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Extended Family Patterns, Kinship Care, and Informal Adoption

The extended family is so essential to an understanding of the lives of many African Americans that it is presented here in detail. We, as family therapists, must expand our field of vision from the focus on a nuclear family model to the incorporation of an extended family and multisystems model if we are to treat African American families effectively. This forces us to expand our techniques to include more complex interactions, requires special sensitivity to the strengths of this type of family organization, and calls for an awareness of the distinct problems that it can present.

A number of scholars and researchers have documented the strength that extended kinship relationships provide in many African American families (Billingsley, 1968, 1992; Hill, 1972, 1993, 1999a; Hines & Boyd-Franklin, 1996; Jones, in press; Logan, 2001; McAdoo, 1981, 1996, 2002; McAdoo & McAdoo, 1985; Stack, 1974; White, in press). As clinicians and family therapists, however, it is imperative that we understand the complex interrelationships that can exist, and that we develop some cultural and clinical guidelines as to the characteristics of well-functioning extended families. This will greatly aid us in the process of assessment and treatment planning for this population. It is my belief that understanding the cultural norms for well-functioning extended families will help us to delineate problems clearly when they exist. Although the extended family has been a major source of strength for Black people, it would be a serious error to assume that it always functions as a support within a given family. As Hill (1999a) has pointed out, an emphasis on the strengths of the extended family should not obscure the fact that a particular extended family

may also have some negative characteristics. This chapter explores the positive and negative issues related to effective assessment of extended family networks in African American families. In order to accomplish this goal, the chapter is divided into three sections: (1) a comprehensive description of African American extended family networks, including discussion of reciprocity in families, nuclear family households within an extended family culture, and the different forms of extended family constellations; (2) an exploration of the differences between functional and dysfunctional patterns in African American extended families; and (3) a discussion of kinship care and informal adoption in African American families, which focuses on the benefits of this process as well as its problems, secrets, and clinical implications.

AFRICAN AMERICAN EXTENDED FAMILIES AND KINSHIP NETWORKS

Many African American families function as extended families in which relatives with a variety of blood ties have been absorbed into a coherent network of mutual emotional and economic support (Billingsley, 1968, 1992; Hill, 1972, 1993, 1999a; Hines & Boyd-Franklin, 1996; Logan, 2001; McAdoo, 1981, 1996, 2002). White (in press) has pointed to "the numbers of uncles, aunties, big mamas, boyfriends, older brothers, and sisters, deacons, preachers and others who operate in and out of the Black home" (p. 3). He adds that when Black families are viewed from this perspective, one can recognize the extent to which

> a variety of adults and older children participate in the rearing of any one Black child. Furthermore, in the process of childrearing, these several adults plus older brothers and sisters make up a kind of extended family who interchange roles, jobs, and family functions in such a way that the child does not learn an extremely rigid distinction of male and female roles.

White further emphasizes that use of an extended family model can help family theorists and therapists formulate ways to employ Black family strengths, thus lessening the negative impact of a deficit view of African American family structure.

Reciprocity and the Extended Family Network

For many African American extended families, *reciprocity*—the process of helping each other and exchanging and sharing support as well as goods and services—is a central part of their lives. It has been one of the most important Black survival mechanisms. Stack (1974), in her classic anthropological research, gave some of the most in-depth descriptions of the way in which exchange and reciprocity networks operate in many Black communities. Her ob-

servations are still relevant today. She describes a number of different levels at which family members interact, including "kinship, jural, affectional and economic" factors. This reciprocity might take many different forms, from lending money to taking out "kin insurance" by taking care of a relative's child with the understanding that the same help will be returned when needed. It also takes the form of emotional support, knowing that a relative can be counted on to "share the burden" in times of trouble, and that one will offer such emotional support in return.

An important problem in the reciprocity system in some African American families is the imbalance that can sometimes result in the overburdening of one or more individuals. Therapists need to be especially aware of this potential imbalance since it is not uncommon for an individual or individuals to come to occupy an overly central and depended-upon position in the family network, such as a member who functions as the family "switchboard" through which all messages are conveyed. In these families the extended family may exist in structure, but the exchange of support is imbalanced to the extent that one member may become "burnt out." Thus it is essential that the therapist explore not only the question of whether the extended family support system exists, but also whether it functions in a supportive, reciprocal way.

Nuclear Family Households within an Extended Family Culture

It would be supporting a common misconception to represent most African American families as living continually with extended family members. In fact, a large number of African American families function along nuclear lines, as independent single-family households with either a mother, father, and children or a single parent with children.

These individuals and families, of course, vary in their degree of contact, reciprocity, and involvement with their extended family. This can depend on a number of factors, including geographic proximity and degree of emotional connectedness. These independent nuclear family households often participate actively in the process of reciprocity described previously and are active in their extended families (Hill, 1999a; Hines & Boyd-Franklin, 1996; McAdoo, 2002; White, in press).

For many African American families who live far apart geographically, it is a common practice for one or more family members to serve in the role of "family connector" who writes, phones, or otherwise communicates regularly with different extended family members. Independent nuclear households, even in different parts of the country, are thus kept in contact and updated about births, deaths, marriages, divorces, other significant events, and family gossip.

Some African American families function largely as nuclear families and see very little of their extended kin. Some have established or re-created new networks with friends or by joining a church in their community. Given, however, that the cultural norm for many Black families is at least some regular involvement with extended family members, it is important for the therapist to explore the hypothesis of "emotional cutoff" (Bowen, 1976; Nichols & Schwartz, 1998) with a family who appears to be very isolated. Emotional cutoff can occur when a family or individual severs its relationship with extended family members. It is very rare for this to appear as the "presenting problem" in African American families. Sometimes the acting out or withdrawal of a child may serve to draw a family into treatment and it is only later that the therapist becomes aware of significant losses or cutoffs from the family of origin. Such isolation can occur when individuals and families move up the class, educational, and economic status structure. Chapter 15, on African American middle-class families, discusses this issue in detail.

Different African American Extended Family Models

African American extended families exist in many different forms, with many different structures. These are not rigid or static and may undergo considerable change over time. It would be reasonable to assume that any individual Black person may have participated in a variety of family forms at different times in his or her lifetime. Living arrangements are extremely varied and often extremely changeable in African American extended families, manifesting what Minuchin (1974) and Nichols and Schwartz (1998) have described as "permeable boundaries" (Hines & Boyd-Franklin, 1996). For example, a relative may live with his or her extended family during times of trouble and move out again when he or she is "back on his feet." Therapists must recognize this permeability if they are to understand the true nature of the interactions in these families.

Many therapists have been exposed by now to the concept of an extended family among African Americans. It is significant, however, that just as many express considerable confusion about the various types of extended families. Billingsley (1968, 1992), Hill (1977, 1999a), McAdoo (1981, 1996, 2002), and White (in press) have explored different combinations of kinship relationships. Billingsley's (1968) distinctions help to clarify some of this diversity and are still relevant today (Billingsley, 1992; Hill, 1999a). He divided African American extended families into four major types: (1) subfamilies; (2) families with secondary members; (3) augmented families; and (4) "nonblood" relatives.

Subfamilies or Subsystems

Although their seminal works were written more than 25–30 years ago, Billingsley's (1968) and Hill's (1972, 1977) classic research still offers the most comprehensive description of the different types of African American families.

Billingsley (1968) viewed subfamilies as consisting of at least two or more related individuals. Hill (1977) summarizes these as follows:

> (a) The "incipient" extended family, which consists of a husband–wife subfamily with no children of their own living in the household of relatives;
> (b) the "simple nuclear" extended family, which consists of a husband–wife subfamily with one or more own children living in the household of a relative's family;
> (c) the "attenuated" extended family, which consists of a parent and child subfamily living in the house of a relative. (p. 33)

Because of the economic realities facing many Black families, the involvement of subfamilies is extremely common. This type of extended family often confuses clinicians because they are constrained by their own narrow definition of a "home" or a "household." It is very common for this type of extended family to be spread over many households that live in the same building, next door to one another, or very close by.

The first example given by Hill (1977) is a very common structure in the initial young-adult phase of the family life cycle (Hill, 1999a; Hines & Boyd-Franklin, 1996). A young couple (who may or may not be legally married) may live in the home of the man's or woman's family of origin until they can "be on their own" financially. This is particularly common in situations in which a teenager or young woman becomes pregnant.

Over time, this initial situation can extend to a whole nuclear family unit living within a larger extended family household. Often there is more than one subfamily within the broader household. The case of the Colt family illustrates this pattern.

Mr. and Mrs. Colt had married very young and had two daughters, Angie (age 35) and Alice (age 40). Alice had become pregnant at age 17 and her son, Clarence, had been raised as part of the Colt family. Alice and Clarence had always lived within the extended family household.

The younger daughter, Angie, had left home at age 20 at the time of her first marriage. When she was divorced 3 years later, she returned "home" to her mother's house. Three years later, she began dating Manny. They married a year later and were given a floor in her mother's house. At present, Angie, Manny, and their two children (ages 5 and 2) are part of this large extended family household.

It is extremely important to ask African American families where they are living and also to ask them to describe their living arrangements. Many poor African American families are forced by their economic circumstances to "double up" in situations that create overcrowding and lack of privacy. Therefore, defining the boundaries around the spouse subsystem (Minuchin, 1974) or the subfamily becomes very difficult. The following case provides an example.

Carl Brown (age 12) was referred to our clinic for acting-out behavior in school, truancy, and fighting with other children.

Mary Brown and Earl Stetson had been living together with Ms. Brown's two young children (ages 12 and 5) for 3 years. After a fire in their apartment, they were forced to move in with Ms. Brown's mother and her two adolescent children (ages 18 and 17). This apartment had two bedrooms, a living room, a kitchen, and a bathroom. Ms. Brown and Mr. Stetson were given a small bedroom that they shared with her two children. The two teenagers had to sleep in the living room.

Both Ms. Brown and Mr. Stetson described the living arrangement as a nightmare in which they had no privacy. They could not discipline their children or raise them in terms of their own lifestyle. There was a constant bottleneck in the kitchen and in the bathroom.

Carl and the other children were all furious with each other because of the disruption in their lives. When the family was asked what the problems were, they all focused immediately on their living situation.

Secondary Members

Hill (1977) has identified a group of extended families who take in different relatives or "secondary members": (1) "minor relatives" (e.g., nieces, nephews, cousins, grandchildren, siblings under age 18); (2) "peers of the primary parents" (e.g., cousins, siblings close in age to the primary parents); (3) "elders of the primary parents" (e.g., grandparents, great-grandparents, aunts, uncles); and (4) "parents of the primary family" (p. 34). Hill (1999a) further points out that many of the dependent secondary members in African American families are grandchildren and great-grandchildren.

There are endless examples of African American extended families containing "secondary members" (Hill, 1977, 1999a). The vast majority of these family members are children (Boyd-Franklin, Steiner, & Boland, 1995; Hines & Boyd-Franklin, 1996; McAdoo, 2002; White, in press). These situations are discussed in more detail in a later section of this chapter on kinship care and informal adoption. Here, the focus is on adult "secondary members," who fall most commonly into the following three categories: (1) peers of the primary parents, (2) elders of the primary parents, and (3) parents of the primary parents. An example of this arrangement is provided by the next case.

Jo Ann was 18 when her mother died. She was the youngest of three children. Her older siblings Anna (age 28) and Calvin (age 30) lived with their own families. Anna felt that Jo Ann was too young to "live on her own," so she asked Jo Ann to live with her, her live-in boyfriend, and her two children (ages 5 and 3).

Some adults move in with extended family when they are "between jobs," "between relationships," or following a divorce. Because of the problems of job discrimination, chronic unemployment, and cost of housing, this is a common occurrence.

Jimmy (age 35) was a divorced man who had a history of long periods of unemployment. He had worked as a dishwasher, as a hospital porter, and in a grocery store but had been laid off whenever times were bad. During these times, Jimmy moved in with his sister Janice and her two teenage children. The children had long known that Uncle Jimmy was likely to show up at any time and stay with them for an indefinite period of time.

Black families are far more likely than some White families to take in elderly family members; nursing home care is usually considered only as a last resort. This is particularly true for elderly parents and grandparents, partly because of the long parenting role African American grandparents play in family systems (Billingsley, 1992; Boyd-Franklin et al., 1995; Hill, 1999a; Hines & Boyd-Franklin, 1996; McAdoo, 2002; White, in press). Leisurely retirement is rare; the African American elderly must be really physically incapacitated to warrant hospital rather than home care. What often happens is illustrated by the following case example.

Ellie (age 75) was living in Harlem on the top floor of the home of a friend. She had lived on her block for many years. Her daughter and her family had moved to the South and repeatedly begged her to join them. Ellie insisted on staying in her own home with her friends and in the neighborhood where she had lived for 50 years.

During a visit to her daughter, Ellie suffered a stroke. Her daughter took in Ellie and she became a part of their household.

Augmented Families

A smaller but significant number of African American children are being raised in households in which they are not even related to the heads of these households (Billingsley, 1992; Hill, 1977, 1999a; Hines & Boyd-Franklin, 1996; White, in press). It is also very interesting to note that a large proportion of nonrelated individuals living with African American families are adults, including roomers, boarders, lodgers, or other long-term guests. Hill (1999a) has discussed the fact that some African Americans live with families with whom they have no biological relationship. This is a very important piece of information for a therapist who is attempting to build and/or contact a network for an adult African American patient who may have been discharged from a psychiatric hospital or who may be homeless. This "taking in" of adults and children has been a way that Black families have augmented their incomes and shared limited living space.

Nonblood Relatives

One distinction between African American and some other cultures that share the extended family pattern is the presence and importance of individuals who are not related by blood ties but who are part of the "family" in terms of involvement and function. Stack (1974) referred to these family members as "fictive kin." These "fictive kin" might include "play mamas," "play aunts," or "play uncles," godmothers and godfathers, babysitters, or neighbors (Billingsley, 1968, 1992; Hill, 1999a; Logan, 2001; McAdoo, 2002; White, in press).

I remember that as a child in my own family, I was not allowed to call adults by their first names without using the title "aunt" or "uncle." My parents' close friends were treated as part of the family. It was not until I was about 6 or 7 that I began to make clear distinctions between these "aunts" and "uncles" and my blood relatives. Godparents are often very important in African American families. My own godmother had been my mother's best friend since childhood, and she was extremely close to our family and played a very special role in my growing-up years. She provided the little extras, such as gifts that my parents could not afford.

In addition, the large proportion of nonrelated individuals living with African American families that was mentioned under the heading "augmented families"—roomers, boarders, lodgers, or other long-term guests—could also be included in this category, with the distinction that while some of these relationships are transient, individuals may live with a family for many years and eventually be accepted as part of the family. My paternal grandmother, whose family came originally from North and South Carolina, moved to Harlem and over the years frequently took in boarders. Many of these were young women from her hometown who were new to the "big city." These women became part of her "extended family" and would often come back to visit her with their own children.

Neighbors, close friends, babysitters, and former babysitters are also important extended family members in many African American families. These individuals often become "play mamas" or "play aunts" to children (White, in press).

The Role of Family Reunions in Many African American Extended Families

Family reunions have long served a function of bringing together extended kin in African American families who may not see each other regularly (Boyd-Franklin et al., 2001). There has been a resurgence of interest in this time-honored family ritual since the publication of Alex Haley's (1977) book *Roots*. Some families have constructed a "family tree" that includes special pictures and memories. Some have interviewed older "family historians" who know the background and generational connections of the family.

As in many other cultures, family reunions can take many forms and serve many different functions. Weddings and funerals provide impromptu reunions in which connections are renewed and maintained. Once a year or every few years some families gather in a central, convenient location or return to their hometowns in the South. Often for children raised in northern or western cities, these returns to the South offer a rare glimpse of the growing-up experi-

ences of their parents and their grandparents. Although family reunions vary considerably according to family style and traditions, there are some common experiences. One is the central and unifying role of food. Everyone participates in the cooking, and platters of turkey, ham, fried chicken, candied yams, potato salad, collard greens and ham hocks, black-eyed peas and rice, and so on abound. Some families with strong religious backgrounds will focus a part of their reunion around reconnecting with their home church or "spiritual roots." Attempts are made to bring everybody home, and often money is pooled to help pay the travel expenses of those who could not otherwise attend. Many African American families with strong Afrocentric beliefs (see Chapter 8) pour a "libation" (usually water or another drink) to the ancestors, an African ritual that honors the ancestors and the older generations in the family who are now deceased.

In some African American families, these reunions do not begin until the death of a very central family member who may have served as the family's "switchboard" or "connector." Often families will then perceive a vacuum for which the ritual of the reunion begins to compensate.

In any case, these reunions are special joyous occasions that provide a very welcome emotional and spiritual refueling for all generations. They bring together the young, middle, and older generations and give all a sense of their roots and family continuity.

It is important for therapists to be aware of this ritual in African American families. In some families where geographic distance has created isolation, the ritual of a reunion can sometimes be prescribed or recommended as a therapeutic intervention to help to rebuild or strengthen family ties, particularly after a major loss.

THE QUESTION OF FUNCTIONAL VERSUS DYSFUNCTIONAL EXTENDED FAMILIES

As has been established above, the presentations of African American extended families may vary considerably. The extended family system can clearly be a source of strength and support in many African American families (Billingsley, 1968, 1992; Hill, 1972, 1999a; Hines & Boyd-Franklin, 1996; Jones, in press; Logan, 2001; McAdoo, 1981, 1996, 2002; White, in press). As family therapists, however, we must be able to distinguish between functional and dysfunctional African American extended families.

Just as there is considerable diversity among African American nuclear families, there are many different types of extended family structures. It is important for therapists to understand how these structures and roles interplay when they are functional and how they become problematic and dysfunctional when they are confused or unclear. It would be doing a great disservice to the African American families we treat if we so glorified the strengths of the extended family that we could not recognize problems when they appear. Once we have a model of what is functional, we have the beginning of a strategy for therapeutic change and restructuring.

Minuchin (1974) and Nichols and Schwartz (1998) have used the terms *enmeshed* and *disengaged* to describe a continuum of family functioning, with enmeshed being the overinvolved end of the continuum and disengaged the extreme of being cut off. Extended families also present along this continuum. In some African American families, the extended network is so enmeshed that extended family members are constantly intruding in the core family's functioning, role relationships, and boundaries (Minuchin, 1974; Hines & Boyd-Franklin, 1996), or at the least rules of participation become blurred. In other families who present with dysfunctional patterns at our clinic, extended family members are structurally present but do not get involved or interact in a supportive way. These families are more disengaged and it often takes a great deal of acting out by the identified patient to bring them in for treatment. Still other dysfunctional families are cut off entirely from extended family contacts, in a state of isolation that often contributes significantly to their presenting problems.

The Functional Extended Family: Clear Boundaries

The extended family model found among the African American population was perceived by some social scientists as somehow aberrant and dysfunctional (Moynihan, 1965; Hines & Boyd-Franklin, 1996). The strengths and positive aspects of such familial systems were lost in the shadow of the "normal" nuclear family model. However, there is growing evidence that extended families are indeed functional family models (Billingsley, 1968, 1992; Hill, 1972, 1999a; McAdoo, 1981, 1996, 2002; McAdoo & McAdoo, 1985; White, in press).

The following case example highlights the basic components that distinguish a functional extended family system from one that is having difficulties.

Joyce, a 25-year-old African American female, grew up within an extended family system that consisted of her maternal grandparents, a maternal aunt and uncle who were married, two nephews, and a younger uncle who was unmarried. All of the married family members had their own living space within the house. Joyce's parents moved into a very large room on the second floor of the home that had an adjoining bathroom. They shared the kitchen with the grandparents, who lived on the first and second floors. Off the kitchen on the first floor was a small room that was occupied by "Aunt" Joan, a close friend of the grandmother, who boarded with the family. She had a job as a live-in domestic with a White family during the week and stayed with Joyce's family on the weekends.

The family was able to have "private" places for each subfamily unit. Children had free rein of the house and interacted with and were cared for by all the adults, but it was also very clear as to who each child's parents were. Although there were kitchens in the top two apartments, the grandparents' kitchen was the

hub of the house. The family table could seat 16 and often did, especially on Sundays and holidays. Joyce often played on the floor of the kitchen with her siblings and cousins while the adult women were cooking.

When Joyce was 2, her mother returned to work and her grandmother took care of her and the other children in the household. There was an interchange of babysitting, children's clothes, maternity clothing, cribs, baby carriages, and so on between the different families.

This combination of separate, private subfamilies in one extended family household and easy sharing and interchange clearly outlines the elements that make an extended family system function well. First, the boundaries were flexible but also very clear (Minuchin, 1974; Hines & Boyd-Franklin, 1996). Second, there was no confusion with regard to who were the parents or executive figures, and thus parental authority was not undermined. The meeting of emotional needs and the availability of a support system for both children and parents are also components important for the functioning of this model. Another important pattern in many African American families is that of informal adoption.

INFORMAL ADOPTION AND KINSHIP CARE AMONG AFRICAN AMERICAN FAMILIES

The terms "informal adoption" (Hill, 1977, 1999a) and "kinship care" (Hill, 1999a; Report to Congress on Kinship Foster Care, 2000) refer to an informal social service network that has been an integral part of the African American community since the days of slavery (see Chapter 12). It began as, and still is, a process whereby adult relatives or friends of the family "took in" children and cared for them when their parents were unable to provide for their needs, whether for medical, emotional, financial, housing, or other reasons. As Hill (1977) has pointed out, "during slavery, for example, thousands of children of slave parents, who had been sold as chattel, were often reared by elderly relatives who served as a major source of stability and fortitude for many Black families" (p. 1). This informal adoption network still serves many vital functions for African American families, such as "income maintenance and day care, services to out-of-wedlock children and unwed mothers, foster care and adoption" (Hill, 1977, p. 3). Today this process has been denoted "kinship care" by the child welfare system. It has become even more common as many African American families struggle with losses due to parental drug and alcohol abuse, AIDS, and incarceration (Boyd-Franklin et al., 1995; Hill, 1999a; Hines & Boyd-Franklin, 1996; Logan, 2001).

Child welfare and social service policies have changed a great deal in recent years. Unfortunately, although many states' child welfare agencies explore extended family members as possibilities for placement, they often do not know enough about African American cultural patterns to go far enough in searching for blood and nonblood supports. African American children are still disproportionately represented in foster care; extended family members who take in children are often given little or no financial support as compared with nonfamilial foster parents; and many states are still struggling to effectively implement "kinship care" policies (Hill, 1999a; Report to Congress on Kinship Foster Care, 2002; Wilson & Chipungu, 1996). (See Chapter 12.)

The original adoption agencies were not designed to meet the needs of Black children. During segregation, Black children could not be placed through adoption agencies (Billingsley & Giovannoni, 1970). Therefore, the kinship care and informal adoption process provided an unofficial social service network for African American families and children, one that was totally unrelated to the official child welfare system (Hill, 1999a; Hines & Boyd-Franklin, 1996).

There are many different reasons why an "informal" adoption might occur in an African American family. Children born out of wedlock are often informally adopted by an older female relative. This is particularly true in situations such as teenage pregnancy where a mother is too young to care for her child alone. Her female relatives will assume some of the responsibility for raising the child. In some circumstances, where the mother is extremely young, Stack (1974) points out that she "may give the child to someone who wants the child, for example, to the child's father, a childless couple or to close friends" (pp. 65–66).

The literature provides a number of useful examples. Hill (1977, 1999a) and Hines and Boyd-Franklin (1996) have all emphasized the importance of parental divorce or separation as a factor leading to informal adoption and kinship care among African Americans. Stack (1974) gives some examples of such situations, all of which illustrate the notable flexibility of the Black extended family to cope with a variety of family structures. This kind of structural flexibility is in response to the changes in familial arrangements due to the breakup of marriage or "consensual union" (Stack, 1974). Children are frequently divided among various immediate and/or extended family members until the custodial parent (usually the mother) is able to take actual custody of them again.

The following case describes a slightly different situation.

> Soon after Flats resident Henrietta Davis returned to the Flats to take care of her own children, she told me, "My old man wanted me to leave town with him and get married. But he didn't want to take my three children. I stayed with him for about two years and my children stayed in town with my mother. Then she told me to come back and get them. I came back and stayed." (Stack, 1974, p. 65)

Hill (1977, 1999a) and Billingsley (1968, 1992) indicate that the death, illness, or hospitalization of one or more of the child's parents is another factor often

leading to informal adoption. Instead of orphaned children becoming state wards, a relative or close friend of the family will "adopt" the children, as in the following case.

Mattie Cornwell had inherited from her mother and grandmother the job of being the switchboard and caretaker of her extended family. When she was in her 70s her two young great-nieces (ages 4 and 6) were orphaned. As their great-aunt and the oldest female in the family, she took the children in and raised them with her husband.

Short-Term Adoptions or Kinship Care Arrangements

The circumstances discussed above are more likely to lead to long-term informal adoption arrangements. There are, however, a number of short-term kinship care arrangements that often arise out of economic necessities, crisis situations, or childcare needs. In situations in which the parent is involved in a new relationship or marriage, the children are sometimes left with grandparents or other relatives until their mother can establish her new home (Hines & Boyd-Franklin, 1996; McAdoo, 2002). Boyd-Franklin et al. (1995) give many examples of short-term kinship care arrangements that occur when a parent with AIDS is hospitalized. These may eventually become permanent informal adoptions with the death of the parent(s). Therapists should also be aware that mothers are often forced to give up their children to the child welfare system when they seek drug or alcohol treatment. Extended family members will often take in the children in order to avoid their placement in foster care if they are contacted in time.

A mother may request that her relatives keep one of her children. An offer to keep the child of a relative has a variety of implications for both child givers and child receivers. It may be that the mother is enduring hard times and desperately wants her close kin to temporarily assume responsibility for her children. Extended family members rarely refuse such requests to keep one another's children; likewise they recognize the right of kin to request that children be raised away from their own parents (Billingsley, 1968, 1992; Hill, 1972, 1999a; Hines & Boyd-Franklin, 1996; Logan, 2001; Stack, 1974). Individuals allow extended family members to create alliances and obligations toward one another, obligations that may be called upon in the future.

Hill (1977) points out that "many children are often taken in by relatives simply because they wanted a child to raise" (p. 49). Sometimes this is prompted by a fear of being alone in old age. Other individuals and families are unable to have children of their own and may want to adopt a child. Often a teenage pregnancy or the addition of another child to a financially overburdened family may prompt an informal adoption.

Bessie (age 40) and her husband Howard (age 42) had been married for 12 years. They had been trying to have a child for many years and had gone through extensive infertility testing. They were considering adoption when they received a call from a cousin in Georgia telling them that a younger cousin was pregnant. Both of her parents worked and were unable to care for the child and they were concerned that having a baby so young would drastically alter their daughter's life. Bessie and Howard offered to adopt the child right after birth. They traveled to Georgia, picked up the child, and raised her as their own.

Short-term kinship care or informal adoption can also become an extension of already existing daycare services provided by African American extended family members in order to permit a parent to go to work, school, or a training program (Hill, 1977, 1999a; Hines & Boyd-Franklin, 1996). A similar common scenario is the result of the strong educational orientation of most Black families (Hill, 1972, 1999a; Hines & Boyd-Franklin, 1996; McAdoo, 1981, 1996, 2002; McAdoo & McAdoo, 1985). Tremendous sacrifices are often made to permit a child to go to or live closer to a good school. In some circumstances, a child will live with relatives closer to the desired school during the week and return home on the weekends.

Problems Presented by Kinship Care and Informal Adoptions

There are a number of levels on which informal adoptions can present problems in some African American families. The last part of this chapter discusses the secrets that can arise in Black families surrounding issues often related to informal adoptions. These secrets can be very harmful to family relationships and can persist for many generations.

Another level of conflict has to do with the perceptions by different family members of the duration of the kinship care or informal adoption. For example, as stated above, children are sometimes placed with a family member after a death, a hospitalization, a separation, or a divorce. Often the family member who takes in the child does so with the belief that the adoption will be permanent, or the process of adoption is left ambiguous. If, at a later point, the natural parent reclaims the child, this can present heart-wrenching problems. The following case example illustrates this common dilemma.

Karima (age 12) was referred for treatment by her guidance counselor. She had been a good student until this school year when her grades began to deteriorate rapidly and she seemed very preoccupied. Mrs. Bond, her grandmother, brought her for therapy at the school's request.

The following history emerged. Karima's mother had died when she was 3 years old. Her father, Mark Bond, who worked as a teacher and had an active social life, felt that she would be cared for best by his mother, Mrs. Bond. In the last year Mark Bond had remarried, his new wife was pregnant, and at her urging he was beginning to try to "bring his family together" by taking Karima to live with him. Mrs. Bond began to panic. She lived alone, loved her granddaughter, and was very threatened by her loss. Karima felt caught. Her loyalty was torn. She became sad and depressed and reported that she loved both her father and her grandmother.

The therapist asked for a session with Karima, her grandmother, and her father. Both Mark Bond and Mrs. Bond seemed very angry with each other and tense. They each engaged in a process of trying to get the therapist on "their side." Karima, sitting in the middle, burst into tears. The therapist asked her to come out of the middle and sit next to her. She asked the father and grandmother to talk with each other about the issue of where Karima should live and what was best for Karima. They found it very difficult to focus on this issue and continued to insult each other. Mrs. Bond accused her son of "dumping his daughter on her" when he needed to and now he was "tearing her heart out" by taking her away. Mr. Bond accused his mother of stealing his daughter's love and turning her against him.

The therapist persisted and pointed out that this battle was "tearing Karima apart." She asked if they could put their own issues aside long enough to decide what might be best for her. A number of sessions were necessary before they could successfully negotiate an arrangement in which Karima would continue to live with her grandmother during the week and go to her same school. She would visit her father on the weekends.

This case has much in common with custody battles between divorcing parents, in which the angry issues between the couple are acted out over the issue of custody of the child. In "informal" adoption situations it is more complex because the biological or natural parent often has legal guardianship in the eyes of the law. It is a very recent notion in the eyes of the court to establish the question of "psychological bonding" in these complex situations and to allow extended family members to become legal guardians.

Often family therapists can find themselves in the middle of complex custody battles surrounding informal adoption in African American families. This is often complicated by child welfare agencies attempting to clarify or formalize this process. In the following case example, the therapist was asked by the state child welfare agency to make a recommendation regarding custody. He found himself faced with an impossible, Solomon-like problem.

The Elison family was referred by their state child welfare agency for evaluation. Rashan, age 5, had been raised since he was a 1-year-old by his grandmother, Fanny Elison (age 45). She had taken in her grandchild at that point because her daughter Clessy Elison (age 25) had been neglecting him. Clessy had been a heroin addict and had often neglected the care of her child as her craving for drugs increased. She had entered a drug treatment program and claimed to be "drug-free." Clessy had been involved with Rashan inconsistently for many years. In the last 6 months, however, she had been taking him each weekend. Fanny Elison reported that her daughter frequently returned Rashan to her in a dirty and disheveled state after these weekend visits. She also claimed that Clessy's live-in boyfriend was a drug dealer who had gotten Clessy "hooked on cocaine." Clessy Elison denied this and accused her mother of trying to take her son from her.

The therapist, in the course of Rashan's evaluation, met with many different subsystems in the family. He interviewed Rashan, Clessy Elison and Rashan, and

Fanny Elison and Rashan and determined that the child was fond of both "parents" and got along well with both.

A number of sessions were scheduled with Fanny and Clessy Elison to discuss the issue further. Each managed to cancel repeatedly. Finally, with the intervention of the child welfare agency, a session was scheduled at which both appeared.

The therapist and his supervisor met with both family members. Both Fanny and Clessy Elison were obviously angry but very "cold" toward each other. They each chose seats as far from each other as they could in a small room.

Initially the grandmother accused her daughter of being on cocaine and neglecting her son. They had a number of angry arguments about her lifestyle. The therapist pushed them to talk together about Rashan and observed that in his separate sessions it was clear that he loved both of them very much. Fanny Elison told her daughter in a very emotional way that she did not want to "keep her from her son," but that she was very worried about his safety and care. Clessy was able to answer that she never felt that her mother would let her "make up" for past mistakes.

They agreed to work together to try to establish the best living arrangement for Rashan. The grandmother offered to try to help Clessy regain custody by working with her on parenting skills.

In an ideal world, the treatment might have ended on that note. However, approximately 2 weeks later, Fanny Elison appeared very angry when she arrived for the session. She raged at Clessy and told her that Rashan had reported to her that he had seen his mother take drugs in her home. Clessy angrily denied it. Fanny demanded that her daughter leave her "drug-dealing boyfriend" immediately. Clessy refused.

The therapist, who was also becoming very concerned about the presence of drugs in Clessy's life, proposed a compromise. He asked Clessy if she was willing to go into a drug counseling program. She agreed. Fanny Elison agreed that if her daughter gave up drugs she would work with her to share parenting responsibilities. Clessy went for one meeting with her counselor but dropped out of the program when she learned that she would have to be tested regularly for the presence of drugs in her system.

Clessy then dropped out of therapy. Fanny Elison continued to come for family sessions with her grandson for a number of weeks and was helped to work out a series of visitation agreements with her daughter and grandson, in the grandmother's home, that did not put his well-being in jeopardy.

This case was a very problematic one for the therapist on a number of levels. First, it forced him to face his own value issues regarding the "best interest of the child," particularly regarding the question of drugs. Second, his ideal resolution—that is, a gradual return of custody to the mother with the grandmother helping her daughter to assume appropriate parenting responsibilities—did not occur. Third, the therapist felt pressured by the child welfare agency, the court, the grandmother, and the mother to make a recommendation. He was thus torn between his goal of keeping the child in touch with both parental figures as sources of love and caring and the desire not to place him in a situation that was detrimental to him.

With his supervisor's help, the therapist was able to extricate himself from these complex demands and place the responsibility for the decision on the family. Attempts to negotiate a solution failed and the mother made her own choice to withdraw. Ultimately the court made the decision to award custody to the grandmother but to allow the mother to continue to visit her son regularly.

The therapist in such situations must work to avoid the temptation that results from the varying pulls of the family system and the child welfare or legal system to "play God." Ultimately the responsibility must be placed on the family members to set clear limits for each other and to renegotiate complex custody arrangements that may have begun as informal adoptions.

Secrets about Informal Adoption and Parentage: Clinical Implications

As a result of the informal adoption process, a member of the extended family may have raised a child whose parents were unable to do so. In some cases, this is known by all family members, including the child, and the child often sees his or her natural parents while growing up. In such families, although the child may have been told who his or her real parent is, there may be another secret kept from the child—for example, the real reason why he or she was given up or "taken in." Sometimes there may also be secrets about the parent's present lifestyle. The following case offers an example of this.

Mrs. Gifford, a 65-year-old maternal grandmother, sought treatment for her 11-year-old grandson, Kasim. In the last year, Kasim had become increasingly depressed, sad, and withdrawn. Finally, his school had suggested that Mrs. Gifford seek treatment for him. Kasim had lived with his grandmother since he was 1 year old. Prior to that time, he had lived with his mother. Mrs. Gifford had become concerned when she had visited her daughter and found that she was neglecting Kasim. Since his father had never been a part of his life and Mrs. Gifford was his closest relative, she took Kasim in and raised him herself. His mother, Ayana, had been in and out of his life over the years and lived in the same city but on the "other side of town."

In the last year, Mrs. Gifford reported that Kasim had begun to ask why he was not living with his mother and why she had left him. He wondered if he was to blame or if there had been something wrong with him. After careful inquiries by the therapist, he was able to share with his grandmother that other kids often teased him about his mother. Mrs. Gifford became visibly anxious when this issue was raised. The therapist finally arranged to see her alone and discovered that there was a "family secret" that she was afraid to share with Kasim: his mother had been a drug addict since her teenage years and had also engaged in prostitution to support her habit. Mrs. Gifford had not wanted Kasim to think badly of his mother and so she had never told him about her life. The therapist helped Mrs. Gifford to see that Kasim was at an age when a child naturally begins to inquire about his roots. She also discussed with the grandmother the fact that the "grapevine" in their part of the city was very strong, and Kasim probably had learned a great deal about his mother from the other children.

She agreed to have a session with Kasim and the therapist to discuss this issue further. In the family session, the therapist encouraged Mrs. Gifford to find out what Kasim had heard from the other children and what they teased him about. She was shocked to discover that other children had called his mother a "hooker" and a "drug addict" and that Kasim had kept this inside for some time. Both family members were carrying the burden of this secret. She was then able to ask Kasim if he had questions for her. He immediately asked why his mother had left him. Mrs. Gifford explained the circumstances and was able to help Kasim to understand that he was not with his mother because of her lifestyle and not because of any flaw in him.

In a subsequent session, the therapist asked that Kasim's mother attend together with Kasim and his grandmother. In this session, the therapist learned that in the last year Kasim's mother had begun to feel guilty about leaving him for so long and had started to see him more often. She had become anxious when Kasim had asked why he couldn't live with her and had been making vague promises to him that he could join her at some point in the future.

The therapist clarified the situation by demonstrating that this "mixed message" was harmful to Kasim. She encouraged Mrs. Gifford and Ayana to discuss the realities of her life situation and work out a regular visitation schedule for Kasim. Ayana shared her guilt with her mother openly for the first time and acknowledged that Kasim could not live with her. They agreed that he would continue to live with his grandmother but that Ayana would visit him regularly every Saturday. Ayana was then asked to discuss this openly with Kasim, who had been observing this discussion. Tearfully she told him that she loved him but that she was confusing him by telling him that he would live with her. She discussed with him the decision that he would live with his grandmother but that she would visit him every week.

Kasim cried also but appeared visibly relieved. In subsequent months, his depression lifted and he began to reengage with his friends.

This type of secret, which is in fact "known" by all the parties (and by the community), can be particularly toxic because of the energy that is involved in "protecting" the family members from this knowledge. The "grapevine," or informal communication network, in African American communities is very strong. The following case is another example of a complicated family secret concerning an "informal adoption."

George Kent was a 7-year-old African American boy who had been informally adopted by his aunt when he was 6 months old. His mother had "dropped him on her doorstep" one day and never returned. Olivia Kent, his aunt, had raised him along with her own children, Carol (age 20), Ivy (age 15), and Althea (age 12), and Carol's son, Billy (age 5). There had never been any formal discussion in the family as to George's real relationship to the other family members. George had begun to act out and fight at school and at home shortly after the family had been visited by a representative of the local child welfare department. George's mother, an alco-

holic, had died in a local hospital. Prior to her death she had told her social worker about Olivia Kent and George. The child welfare worker informed Ms. Kent that George was now under the guardianship of her agency and a decision must be made as to whether he would remain with Ms. Kent.

This caused a major disruption in the family. Ms. Kent petitioned formally to adopt George but his acting-out behavior had raised questions as to the suitability of his placement in her home.

At the point at which Ms. Kent arrived with George for her first session at our clinic, it was clear that both of them were very frightened and angry about these developments. The therapist helped Ms. Kent to talk about the circumstances that had led up to this dilemma and helped her to discuss this openly with George. George then told her that he had always wondered why he looked different from her other children (he was darker skinned) and that Billy had often teased him about this. He shared that he was very frightened of having to leave.

Mrs. Kent arranged a meeting of all the members of her household with the therapist to discuss the situation. She told them the "secrets" in George's history and asked their support for keeping him. All of the family members were surprised to hear that there was any question of his remaining in their family. A meeting was arranged by the therapist with the child welfare worker and the family to clarify their desire to formally adopt George. He beamed throughout this session. The therapist subsequently wrote a number of letters for the family documenting the "bonding" that had occurred between George and his "family."

Ms. Kent was then able to discuss openly with George the fact that she could not tolerate his acting out at home or in school. He had been "spoiled" by the family and allowed to "get away with" a great deal. She set clear rules for him at home and enlisted the aid of his older "sisters" to enforce these rules. His behavior at home and in school dramatically improved.

Secrets Regarding Fatherhood

There are many issues concerning fatherhood that may become secrets in some African American families. For example, in the following case example, a child was raised by a stepfather and was never told the "secret" of his true paternity.

The Brown family was referred for treatment because their son Michael (age 13) had been acting out, was aggressive with peers in school, often talked back to his mother and father, and broke his curfew. The Brown family consisted of Mr. Brown (age 40), Mrs. Brown (age 30), Michael, and two younger siblings, Milton (age 9) and Karen (age 5). Mr. and Mrs. Brown reported that Michael had always respected them until the last year. Since then he had been "running wild," "talking back" to them, fighting at school, and so on. They felt helpless to control him. In the family sessions, Mrs. Brown was the family spokesman and the person who sat closest to Michael. Mr. Brown seemed to alternate between being peripheral and becoming involved in an angry, intrusive way with Michael. The parents clearly disagreed with each other about discipline and limits. The mother was overindulgent of Michael and overinvolved with him. Therefore, the therapist decided to

put the father in charge of Michael. The family resisted this process for a number of weeks. Finally, the therapist confronted the parents about this resistance. They became uncomfortable and Mrs. Brown actually looked alarmed. The therapist, sensing that this was an issue between the parents, drew a boundary and asked the children to leave the room. Tearfully, Mrs. Brown explained that she had become pregnant with Michael as an unwed teenager at the age of 17. Her family had been embarrassed and angry at her because they had wanted her to go to college. They had hidden the "secret" of Michael's birth and had never discussed it, Shortly after his birth, Mrs. Brown met and married her current husband, who had raised Michael as his own. The other two children were his.

Mr. Brown explained that Michael had always been an issue between them. She had protected and spoiled him and had never really allowed Mr. Brown to be a "real father" to him. Both Mr. and Mrs. Brown agreed that Michael sensed that he was different from the other children. He did not look like anyone else in the family and had once angrily asked if he was adopted.

With the therapist's help, Mr. and Mrs. Brown were able to discuss how this secret had affected the way in which they had raised Michael and their inability to work together and parent him together. They finally decided to raise the issue with their son and to be clear with him that emotionally they were both his parents. The children were called back into the room and Mr. and Mrs. Brown discussed with Michael this "secret." Mr. Brown was able to share with him the fact that he had accepted him long ago as his son. Michael and the other children looked at each other often during this report. When the therapist inquired as to what was going on between them, Michael reported that a cousin, who had stayed with the family the previous summer, had implied that he was an "outsider" but had never told him the details.

In future sessions, the therapist was able to restructure the family by asking the mother to encourage Michael and Mr. Brown to spend time alone together in order to develop the relationship between them. Both parents were able to talk openly about setting clear limits for Michael without this toxic secret between them.

Another type of fatherhood secret may have to do with other children, another family, or another woman in a father's life. Like the secrets discussed above, these issues may be known on some level, but either denied or never discussed by family members. In many cases, these issues surface only when there is a family crisis or a major loss, such as a death of the father. The following case illustrates this dilemma.

Connie Jones, a 40-year-old Black woman, had come for treatment requesting help for her son Darryl, age 15. Darryl had two other siblings, Mary, age 10, and Robert, age 9. Their father had died suddenly in a car accident 6 months earlier. Darryl had been very angry and had been acting out since his death. He stayed out late at night, was truant from school, and was often angry and hostile toward his mother. Darryl had had a very problematic relationship with his father prior to his death and had taken his loss "hard." It was clear that the whole family was struggling with this loss and had never fully mourned or shared their pain.

In a family session, the father's death was discussed. Darryl reported that his father had really "done wrong by them." At the funeral, another woman had appeared with a child 2 years younger than Darryl and reported that this was his father's child. Darryl was furious. His mother reported that she had heard rumors about her husband's secret life but had never really confronted him or let the children know. Darryl was finally able to tell his mother that he had felt betrayed at having to find this out at a time like that (i.e., during the funeral). He was angry at his father and at her. Once this issue was discussed openly by Mrs. Jones with Darryl and the other children, they were able to talk openly about their hurt, their anger, and their sadness at the death of their father. The family's mourning process could then begin.

Bowen (1976) has discussed the emotional shock wave that a death can precipitate in a family. In many Black families, funerals are particularly emotionally loaded because they are a time when these kinds of secrets often surface. By helping the family to openly discuss their hurt and anger, an issue very central, painful, and harmful to family functioning was defused and they could begin to support each other through the mourning process.

The Discussion of "Secrets" in Family Therapy with African American Families

Family therapists have been known to err in one of two directions in relationship to family secrets with African American families. One type of error involves opening up these secrets prematurely before a bond of trust has been established. The other type of error has often been made by well-meaning therapists who have been exposed to the cultural issues related to "dirty laundry." Some of these therapists have therefore been afraid to open up such issues for fear of "losing the family." Clearly, the key issue here is one of timing. It is essential that the therapist join with the family well so that a bond of trust can be formed. This creates an atmosphere in which even the most difficult issue can be raised. The therapist can then make a decision as to which "secrets" need to be opened and explored. This need for a careful joining with Black families is crucial to overcoming resistance and to successful treatment.

This chapter has explored the diverse extended family patterns and the role of informal adoptions that are so central to the lives of many African American families. Within these complex kinship networks, it is extremely important that roles be both flexible and clear. Sometimes, however, these roles can become blurred or confused. The next chapter will explore in detail the issue of role relationships in African American families.

4

Role Flexibility and Boundary Confusion

Role relationships are very complex in many African American families, particularly those with an extended kinship system. This chapter explores different aspects of those roles, including (1) role flexibility, (2) the roles of fathers in African American families, (3) mothering roles in African American families, and (4) the grandmother role. While this role flexibility is clearly a strength in many families, it can lead to role confusion and boundary problems in some of the African American families who come for treatment. The last part of this chapter explores such problems as the "nonevolved" grandmother, the three-generational family, and the parental child.

ROLE FLEXIBILITY

There is a great deal of reciprocity and role flexibility within both nuclear and extended African American families. Hill (1972, 1999a) refers to this flexibility as the "adaptability of family roles." It was his work that described this flexibility as a source of "strength and stability." Because of the economic realities faced by many African American families, role flexibility developed as a survival mechanism. In order for both parents to work, Black women have sometimes had to act as the "father" and Black men as the "mother." The previous chapter has already established that other relatives such as grandmothers, grandfathers, aunts, uncles, cousins, and so on, may assume parental roles. In addition, when all of the adults are working, children are often required to assume "parental child" roles necessary for family survival (Minuchin, 1974; Nichols & Schwartz, 1998).