**Priscilla Gibson**

# Developmental Mothering in an African American Community
## *From Grandmothers to New Mothers Again*

This article will report the research findings on the "lived experience" of African American grandmothers who assume the role of primary caregiver for their grandchildren whose parents are absent. This caregiving situation is described as kinship care which is the caring of children by a non-parent relative when parents are unable or unwilling to provide that care (Karp, 1991). Increasingly, grandmothers, especially African American grandmothers (Dubowitz, 1994), are becoming kinship providers for grandchildren with absent parents (American Association of Retired Persons, 1994; 1999). This absent middle generation (Dressel and Barnhill, 1994) occurs because of social problems such as drug abuse, incarceration, domestic violence, and divorce, just to name a few. In their new role, grandmothers experience multiple stressors (Scannapieco and Jackson, 1996), increased responsibilities (Gibson, 1996), and anger and resentment (Minkler and Roe, 1993).

As older Black women, these grandmothers experience the cumulative disadvantages of their race, gender, and often social class (Scott, 1991). This results in a marginalized position in society (Dressel and Barnhill, 1994). Yet, they are valued in their families and communities as communicators of values and ideals (Hill-Lubin, 1991), superwomen and guardians of the generation (Frazier, 1939). As primary caregivers, they abandon their future plans of child-free responsibilities to protect their grandchildren from the perils of the foster care system, navigate the treacherous social service delivery system, and address the needs of their grandchildren (Burnette, 1997).

African American grandmother caregivers are a silent group that has received little attention from research. Most studies on this subject are about those in the foster care system or using the data from it. Unfortunately, these grandmothers are compared to foster care parents (LeProhn, 1994), a practice

in research that dismisses the cultural context of their experiences and undermines a growth in knowledge about this unique mothering situation.

## The research study

This qualitative study employed a phenomenological perspective approach. Its purpose was to capture the "world of the lived experience" (Cohen and Omery, 1994: 139) while providing a mechanism for grandmothers to share their experiences (hooks, 1993). Criteria for participation were the following: African American; grandmother, great-grandmother, or great-aunt; primarily caregiver of a relative under the age of six; and parents of grandchildren being out of the household. An interview guide composed of a grand tour question (Creswell, 1994): "What is your experience as the primary caregiver to your grandchild?" and eleven subquestions regarding the caregiving experience were developed.

Interviews were conducted between March 1995 and February 1996 with informants from the Denver, Colorado, metropolitan area. They were recruited from a local Head Start center, the John F. Kennedy Center for Developmental Disabilities, and via the snowball method (Yegidis and Weinbach, 1991). Twelve informants, eight grandmothers, and four great-grandmothers, volunteered to be in the study.

Interviews were 45 to 90 minutes in length. They were audiotaped and transcribed. The completed transcriptions were the basis for data analysis. Grounded theory and Non-numerical Unstructured Data Indexing Searching and Theorizing (NUDIST) were used to analyze data. Thus codes and connections between them were developed into categories and propositions (Miles and Huberman, 1994).

## Findings

African American grandmothers shifted their role from grandmother to new mother again. The phrase, "new mother again" (Gibson, 1999) acknowledges that although these grandmothers mothered their birth children, mothering their grandchildren was unexpected (Karp, 1993) and unplanned (Minkler and Roe, 1993). This shift involved a developmental decision-making process about mothering. These decisions involved interrelated areas in the life of the grandmother such as herself, her relationships with the parents of her grandchildren, her mothering relationship with the grandchild, and her relationship with the child welfare system.

The process is developmental with unique phases. These phases are developmental in that they are built upon the previous phase of the mothering process. Each phase consists of activities, decisions, and considerations as well as the grandmothers' affective/emotional reactions, which sequentially depict the level of involvement in the lives of their grandchildren. The grandmothers' activities in the five foci of attention were organized into a four-phase developmental mothering process.

## The foci of attention

The foci of attention are areas where the grandmother places her energies when making decisions. They include (a) the self, (b) the relationship with the parents of the grandchildren, (c) the relationship with the grandchildren, (d) the relationship with the child welfare system and (e) her own affective/ emotional reactions. The first area is the self, which contains all the activities and tasks in which grandmothers are engaged. This is a broad category encompassing work, retirement, future plans, voluntary activities in the community and with church groups, and relationships with significant others.

The second area is relationships with the parents of the grandchildren. All grandmothers were involved with the parents of their grandchildren, their own adult children, or the adult children's partners. The grandchildren occupy the third area of focus in the lives of their grandmothers. In fact, they were a constant in the lives of grandmothers even before the role shift. The grandmothers had always been invested in the nurturing of their grandchildren. The child welfare system is the fourth area of focus in the lives of the grandmothers. This system is involved in all but one case. But this system, unlike the other foci, is used by grandmothers only as necessary.

The fifth and final area is the affective/emotional component which characterized the feelings that grandmothers experienced. This component was not verbalized as freely as were the other foci. Feelings, regardless of their intensity, were not dwelled upon because grandmothers did not put them as a priority. It seems that grandmothers in their new role have so many other aspects to consider that their feelings are just those—feelings—to have or mention, but not to be emphasized.

## Developmental mothering process

The four phases are in order of occurrence: (a) pre-decision, (b) decision process, (c) post-immediate decision, and (d) permanent decision. The first phase, the pre-decision phase, pre-dates a grandmother becoming a new mother again. The second phase, the decision process, is that period in which the grandmother discovers that her grandchild needs an effective caregiver and realizes that she must assume that role. The third phase is the post-immediate decision. This is the period in which the grandmother has assumed the role by actively providing care for her grandchild while continually assessing the grandchild's needs. In the fourth phase, the permanent decision phase, the grandmother has been mothering for a period of time. The grandchild is established in her household.

### First Phase: Pre-decision.

This phase occurs when the grandchildren are in the care of their parents and the grandmother's role is that of the traditional grandmother. All grandmothers began in this phase. They considered how to juggle activities including work, retirement, and/or volunteer efforts in their communities or their church

groups and, at the same time, how to continue their involvement with grandchildren and the parents of their grandchildren. Their decisions concerning the parents of their grandchildren involved the amount and intensity of advice and informal social support to provide. This grandmother described her role with her son. "I've been helping my son raise his children ever since him and his wife separated. I just kind of had babies but it was always, when I wanted them to go home at night, they could go home."

Another grandmother provided her grandchildren and great-grandchildren with financial support.

> *She [parent of great-grandchild] gets, I think, $290 for both of them [great-grandchildren]. That's no money at all. She couldn't manage with two children anyway but we [family] help her as much as we can because I feel as though I wouldn't be a good grandmother if I didn't try to fulfill and help my grandchildren with their children. I helped my children with their children, now, I'm helping my grandchildren with theirs and I don't mind.*

Although there were variations in the experiences of the grandmothers, the first phase had the least amount of variations. Variations in the grandmothers' assistive role ranged from minimal—general advice giving—to maximal help in providing basic necessities. In two cases, grandmothers were also mothering their adolescent and college-age children in their homes. Generally, the grandmothers had non-residential adult children over 21. An example is the following advice that one grandmother gave to her daughter.

> *I told her one day, I said, "let me tell you [parent of grandchildren] something to your heart. You better check yourself because your daughters are getting much closer to me than they are to you because you're too busy for them." And, they said, "Mama's always so tired. She's fussing and hollering."*

No shift in roles occurred in this phase. In terms of the foci of attention, the experiences of grandmothers were identical. The majority of the grandmothers had little or no contact with social services.

This phase seemed joyful and pleasant for the grandmothers. Despite their having to continue to work at an older age, they were positive about their lives. They were coping with their concerns about their family members. The position of grandmothers in this phase is best expressed as: "I can best assist with auxiliary mothering." This grandmother generally described her emotional state during her helping role prior to the role shift from grandmother to primary caregiver. "Yes, because we were like, J [ male companion] and I were together maybe six months before the kids [grandchildren] came in and it was very relaxing just the two of us."

The grandmothers remained in this phase until they were required by

circumstances to make a decision about becoming the new mother again to their grandchildren.

### Second phase: the decision process

In this phase, the grandmothers realized that their grandchildren needed another caregiver and that their efforts as supportive grandmother were insufficient to meet the parenting needs of their grandchildren. A grandmother expressed the situation of her grandchildren.

> *So, I knew then that I had to take them [grandchildren]. I love them too much to let them go to some foster home because my son was in prison [and] their mother was in prison. Either I was going to take them or they were going to have to go to some facility. I didn't want this for my grandchildren. They've gone through enough as it is with their parents.*

This phase is characterized by many decisions in relation to the five foci of attention. Grandmothers' decisions were framed with reference to the optimum care of their grandchildren and all of their efforts were aimed at attaining that level. Similar to the first, the second phase also had few variations. In this phase, the grandmothers' realization about the conditions of their grandchildren occurred differently. These variations ranged from a conversation with the parents of the grandchildren about a problem or a condition, which was hindering effective mothering, to a threat of removal or the actual removal of the grandchild by child protection.

The decision to assume the role of new mother again catapults the grandmothers into a number of additional decisions in the foci of attention. One decision concerned the relationship between the grandmother and the parents of the grandchildren. Another was how to incorporate the grandchildren into their daily schedules and busy lives.

Interactions with the child welfare system shifted in this phase, particularly with child protection. The grandmothers had already made the decision that their grandchildren would not go into the foster care system. In some cases, grandmothers decided to work through the court system to secure custody of their grandchildren. In the following quote, a grandmother explained her rationale for contacting child protection, she refers to as social services.

> *But it was even worse because she did not leave me any birth certificate, and you can go to jail if you have a child without a birth certificate. My son was in jail, so he couldn't get me a birth certificate. And, I wasn't sure if the child was even his. So, I had to call social services, I had to bring them in.*

Grandmothers also decided to contact other agencies in the child welfare system to obtain financial assistance. In the following quote, a grandmother described her situation that lead to requesting financial assistance.

*I had to give up my job and then I had to take care of A's [grandchild] medical expenses, because like I said, he used to go to the hospital every other week. I didn't have the money to cover them and I just get bogged down with bills. So, I went out to social services and applied and it took them about a month and a half and they give me help with them [medical bills].*

The quote below from another grandmother described a request for service that was not granted.

*After I'd had the children for a while and my daughter and their father seemed rather settled, for about a year I was able to work. Then the trouble started again and I took the grandkids. All I wanted, all I asked for help from social services was for babysitting. I couldn't get any help there for daycare so I had to give up my job again.*

Grandmothers experienced a range of feelings. These included feelings of aloneness and resentment. Despite these feelings, grandmothers would not give up their role as new mother again. This phase was a pensive time for grandmothers.

*It's different this time around than it was with my children, with my two. In some ways ,this time, with my grandchildren, I've felt alone. I do not have a lot of help or support and I am just really worried that social service would cause problems.*

They were quite worried about the condition of their grandchildren and the various situations of the parents of their grandchildren. Some turned to their religion for strength and asked a higher power for assistance. The position of the grandmother was generally: "I need to provide the primary mothering. I'm the only person who can and will do it."

*I had to give up my job. That was a decision that I had to make. I was pushed into a corner. I didn't have proper daycare. I couldn't find sufficient daycare. The baby was small. My daughter was out of the home. She'd left and I didn't know where to contact her. At the time, my father was on dialysis and my mother was really busy there and all my brothers and sisters were busy with their families. I could have afforded a babysitter, but I couldn't find one that I could trust with my grandson being so small.*

### Third phase: post-immediate decision

In this phase, grandmothers were settling into their new role. The role shift was completed. And, yet there were more decisions for the grandmothers to make. Again, grandmothers primarily had the care of the grandchildren in mind. Grandmothers were deciding how to conduct their lives in order to

provide for the many needs of their grandchildren. As they planned each activity, they had to consider their grandchildren. This consideration often required either securing childcare or taking the grandchildren with them. Grandmothers became aware of the need for informal social support and made decisions about getting it. In the quote below, a grandmother reported her need for social support with the responsibilities of her new role.

> *Then I had to worry about his health. My daughter-in-laws, most of the time, would take him to the clinic because I had to work. It was a supervisory position, and, most of the time, I had to be there. I close at night. I couldn't call in and say, I can't come in because I have to take the baby to the doctor. In fact, they would say, "what baby?" I couldn't explain to them how I got the baby. Just all at once, I got a baby.*

The most variations in the foci of attention occurred in this phase. It was the phase that some grandmothers skipped. Some grandmothers moved from the second phase to the fourth phase without experience of the third phase. These grandmothers shared a high level of social support, were not in need of governmental assistance, and maintained a stable relationship with the parents of their grandchildren. Additionally, the grandchildren's parents usually did not have a problem with drug abuse and the grandchildren were healthy. For these grandmothers, child protection was not involved with their families. The grandmother who is quoted below shared her pleasure at being a new mother again.

> *Should have had the grandchildren first. He's a joy, but he has all this energy. I can't keep up. And its totally different raising him, having him in the household, than it was when my children were younger because times have changed and situations have changed. There's a difference. It's nice to have him here and it's a chance to do the things you didn't do with yours the first time, to correct things. It's nice.*

But for the other grandmothers, the third phase was the most difficult. With the young grandchildren in their homes, they became increasingly and acutely aware of the young grandchildren's needs and their own needs as new mothers. They were forced to make decisions about how to meet these needs. Some grandmothers actually decided to demand services from the child welfare system because of the needs of their grandchildren. This grandmother voiced a strong conviction about her financial needs.

> *I could use some financial help. And, I think that a mother, a grandmother should get more. I think I deserve more than they are giving me for three kids [grandchildren]. Because what they are giving me is not a lot to feed and to clothe them. It takes more than what AFDC is giving me.*

It was the time when they were most likely to be angry with the parents of their grandchildren, especially if these parents had been irresponsible. Note the sentiments expressed in the following quote by a grandmother.

> *I couldn't understand how she [daughter and parent of grandchildren] could not want to be a part of her baby's life. I couldn't understand it because I know she wasn't raised that way. In our family, everybody is really close and being from the South, we take care of each other and the kids. We are kind of like close-knit and whenever someone needs something, we try to help as much as we can under the circumstances. But I just couldn't understand how she could just abandon her children.*

The position of the grandmother is best summarized as: "I need to decide how best to care for my grandchild." This grandmother's story depicts her attitude regarding this position.

> *He [grandson] was born premature and when we got him back from the hospital—he spent a month in the hospital—they had a visiting nurse come out, a very young lady, much younger than my daughters. And, I had raised my two children and I'd help raise two of my younger brothers and sisters. I figured I knew a little bit more about babies than she did. So, I would get a little friction from her about raising the children and the things she didn't think were appropriate and I knew would work.*

### Fourth phase: permanent decision

In this final phase, all of the grandmothers shifted their attention to creating the optimal mothering environment for their grandchildren. This phase occurred as grandmothers felt more comfortable with their new mothering responsibilities. The awareness of being an effective caregiver, however, did not prevent some grandmothers from deciding to return their grandchildren to the care of their parents if the parent would be responsible caregivers. The decision to keep or to return the grandchildren was the one variation in this phase. Only two grandmothers were ambivalent about this decision; the others were definite. One grandmother advised against assuming the role because of age. "If there is someone else in the family that would take the kids [grandchildren] and you [grandmother] think they would treat them right, I would advise them to let them have them."

This phase had many commonalties among the grandmothers. They decided that their experiences in their role shift had been positive, despite experiencing financial hardship or problems with the child welfare system. They were at peace with their decisions. Some of them decided that they were blessed. Despite their lists of do's and don'ts in giving advice to grandmothers entering their same situation, they were unanimously pleased with their decision to enter the role shift and to care for their grandchildren. The

following is one grandmother's description of her contentment.

> *When the kids [grandchildren] come in and tell me—hey'll come in the room especially when I'm hurting and lay down in the bed with me and rub my knees and things—You know Granny, we love you to death." That's makes it all worth it.*

The general position of the grandmother was, "It's been difficult but it's been worth it. I am an effective caregiver to my grandchild. I would do it again." One grandmother expressed her caregiving in the following manner.

> *It's not easy but I don't have any problems dealing with it. I took it on and I'll deal with it. So, I'm dealing with it and God has blessed us. We don't have problems. They have more than they need. They have food and clothes. I guess that's one of the reasons I've been working in school programs and volunteer programs for years so whatever I can send somebody else, I can send myself, If I need it.*

## Discussion

These findings add to our knowledge on mothering in the African Diaspora. African American grandmothers entered into a unique mothering situation when they shifted their role from grandmother to new mother again. This complex mothering situation, which is a dynamic developmental process with phases, involves many decisions and considerations of significant others. In this process, the grandmother selected their grandchildren as their main priority but also continued to support the parents of their grandchildren. At a stage in their lives when they anticipated that their primary mothering responsibilities would be lessened, they engaged in an intense, dualistic mothering role: Mother to their grandchildren and mother to their adult children (parents of the grandchildren).

This information about the new mother again role can guide us in social services, policy and research regarding African American grandmothers in kinship care. Social services need to take into account this complex mothering situation provided by older women to vulnerable grandchildren whose parents are experiencing personal troubles. When developing programs and services, policies need to be inclusive of three significant parties: grandmothers, grandchildren, and parents of grandchildren. Research is needed to increase our knowledge of this mothering in kinship, with African Americans and other groups. Mothering needs to be explored in the context of the lived experience to capture the true cultural aspects and complexities.

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