explaining to us the typical responses of parents. In some cases, experts also used the idea of crisis to explain parental lack of attendance or seeking help connected to crisis management, mirroring the fact that parents are currently in this or that phase of the crisis.

The interviewees not only presented themselves and dramatized experiences, but also portrayed others. They spoke with a common voice about crisis, but used the word for very different purposes, not only for straightforward criticism, but also adding sarcasm, irony, jokes, and asking questions, such as "When will the crisis arrive?"

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