CAREGIVING ROLE AFFECTS FAMILY RELATIONSHIPS OF AFRICAN AMERICAN GRANDMOTHERS AS NEW MOTHERS AGAIN: A PHENOMENOLOGICAL PERSPECTIVE

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Currently, African American grandmothers are becoming caregivers to grandchildren whose parents, for various reasons, are not providing them with adequate care. Replacing their adult children, as parents, while continuing to mother them along with caring for grandchildren are essential components of this complex situation. A part of the findings from this qualitative study of the experience of grandmother caregivers indicated that family relations are affected with their grandchildren, the parents of their grandchildren, and their other adult children. Implications for culturally sensitive, family-centered clinical practice and future research are discussed.

Experts have recognized the benefits to families that result when African American grandmothers become primary caregivers in kinship care (Dressel & Barnhill, 1994; Gibson, 1996; Kelley & Damato, 1996; Minkler & Roe, 1993; Sannapieco & Jackson, 1996), yet little is known about the changes in family relations that accompany this phenomenon. Kinship care, the caring of children by nonparent relatives when parents are absent, unwilling, or unable to effectively parent, is a culturally congruent practice in African American families for many reasons. It fits with this group’s commitment to assisting family members by providing a social safety net for grandchildren. Sannapieco and Jackson (1996) described kinship care in African American families as a response to separation and loss.

BACKGROUND

Skipped generation caregiving by grandmothers is on the increase. In 1992, 3.3 million children under age 18 were living with their grandparents (Bryson & Casper, 1999). In 1997, that number increased to 3.9 million (Bryson & Casper, 1999). Of the group, 34.5% were African Americans. Foster kinship care, caregiving arranged by the child welfare system, is the fastest growing type of foster care (Gibbs & Muller, 2000). Legislation such as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWOA: PL 104–193), contributes to this growth with its mandated preference given to an adult relative in the case of a child needing care. The nature of informal kinship care, private arrangements among family members, does not allow for an accurate statistical count but is presumed to also be increasing.

This group of caregivers differs from professional caregivers in foster care. According to the latest report from the U.S. Administration for Children and Families (2000) kinship caregivers are disproportion-
tionately African Americans who are significantly poorer, less likely to have a high-school education, generally single, and more likely to be older than nonkin foster parents. For African American women, minority status and poverty adds to suffering (Aponte, 1999). The combination of age discrimination, frailty, and minority status create double jeopardy and when gender is added, triple jeopardy may be experienced. Courtney et al. (1996, p. 126) concluded, “many of the observed differences in child welfare outcomes by race or ethnicity reflect differences in the economic and social well-being of children and families.”

Kinship care has generated both praise and concerns regarding its influence on families. The indigenous social support that kinkeepers provide is an example of strengths in African American families (Mosley-Howard & Evans, 2000). It reduces the number of African American children going into the foster care system where disproportionality already exists (Courtney et al., 1996). Kinship care facilitates children’s ties to their culture and reinforces their self-esteem (Sannapieco & Jackson, 1996). Grandmothers assume the caregiver’s role to preserve family ties, which supports a deep sense of family loyalty (Sannapieco & Jackson, 1996) and to continue the grandchildren’s relationship with their birth parents (LeProhn, 1994). This results in the role being a protective factor for their grandchildren. Their actions also effectively remove the grandchildren from being cared for by strangers in foster care. Grandmothers’ efforts to facilitate the survival of the Black family point to the significance of family relations for African Americans. Yet, these benefits and efforts at assisting the family and its members do not eliminate the concerns about kinship care.

Concerns regarding kinship care have focused on grandchildren, grandmothers and the caregiving family. Issues have been raised regarding re-abuse by birth parents and the transmission of family violence to the grandchildren (Pierce, 1999). There is a concern that grandmothers might become enablers of negative behaviors (De Toledo & Brown, 1995). The complexity of the role, age, and developmental stage of grandmothers and background of grandchildren combine into a view of these families as being vulnerable. Miller and Sandberg (1999, p. 226) asserted that grandparents seem to be able to cope with the physical and financial responsibilities of caregiving, but it is the “emotional and mental toil of surrogate parenting that can prove to be too much.” When grandparents replace parents, certain family dynamics have been noted. Kelley and Damato (1996) characterized this situation as role reversal. Burton, Dilworth-Anderson and Merriwether-deVries (1995) further described grandparents converting to disciplinarians while parents become indulgent.

Previous research studies on the experience of African American grandmother caregivers of grandchildren with nonresidential parents have been few. Minkler and Roe’s (1993) qualitative study with grandmother caregivers of crack/cocaine users discovered problems occurring in relations among the grandmothers, parents, and grandchildren. Specific issues were divided loyalties, a pattern of grandchildren acting out after a parental visit, confusion on the part of grandchildren when dealing with two different authority figures, and uncertainty about maintaining or stopping contact with parents because of their harmful behavior. A case study on the needs of three-generation families with grandmother caregivers whose daughters were incarcerated found a need to improve relations between the daughter and grandmother and address emotional needs and behavior problems of grandchildren at home and at school (Dressel & Barnhill, 1994).

Brown-Standridge and Floyd (2000) and Crumbley and Little (1997) have contributed to the existing literature on internal relations of relative caregiving families. Brown-Standridge and Floyd, a family therapist and human services consultant respectively, described the creation of a new hierarchical family structure. They listed clinical issues in the kinship triad, which consist of the relative caregivers, grandchildren and parents. Although neither empirically based nor specific to African American grandmothers, it does provide useful information. For example, the caregivers experience loss, guilt and embarrassment, transference and projection, split/dual loyalties, anger and resentment, and must redefine roles, boundaries, and relationships.

Pertinent research studies on families in kinship care have centered on the well being of grandmothers and grandchildren. Mental health problems of children in kinship placements were found to be of higher rates than those of children in the general population (Dubowitz, 1990), but comparable to children in foster care (Iglehart, 1994). LeProhn (1994) found that relative caregivers, unlike professional foster parents,
strongly identify with providing social and emotional support to their young charges. Kelley (1993) noted that maternal grandmothers reported high levels of depression, poor health, and concerns about their abilities to parent young grandchildren. Child welfare workers indicated concerns about adverse family dynamics (Beeman & Boisen, 1999) and problems between relative caregivers and children’s parents, which included feelings of betrayal, resentment, and extreme anger, that surface over time (Berrick, 1998).

There have been numerous calls for research on kinship care, which, although expanding, is just beginning. Cimmarusti (1999) called for an examination of caregivers’ burden, social support, and emotional distress experienced by grandmother caregivers. Minkler, Roe, and Robertson-Beckley (1994) urged an exploration of emotional and instrumental support to caregivers. Burton and Dilworth-Anderson (1991) recommended examining the costs and benefits to grandparents. Burnette (1997) suggested research that provides an understanding of individual, family, and social contexts in kinship care. Miller and Sandberg (1999) argued for more attention to clinical issues with intergenerational families, especially those involving grandparents. Dubowitz (1994) recommended more application of qualitative methods. Gleeson and Hairston (1999) concurred with Dubowitz (1994) and specified areas, such as worldview of caregivers, parents, extended family, and children, extended family functioning and systems of support, and parents’ role and function.

Exploring kinship care in the lives of African American grandmothers requires qualitative methods. It is a very complex, contextually rich situation involving a nontraditional family form that has received growing attention from clinicians (Brown-Standridge & Floyd, 2000; Crumbley & Little, 1997; Kane, 2000; Miller and Sandberg, 1999). With the potential for conflicts in grandmother-headed households, it would be wise to increase the capacity of these families to take the best care possible of all members. Research exploring family dynamics according to context is needed if family therapists (Kane, 2000) and social workers are to understand the culture-specific family patterns and practice in a culturally sensitive and culturally competent manner. Information is needed from grandmothers about their experiences as primary caregivers, and how this new role has affected their lives. This theoretical construct of worldview perspective supports what Stevens (1998, p. 290) described as “fortifying the value that the client is the true expert witness to her own life.”

METHODS

This qualitative study was based on data collected from interviews conducted with 12 African American women in Denver County between March 1995 and February 1996. They were recruited from a local Head Start center, the John F. Kennedy Center for Developmental Disability, professional contacts in the community, and through snowball methods, which is the process of grandmothers identifying and referring other eligible grandmothers to the study (Yegidis & Weinback, 1991). Announcement letters informed caregivers about the study and recruitment letters were used to obtain contact information from those interested in participation.

The purpose of this study was to explore, describe, and analyze key dimensions of the personal experiences of African American grandmothers as primary caregivers and give voice to those experiences. It was conducted with a worldview that values interweaving of ontological and the Black womanist/feminist perspective, which Collins (1990) describes as the uniqueness of African American women’s experiences with oppression that results in needs and problems different from Caucasian women and African American men, dual perspective, and qualitative epistemology. The ontological assumption of qualitative research emphasizes multiple realities. The Black womanist/feminist perspective considers combined effects of race, gender, culture, sexual orientation, and economic and political factors (Malson, Mudimbe-Boyi, O’Barr, & Wyer, 1988). Allen and Walker (1992) noted that feminist research is not different in method but in views that it is for and about women. Critics of White feminism noted its tendency to view issues from a Caucasian, middle-class perspective, which eliminates considerations of visibility, invisibility and privilege (Green, 1995). According to this author, “Money, status, and education, often perceived as privileges which enhance one’s life chances, do not do so for black women in the ways that they may for White women” (Green, 1995, p. 308). Norton’s (1978) dual perspective separated the environment into two systems: The
sustaining system of the larger society and the nurturing system of the immediate community and family. Qualitative research’s epistemology assumption incorporates the relationship between the researcher and those participating in the study as interacting to influence one another in the knowledge building process.

A phenomenological approach is structured to capture the lived experience. The focus of this study was on capturing the experience of African American grandmothers by interviewing them without sharing their experiences through participant observation.

**Sampling**

Selective sampling incorporated the following criteria: African American, grandmother, which also included great-grandmother, primary responsibility for at least one grandchild under the age of 6, and absent parents. Sampling continued concurrently with data analysis until saturation, the point at which no new information emerged. The term “consultants” (Ruggiero, 1984) was used to describe the grandmothers, because it allowed a collaborative partnership between the researcher and the women in the study.

**Research Question**

An interview guide with open-ended questions was structured using a “grand tour” question and subquestions. The grand tour question is “A statement of the question being examined in the study in its most general form” (Crewell, 1994, p. 70). Subquestions act as guides while not constraining the researcher. The grand tour question, which fits the phenomenological approach, was: “What is your experience as the primary caregiver to your grandchild?” There were 11 subquestions examining specific areas, such as caring for the grandchild, impact of age and absent parents on the grandmother’s role as caregiver, involvement of and with the parent(s) of the grandchildren, concerns about the problems of the parent(s) of the grandchildren, and circumstances that led to caregiving.

**Data Collection and Analysis**

Interviews lasted between 45 and 90 min. They were conducted in the consultants’ homes except for one, which was conducted in the home of the researcher because of the consultant’s concern about privacy. The grounded-theory approach was used to identify and categorize themes, which included major patterns and any exceptions. For example, many grandmothers described situations and events that were coded as changes in their relationships with their grandchildren. In comparing these changes across interviews, three themes emerged as commonalities: New awareness of problems, adjustment to behaviors, and concerns about conditions. One theme, treatment as own child, was described by only one grandmother. When coding, related descriptions were organized under subthemes for each theme, respectively. The appendix illustrates the themes and subthemes that resulted from this process.

Interviews were tape recorded, and completed transcriptions were used as the basis for data analysis. The computer software program, *Qualitative Solutions and Research Non-numerical Unstructured Data Indexing Searching and Theorizing* (NUD.IST; Miles & Huberman, 1994), was used to code data into themes and subthemes, which formed a tree diagram. Themes and subthemes are subjective, because they are the coder’s perceptions of the description or essence of the consultant’s message.

**Trustworthiness and Credibility**

Trustworthiness and credibility are used in qualitative research, rather than reliability and validity, which apply to quantitative research (Lincoln & Guba, 1985). The distinction is in the underlying assumptions in these two methods of research, with the former having the assumption of multiple realities and the latter, that of naïve realism.

Trustworthiness, findings of study that are worth attending to, consists of truth value and applicability. Truth value, the findings of study being constructed by the consultants as accurately reflecting their own experience, was assessed by two means: Through a member check, returning to the consultants to confirm the researcher’s interpretation of the findings, and through the research design, based on a philosophy that views the consultants as experts on their own lives. As experts, consultants have their own set of mental constructions made by them and accessible to them. Each consultant was contacted by telephone, asked to
supply missing demographic information, read the interpretation of the data, and asked to confirm or correct
the interpretation.

Applicability is the transferability, as opposed to the generalizability, of the findings. Instead of
generalizing, this study particularized. Patton (1990 p. 487) described particularization as the “Notion that
knowledge lies in understanding particulars” in the lives of the informants. Peer debriefing was used to
increase the researcher’s credibility, provide methodological guidance, and serve as a cathartic outlet. Peer
debriefing was conducted in a data analysis course, and also informally, with colleagues who were social
workers. Both colleagues were using qualitative methods for their research studies.

Credibility of the researcher is dependent on training, experience, track record, status, and presentation
of self. Prolonged engagement and persistent observation increase the credibility of the researcher.
Credibility is also enhanced by the use of rigorous techniques and methods for data collection including use
of grandmothers as consultants to help to validate the findings.

FINDINGS

Characteristics of Grandmothers

The 12 grandmothers range in age from 46 to 76, with a mean age of 60. The majority \( n = 10 \) were
unmarried. Educationally, they ranged from a seventh-grade education to a college degree; the majority
\( n = 9 \) had completed high school. All were financially self-supporting before assuming the caregiver
role, but the majority \( n = 8 \) were forced to receive Temporary Assistance for Needy Families (TANF,
formerly Aid to Families with Dependent Children) after assuming the caregivers’ role. Three were
employed.

Findings provide detailed descriptions into the lived experience of African American grandmother
caregivers in this study that are rarely documented in the literature. These African American grandmothers
experienced a “role shift” from grandmothers to primary caregivers or “new mothers again” (Gibson, 1999).
This shift was paramount in their relations with family members because they replaced the parents as
primary caregivers. When grandmothers became primary caregivers, changes occurred, which affected
family relations with three significant groups of family members: The grandchildren, the parents of their
grandchildren, and their other children.

Characteristics of Grandchildren

Grandchildren ranged in age from 29 months to 8 years; some of the grandchildren were in sibling
groups and older than 6. Five grandmothers cared for one child, two cared for two children, and five cared
for three children. Before assuming the role of primary caregivers, grandmothers had varying levels of
involvement with their grandchildren from frequent visits to sharing living space. In fact, all but two cases
had actually lived in the households with their grandmothers.

In their new role, grandmothers became intimately involved with their grandchildren by assuming
primary responsibility for their care. Four subthemes emerged in this new relationship: New awareness
of problems, adjustment to behaviors, concerns about conditions, and treatment as own children.

New awareness of problems. The grandmothers become aware of previously unknown problems faced
by their grandchildren. These problems stemmed from either the lack of adequate parental caregiving or the
grandchildren’s reactions to having absent parents. Five subthemes describing these problems are lack of
age-appropriate skills, low self-esteem, developmental delays, sexualized behaviors, and hyperactive
behaviors. Grandmothers began to realize that their grandchildren behaved differently than did their parents
at similar ages. The following quote exemplifies concerns about behaviors:

I never had a child before. . . . ‘M’ was so hyper and he was so angry . . . and he broke up
everything, I mean, he fought constantly. He would just . . . he had a foul mouth that was hard for
me to get used to.

Another grandmother was concerned about her grandchildren’s self-esteem:
But I'm trying to work on the children’s self-esteem. I put them in martial arts because they are missing a lot of things, and I want them to be proud of who they are and what they can do.

Adjustment to behaviors. As grandmothers’ awareness increased, they were also surprised at the idiosyncrasies of their grandchildren. These are described in two subthemes: Disobeying household rules and personal peculiarities. Grandmothers quickly learned to deal with or adjust to these behaviors. The following quote by a grandmother whose grandson was attending an early childhood intervention program because of developmental delays, explained how she deals with one of his behaviors.

Clothes. ‘M’ will not wear a shirt with buttons on it, so since he was two, he would not wear a shirt with buttons on it, so I don’t press the issue. If I buy, I buy a shirt that goes over his head. Friends give me a lot of things, family pass down [clothes] because mine are among the smaller of the children and so I either give those shirts to someone else or save them ‘til the next child grows into them. I don’t bother him with these buttons because I don’t need the friction.

Concerns about conditions. With new awareness of their grandchildren’s problems, grandmothers became concerned about the welfare of their children. Concerns were expressed about the grandchildren’s emotional and physical health. Grandmothers were also concerned about the possibility of the grandchildren being re-abused by their parents or being inadvertently injured by the parents’ careless behaviors. Grandmothers were also concerned that they might be accused of abusing their grandchildren. They knew that Child Protective Services had the ultimate authority over the caregiving situation when there is an allegation of child abuse. This grandmother reported:

I’m concerned about his mental status with his parents because he totally loves his mom and his dad and they are going through some difficult times right now with the divorce pending. And, as a mother, I would like to put all his puzzles back together, but I have no control over that. I really think he’s confused because he doesn’t understand why his dad lives in one place and his mom lives in another place and he’s here. And they see him at least once a week and they do things with him, but it’s not like having the home that he had before. So he’s totally displaced.

Treatment as own children. An older great-grandmother’s concerns for the financial future of her great-grandchild resulted in changing the provisions of her will. This change placed the great-grandchild on par with the great-grandmother’s other children. The other grandchildren were not given this benefit:

I said it is not going to be any different. And I guess . . . that’s the way I feel about my baby [the great-granddaughter]. Cause she is in everything [the will] too. I’m sure my sons are going to carry out the will just like it is supposed to be. She is a part of the family and she gets her share. It is three of them. I don’t know about these other grands since I have so many, they will fight over that.

Parents of Grandchildren

Grandmothers were caring for equal numbers of grandchildren for maternal (n = 6) and paternal (n = 6) offspring. The problems of these parents included physical abuse, neglect, mother’s death, incarceration, financial problems, and abandonment. All were single parents with only one exception. The phrase “parent of grandchildren” includes the grandmothers’ biological children and their spouses. Grandmothers did not distinguish between the parents and their spouses in their care and concerns for grandchildren. However, they differed in contact between their children and their children’s spouses. None of the 12 grandmothers discontinued contact with their biological children as they did, in some cases, with the in-laws. Six themes emerged from the grandmothers’ experiences with the parents: Critical of behavior, questioned own role in dysfunctional behaviors, experienced intense feelings and thoughts, monitored behaviors, continued to support, and disagreed with case plan.

Critical behavior. Grandmothers were critical of the past and present behaviors and attitudes of the parents of their grandchildren. The three subthemes describing these criticisms are: Parenting skills, attitudes toward parenting, and irresponsible behaviors:
It’s hard for her [parent of the grandchild] to keep them [the grandchildren]. It’s really hard. She’s always complaining either she’s ill or she just doesn’t feel good when she has the children. But she can always go out on Thursdays and Fridays. She’s just . . . I don’t know . . . she always said, “Well, I just shouldn’t have had those kids.’ Well, since you have, you’re supposed to love them and give them all you can, you’re supposed to be devoted to them.

In a related area, the reverse was reported. A grandmother thought that the parent of the grandchild was critical of her parenting style:

‘D’ [the parent of grandson] probably, well, he thinks I make a sissy out of him [the grandson].

*Questioned own role in dysfunctional behavior.* One grandmother associated her parenting style with the current problems of not only the parent, but also of her entire family system:

And, she [parent of grandchildren] was so bitter and she could be so bitter. And, she would sit there at the meetings. “You’re it! You’re it!” I said, “Fine, I’m it.” I just learned tonight what an enabler is. But when I stop and think about the enabler, I did it for Daddy, and I did it for seven kids, and I did it for about 20 grandchildren. And, I say, yeah, I’m guilty. I’m the enabler. But I haven’t been able to see how I could not be the enabler. I still don’t see.

*Experienced intense feelings and thoughts.* Grandmothers had intense feelings toward the parents, which are described in seven subthemes regarding feeling: Guilt, resentment, anger, bitterness, disappointment, irritation, and hope. There are also two cognitive subthemes: Not understanding the actions of the parents and acceptance of the lack of control over them. Anger was expressed due to a daughter’s abusing drugs:

Because she’s [parent of grandchildren] not a dumb [person], she’s smart. She’s a smart girl. She’s a smart lady, and I was just angry because I knew how smart she was and she just got into the drugs. And I don’t know. It’s hard to explain. I don’t know. I just feel kind of angry with her right now. And I think she kind of knows that.

Another grandmother could not understand the attitude of the parent:

I really, I couldn’t understand how she could not want to be a part of her baby’s life. I couldn’t understand it because she wasn’t raised that way.

There was an acknowledgement of no control over the parents:

But you have no control of your children’s lives once they get a certain age. You just roll with the punches. These are the things that are happening now with him and with their relationship that I had talked about way before they married.

Hope that the parents would effectively care for the grandchild was voiced:

I hope that they [the parents] will be able to remain the best of friends, . . . and utmost . . . keep ‘B’ [the grandson] in foreground of whatever they are planning to do with their lives. To put him first.

*Monitored behaviors.* Chief among the concerns of some grandmothers was ensuring the safety of their grandchildren by keeping them out of foster care and monitoring interactions between them and their parents. Four subthemes emerging from this theme were no concerns, supervising interactions, limiting interactions, and distancing. In some cases, there were no concerns regarding grandchildren’s safety when interacting with their parents. However, when there were concerns, grandmothers reacted by not only supervising the interactions between the parents but also placing limits on them:

She [parent of grandchildren] couldn’t stay here and disrupt the kids. If she wanted to stay, long as she was attempting to try to help herself, or like, get a job, but she could not bother the kids.

Distance entered the relationship when the parent attempted to subvert grandmother’s authority:
I feel like we’re [grandmother and parent] not as close as we used to be because like I said, now that he’s out [prison] and out of trouble, he wants to come in [exert authority] and I have my own set of rules. Like I said, I go to church and I’m a stickler for that.

Continued to support. In two situations, the relationships between the grandmothers and the parents remained positive, changing very little. These were characterized by no involvement with Child Protective Services and informal social support from the parents and other family members:

And I don’t despise either one of them, which is kind of strange from other situations because other people look for someone to blame and there’s really no one to blame. They just married too young and the thing that bothers me about that; I tried to prevent that.

Disagreed with case plan. One unique attitude was expressed by a grandmother who disagreed with the court’s decision about monitoring the behavior of the parent:

She [parent of the grandchild] does not live in the household, but she sees him on a daily basis because she can come to my house and visit him anytime. She can go any place with us. The court decided that she should not have him alone; I don’t see it that way.

Other Children

Grandmothers had a total of 31 biological children ranging from one child to 10 children. Three of the 12 grandmothers had other children in their households at the time of the study: Adolescents in high school, college students living at home, and an adult living in a basement apartment. None of the grandmothers sought the opinions of their other children when deciding to assume the role. They accepted help from them but did not pressure for assistance. From the grandmothers’ reports, three themes emerged from the reactions of their other children: Opposition, resentment, and support.

Opposition. Some of the other children were totally against the grandmother becoming a primary caregiver. Two subthemes emerged from the theme: lack of capability and being taken advantage of. The following is an example of being taken advantage of:

It doesn’t bother me. I know the children always say, “Mama, you just can’t keep doing this. You need to give these kids back.” But it’s just really hard for me not to.

Resentment. In one case, the grandmother’s role shift created friction with her other children. The element of race was a factor. Three of the 12 grandmothers were caring for grandchildren who were biracial, and two reported concerns about nonacceptance by the other children:

So when ‘D’ [grandchild] came in, some of my children were mad. Cause they figure I take better care of him than I took of them. Because they are jealous hearted. Okay, then, some of them were mad because he is biracial. And, I had a few arguments about it and some of them said we don’t know why you’re doing that [assuming the role of primary caregiver]. And, I said, in the first place, I didn’t ask for this, I’m just doing what I have to do. Then, finally, I told them, it wasn’t any of their business. That I would do what I want to. Cause, it wasn’t. They weren’t giving me any money. And, if they didn’t want to give any time, that was all right.

Support. Some grandmothers received assistance from their other children. Three subthemes emerged from the assistance provided: Unsolicited assistance, shared in daily responsibilities, and monitored assistance. In some cases, grandmothers received unsolicited supported:

Now he [other child]’s the one that comes and says ‘do you want me to come take the children [grandchildren] for a day and give you a break?’ Or he’ll say, ‘have you got any money,’ and I’m thinking he wants to borrow some. So, I’ll say no, and he come by with a little change [money], but he’s about the only one.

In another, not only was support provided but responsibilities were also shared:

I worked both of my jobs when I just had him, because me and my daughter, we just kind of
worked our schedules around him. Because my daughter had just grown so attached to him.

Although support was offered, one grandmother monitored the interaction between grandchild and an adult child:

I have a son. He [the grandson], now he loves his uncle, he helps quite a bit, but my son drinks and so I don’t like for ‘B’ [the grandson] to get too involved with him either because he’s not the father. I don’t want him even thinking that. He knows who his father is, but I don’t want him to get too involved with his uncle because like I said, he drinks and I don’t want him to ever get the idea that he’s going to be drinking or anything like that. Usually I make my son, when he start to drink . . . I tell him to go on . . . go on.

DISCUSSION

One major finding from the lived experiences of the 12 African American grandmothers as caregivers is the change in their relations with three groups of family members: Their grandchildren, the parents, and their other children. It has been well documented that changes occur in the grandmothers’ relationships with their grandchildren and the parents, which is referred to as the kinship triad (Crumbley & Little, 1997; Gibbs & Muller, 2000). The addition of the grandmothers’ other children is informative and adds to the knowledge on family relations in kinship care.

Second, changes were described in detail. These changes were complex, interrelated, and unanticipated. For instance, as grandmothers monitored the care of their grandchildren, their relationship changed with the parents by imposing stricter rules on them if there were concerns about re-abuse or careless behaviors. When the changes were conflictual, they added to an already stressful caregiving situation. Role flexibility and elasticity in African American families (Mosley-Howard & Evans, 2000) may be accompanied by unanticipated intrafamily conflicts among members of kinship care families.

Third, the changes in relationships were varied. Frequencies in appearance of themes provide richness of contexts in the relationships. For example, in the grandchildren category, there were four themes. The theme, new awareness of problems, had the most subthemes (five). In the parents category, there were six themes. The feelings and thoughts theme had the most subthemes (nine). The grandmothers’ other children category, had the least number of themes (three). The theme, support, had the most subthemes (three). From these frequencies, it may be interpreted that the most intense changes occurred in the relationships between grandmothers and the parents. The second most intense changes were between grandmothers and their grandchildren.

Fourth, grandmothers in this study seemed to be more educated than those described in the literature (U.S. Administration for Children and Families, 2000). The difference may be due to the fact that this comparison is between grandmother caregivers and professional foster caregivers. The latter tend to be younger and White. In addition, grandmothers in this study were self-selected as volunteers and identified through a Head Start program. Further research could help to clarify which of these factors or others are most significant.

Fifth, diversity in the social class status of grandmothers had varying influence on the dynamics in family relationships. After becoming caregivers, eight grandmothers were receiving governmental assistance and four were not. Of these four grandmothers, two were supported by other adult children and two were not. None reported overt opposition to being caregivers. A connecting issue of concern is that welfare reform may inadvertently increase kinship care as mothers reach their public assistance limits (Berrick, Needell, & Minkler, 1999).

IMPLICATIONS

Relations Among Family Members

The caregiving by grandmothers to grandchildren, although beneficial, also has many challenges. Boundaries in the grandmothers’ relations with their grandchildren, the parents and their other children are
affected. This fits with Crumbley and Little’s (1997) professional experiences of changes in the family hierarchy. It calls for an expanded view of the significant parties in kinship care that would include the influence of the other children on the caregiving situation and if possible, their inclusion in the plans for the provision of services.

Permanency for the grandchildren may alleviate or eliminate some of these issues. Only one grandmother in this study adopted her grandchild. Adoption of grandchildren may have its own effect on family relations. Adoption laws fit nonrelatives (Gibbs & Muller, 2000) and would need to be tailored to kinship care (Takas & Hegar, 1999). Grandmother caregivers seem to avoid adopting their grandchildren for reasons that remain unclear. It is assumed that they continue to hope that the parents will return to effective parenting. In kinship care adoption, Gibbs and Muller (2000) asserted that the relationship between relatives and parents is key. If this relationship is nonconflictual or if the parents are nonviolent, then kinship adoption would be beneficial.

Clinical Implications

The call for clinical intervention with grandmother caregiving families has been put forward (Brown-Standridge & Floyd, 2000; Crumbley & Little, 1997; Kane, 2000). Findings from this study provide descriptions of situations faced by 12 African American grandmother caregivers and their families. With this knowledge, a beginning foundation for work with such families has been proffered.

Kinship care in African American families is a strength and grandmothers as kinkeepers are seen as the most dependable and respected member of the family. These positive characteristics should be included in the assessment process, especially given that grandmothers as caregivers: Are increasing, are at a different developmental level than most caregivers of young children, and continue to be involved with the parents of their grandchildren and their other adult children. In addition, when working with grandmother caregivers, therapists need to be aware of the negative financial consequences, lack of support from governmental agencies and possibly from significant others, such as friends and relatives, grandmothers’ concerns about child’s well-being, and reactions from other children. They also ought to explore the grandmothers’ knowledge and understanding of their grandchildren’s behavior since the majority of these grandchildren have experienced some form of maltreatment, which may have compromised their developmental trajectories. Although some grandmothers reported being aware of the differences in age-appropriate behavior between their grandchildren and their adult children, providing them with recommendations for developmental screening and explanations about the differences between mental retardation and lack of exposure will be beneficial.

Limitations and Research Implications

Although these findings provide rich information about family relationships, gaps remain in our understanding of the complexity of family dynamics in kinship care with African American grandmother caregivers. Furthermore, the findings were from the perspectives of the grandmothers. Future studies are needed with other significant family members to capture their voices, and on the relationship dynamics among family members before, during, and after grandmothers assume the role of primary caregiver. Additional limitations are the exclusion of negative case examples, such as grandmothers who did not become primary caregivers, and triangulation of data, that, focus groups and interviews with significant others. No reported changes in relationship dynamics between grandmothers and their spouses as reported by Minkler and Roe (1993) might be due to the low numbers of grandmothers (n = 2) in such relations. Examining this issue in future studies on family caregiving, not only with spouses but also with significant other relationships may provide further insight.

The complex phenomenon of grandmothers as caregivers in kinship merits further examination. We need to know more about each significant party. What are the grandmothers’ expectations for family support in this role? How could professionals assist these caregiving families, who are acting as a governmental resource by reducing the need for nonkinship foster care? What are the effects (health, emotional and physical) of kinship care for grandchildren, parents, and other children? How would parents describe their relations with the grandmothers? What, if any, services are needed by those involved? Are family members
open to therapy to resolve some of these issues? If so, what type, goals, and structure of therapy would be most usable? All of these questions can provide us with ways to better understand, intervene, and strengthen the family system with grandmothers in their role as new mother again.

The purpose of this study, exploring the lived experiences of African American grandmothers as primary caregivers to grandchildren with absent parents, described grandmothers experiencing changes in relations among three significant family member groups. Using the phenomenological perspective approach led to a rich body of information about family relations that is not easily captured, but is vitally important to clinicians and researchers in this field. The addition of direct quotes from the grandmothers’ perspectives provides context for clinicians to use as examples in therapy when issues are emotionally complex. A larger clinical implication, from a solution-based model, would involve the extension of clinical services to this family form to maintain family ties, which have been redefined by a role shift. In future clinical research, investigations should also consider using this approach to explore the clinician’s experiences of working with those in kinship care that would further enlighten us about dynamics in family relations as a results of the role shift of grandmothers.

REFERENCES


## APPENDIX
### Coding Process

**Role shift: Grandmother to primary caregiver**

<table>
<thead>
<tr>
<th>Grandchildren</th>
<th>Parents of grandchildren</th>
<th>Other children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New awareness of problems</strong></td>
<td><strong>Critical of behavior</strong></td>
<td><strong>Opposition</strong></td>
</tr>
<tr>
<td>Lack of age-appropriate skills</td>
<td>Parenting skills</td>
<td>Lack of capability</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Attitude toward parenting</td>
<td>Being taken</td>
</tr>
<tr>
<td>Developmental delays</td>
<td>Irresponsible behavior</td>
<td>Advantage of</td>
</tr>
<tr>
<td>Sexualized behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive behaviors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Adjustment of behaviors**
- Disobeying household rules
- Personal peculiarities

**Concerns about conditions**
- Emotional and physical health
- Possibility of re-abuse
- Authority of CPS
  - (Child Protective Services)

**Feelings and thoughts**
- Guilt
- Resentment
- Anger
- Bitterness
- Disagreement
- Irritation
- Hope
- Not understanding
- Lack of control

**Support**
- Unsolicited assistance
- Shared responsibilities
- Monitored assistance

**Treatment as own children**

**Monitored behaviors**
- No concerns
- Supervising interactions
- Limiting interactions
- Distancing

**Continued to support**

**Disagreed with case plan**