Defining exactly what one means by “the family” can be difficult. While no single legal definition of the family exists, policymakers at both the state and federal level generally classify individuals as family members if they are related to each other by virtue of blood, marriage, or adoption. Relationships that are not based on one or more of these criteria usually do not receive state recognition or sanction. Yet few people would argue with the idea that family is based on something more than legal or biological ties and that feelings of connectedness and emotional attachment are crucial to the experience of family. It seems likely, then, that both biological ties and social attachments define the family.

What remains unclear, however, is the extent to which biological and social definitions compete or coexist. That is, although both definitions may inform a person’s conception of the family, it is not necessarily true that both definitions will be equally or consistently embraced. People may vacillate between the two conceptions of family, sometimes seeing family as primarily biological, sometimes as primarily social, and sometimes as both.

Understanding how family is defined is increasingly important as individuals and policymakers wrestle with the implications of divorce and remarriage, single parenthood, gay and lesbian marriage and parenting, infertility technologies, and the potential outcomes of human cloning. Moreover, given that social and technological changes continue to precipitate changes in the structure and meaning of family, understanding how individuals choose between definitions of the family is crucial. Yet, it is unlikely that we will come to understand individuals’ choices if we do not first comprehend, in a systematic way, the range of choices with which they are faced.

A continuum of definitions
Based on my ongoing research, I am proposing a conceptual framework that describes variations in the way family is defined in U.S. society. Specifically, I argue that definitions of the family vary along a continuum with biological conceptions on one end, social conceptions on the other, and feelings of ambivalence—an inability or unwillingness to choose between biological and social definitions—characterizing the area between the two poles.

While some individuals will align themselves with the far ends of the continuum, thereby embracing a predominantly biological or social definition of the family, many people will embrace both definitions to some degree, thus occupying various
Policy, Gender Power, and Family Outcomes

by Dr. Lynn Prince Cooke, Department of Social Policy and Nuffield College, Oxford University, United Kingdom

Since the 1960s, concern has been growing over rising divorce rates, declining fertility, and more children being raised in poverty in single female-headed households. To reverse these trends, some urge a return to the traditional male-breadwinner family structure at its zenith during the 1950s. Based on cross-national comparative analyses reported here, however, support for the traditional family model does not appear to be the solution.

Instead, the evidence overwhelmingly suggests that policy encouraging gender equity encourages population and family stability. In other words, gender equity represents more than a feminist ideal; it proves essential for sustaining healthy post-industrial societies.

The question of women’s economic independence

Central to the family debates is the desirability of women’s rising economic independence from a male breadwinner, whether via employment or state transfers. On one hand, women’s greater economic equality with men (theoretically) encourages men’s greater involvement in the domestic sphere. On the other, women’s greater independence reduces the need for kinship ties and increases the “opportunity cost” of children, thereby (theoretically) encouraging the demise of family. Repercussions of these possibilities ripple throughout society and the state.

To compare these dynamics across societies, I extend Blood and Wolfe’s classic model to incorporate policy effects on women’s relative power in the family, and link the household division of paid and unpaid labor to family outcomes. The two key empirical questions are: first, does policy affect gender equity within the home? And second, does gender equity affect family outcomes?

I have tested the model across nine industrialized societies: Australia, the former East and West Germany, Great Britain, Hungary, Italy, Spain, Sweden, and the United States. The countries vary in the degree to which policies support a male breadwinner versus a dual-earner model.

The effect of female employment

In my analyses, I take advantage of two natural experiments to assess policy effects on the division of labor on couples within a country. The first assessment is of the former East and West Germany. After World War II, West Germany implemented policies in support of a male-breadwinner model that discouraged female employment. Socialist East Germany implemented extensive provisions to encourage female employment.

I selected couples that married for the first time between 1985 and 1995 and followed them until 2000 to see how the cohort of newlyweds negotiated marital life during economic unification. Since unification, East German women no longer command the relative resources they did under socialism. About half of the women in both the East and West samples are out of the labor force, and women who are employed in both regions tend to work full-time.

To the extent individual resources predict the division of domestic labor, it should also now be similar across the two regions. Yet this is not the case. Controlling for women’s employment and earnings, East German men assume a substantially greater percentage of household tasks. This supports the thesis that less than 50 years of divergent policies significantly alter the gendered division of labor among people who share a common socio-cultural past.

The evidence suggests that policy encouraging gender equity encourages population and family stability.

The effect of divorce law

The sensitivity of household bargaining to policy differences is assessed further with an analysis of inter-state variation in the division of housework among U.S. couples. In the United States, family laws vary from state to state, which means that women’s access to economic resources in the event of marital dissolution also varies. Access depends, for example, on the community property laws and child support enforcement.

Variation in these policies affects each partner’s relative power derived from their respective alternatives to the marriage, that is, the extent to which either person is better or worse off in the event of a divorce. Analyses using the National Survey of Families and Households support the thesis that in states where the law improves a woman’s economic prospects post-divorce, the husband’s share of domestic tasks is substantively and significantly greater. Some state laws have been enacted only within the past few years, so policy effects on the household division of labor emerge quickly. Policy effects are similar, albeit more muted, for cohabiting couples.

Division of labor and fertility

The second element of the framework connects the household division of labor with family outcomes. Most evidence suggests less evolution in domestic gender roles than would be predicted by the change in relative resources associated with women’s employment. While the evolution proceeds slowly, the pace is no reflection of the relative importance of effects. Greater gender equity in domestic tasks leads to greater fertility and more stable relationships.

The effects of the division of domestic tasks on fertility have been assessed in East and West Germany, Hungary, Italy, Spain, Sweden, and the United States.

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points between the two ends. As individuals approach the poles, they will likely lean toward one definition even while giving credence to the other.

At the center of the continuum, both social and biological definitions will be embraced more or less equally and with very little tension. Just to either side of the center, however, will be those individuals who are struggling to choose between social and biological definitions. These individuals feel compelled to make a choice and their struggle produces definitional conflict.

**Definitional coexistence and conflict**

Viewing definitions of the family as existing on a continuum enables us to understand how biological and social definitions can both coexist and conflict. To the extent that biological and social definitions are opposites, they may conflict with one another. Legally, we see this conflict each time a former stepparent loses custody or visitation rights to a child because there is no genetic relationship with the child.

Yet, even though biological and social definitions of family are often on opposite ends of the continuum, they can, and often do, coexist. For instance, when same sex couples seek to adopt a child or to create one using fertility techniques such as artificial insemination, in-vitro fertilization, and surrogacy, they generally must accept that only one of them will be genetically and legally related to the child. The other partner becomes a social parent—a parent in practice but not in law. In this case, biological and social definitions coexist with relatively little tension.

The continuum also helps illustrate definitional ambivalence—although it is possible for co-occurring biological and social definitions to be equally embraced, they may not be. Individuals may use both definitions simultaneously, yet favor one over the other; people may have difficulty determining which definition of the family is the most meaningful for them; or people may favor different definitions in different situations and at different times.

Definitions of the family may, in other words, be fluid, coexisting but in different degrees under different circumstances. Thus, gay and lesbian couples, for instance, may embrace both biological and nonbiological definitions during their relationship, only to abandon them upon a breakup. The continuum I propose enables us to conceptualize this ambivalence.

**A common point of reference**

The idea that people embrace both biological and social definitions of the family in varying degrees may seem obvious, even trivial, but it is neither. Although scholars recognize that definitions of the family are expanding, no study has offered a framework for understanding variations in family definitions. Yet, without such a framework, attempts to understand the changing nature of the family will lack coherence. 

Mellisa Holtzman, Ph.D.

A definitional continuum provides a common point of reference for research on a whole host of family issues, including the reasons for and implications of fertility technologies; the legal and social ramifications of gay and lesbian marriage; the rights of parents, stepparents, and even grandparents to have visitation with minor children; and the policy implications of sealed versus open adoption records.

Although the research upon which this continuum is based is still preliminary and will need to be explored further in the future, it is through this kind of a framework that we will be better able to contextualize variations in family definitions and come to understand the implications of those variations in both the public and private spheres.

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In all but Spain, there is evidence that a husband’s greater participation in childcare or housework increases the likelihood of a second birth. Moreover, the magnitude of the effect is very similar across these rather divergent countries. So in countries where policies encourage greater gender equity, the fertility outcomes are more favorable.

**Instability of traditional marriage**

I have completed analyses of the relative risk of divorce for East and West Germany and the United States. The general pattern suggests that male-breadwinner marriages are now significantly more unstable, even in countries where policy supported them. For example, in West Germany, male-breadwinner couples are more likely to have second children (as would be predicted by traditional family models), but also significantly more likely to divorce.

These dynamics also suggest that the male-breadwinner model puts women and their children at greater risk of poverty, which increases the likelihood the state will need to support such families. Therefore, policy support for the traditional male-breadwinner family does not appear to be in the best interests of women, children, or the state.

**Meeting in the middle**

Any discussion of policy effects on gender relations remains incomplete if we ignore how policy reinforces traditional male family roles. Evidence is accruing of men’s interest in achieving greater work-family balance so they have more time for domestic life. So while women’s access to paid employment and other economic resources forms one policy pathway to greater gender equity, policy should also pave the way for men to reduce their requisite prioritization of employment without a loss of status in society or the family. Gender equity entails figuring out how to meet in the middle.

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All families engage in some level of discourse-driven family identity building. Less traditionally formed families are more discourse-dependent, engaging in recurring discursive processes to create and maintain identity. As families become more diverse, definitional processes expand exponentially rendering identity highly discourse-dependent.

High discourse-dependent families reflect differences. Circumstances such as continued ties to birth parents and adoptive parents, visual dissimilarity among members, same-sex parents, or a “seed daddy,” create ambiguity. In such cases, family identity must be managed and defined as members face outsiders’ questions or challenges, or need to revisit their identity at differing developmental stages. The more ambiguous the family form, the more elaborate the communicative processes needed to manage identity. Family identity is constituted through social interaction. As diversity increases, communicative definitions of family increasingly will be privileged over structural ones. High discourse-dependent families engage regularly in external as well as internal boundary management. This is especially true in times of stress, because understandings of inclusion are less clear than in families formed through biological and adult legal ties. The following sections describe communication practices found in academic and professional sources as well as popular literature.

**External boundary management**

Labeling provides an orientation to a situation or problem. Labeling frequently involves introducing or referring to another person by familial position or title. Labeling orient familial relationships such as “brother” or “half-sister.” Stepcildren account for the stepparent relationship when they decide whether to represent a stepfather as “My mother’s husband,” “Brad,” “My stepfather,” or “Pops,” each revealing a different sense of connection. Labeling may also contradict another’s expectations. When a stepmother appears same age as her stepson, or “Grandma Carl” is male, a planned explanation for outsiders may be developed.

Explaining involves making a named family relationship understandable or giving reasons for it. For example, same-sex couples with children or parents who adopt transracially are faced with explaining their family to others. Such families need to find explanations to answer non-hostile questions such as “How come your parents are Irish and you’re Chinese?” or “How can you have two mothers?”

Legitimizing invokes legal sanction or custom and positions relationships as genuine and conforming to recognized standards. Adoption professionals prepare parents who adopt transracially for questions such as, “Is she your real daughter?” Responses are chosen on the basis of the parent’s interaction goals and/or the child’s ability to understand the interaction. Same-sex parents can refer to books such as Heather Has Two Mommies or Daddy’s Roommate, which depict their family as genuine.

Defending responses may also arise from sheer frustration. Annoyed by the constant question, “How can you two be sisters?” Asian and Caucasian teenage sisters decided to respond “The Mailman.”

**Internal boundary management**

Names present issues within family boundaries as members struggle to create identity. For example, international adoptees arrive with names reflecting their birth family or culture, and adoptive parents must decide if or how to change them. Open adoption creates a need for nomenclature for all persons in the adoption triangle. Stepcildren may use a name honoring a stepparent’s role by using a biological term such as “Momma,” dissimilar from their name for the biological parent. Lesbian couples may use a name reflecting the co-parent’s culture. Some same-sex parents discuss creating hyphenated last name for the family and how they wish to be referred to by their children.

Discussion of the family situation is impacted by the degree of diversity among family members. Gay or lesbian partners may find themselves discussing how to represent their relationship to each other’s extended family. Lesbian partners must discuss decisions regarding how to become parents and who will be the biological mother. Parents in families formed through reproductive technology must decide how to talk about their children’s origins. Blended family
Family Values Reconsidered

by Michelle Radin Deen, M.A., MFT, Adjunct Faculty, Department of Clinical Psychology, Antioch University, Santa Barbara, California

Over the last 30 years, the face of family life has changed dramatically with trends pointing away from the Ozzie and Harriet, married-with-children nuclear family model. Families of all shapes, colors, sizes, and sexual orientations have emerged, forging a new “normal” along the way.

According to Census 2000:

• Less than 25 percent of the population lives in a nuclear family today (this includes the divorced and remarried “blended” families).
• Gay and lesbian families have risen 300 percent between 1990 and 2000.
• The number of unmarried couples living together has increased tenfold since 1960, and rose 72 percent between 1990 and 2000.
• Single parenthood jumped 254 percent between 1970 and 2000.
• Professional, middle-class single mothers are one of the fastest-growing groups of single mothers; and 41 percent of babies born to unwed mothers today are being born into a home where the mother and father live together.

Demographic realities such as these have spurred a cultural war. Pundits and partisan spokespeople see in such changes a “family values crisis,” which, in their view, is the cause of many moral and social ills facing our nation. They believe that salvation for families and our country lies in a “return to traditional family values.” But does it? What exactly makes a “good” marriage and family? Are “traditional family values” the solution to family troubles?

I would argue that an emphasis on traditional family values may be distracting us from the real problem at hand. That’s because these values focus on form over function, roles over the quality of relationships, and doctrine over inner development.

Redefining the problem

It’s true that many of the cultural attitudes that formerly buttressed the institution of marriage and the family have disappeared or evolved. Marriage is no longer a duty. Women are no longer financially dependent upon “the man of the house.” Divorce is no longer illegal or shameful. But strong families remain standing, and healthy marriages stay together despite women’s equality, society’s “permission” to divorce, or gays who want to marry.

Those of us in the field of family studies realize that the family is not a static role-based institution. We understand that each family is a dynamic emotional system whose function and evolution is critical for the survival of its members. In today’s world of instability and definitional ambiguity, contemporary families, living in a world of instability and definitional ambiguity, depend increasingly on discourse to construct their identities.

Adapted with permission from Discourse Dependency: Diversity’s Impact on Defining the Family. (in press). In L. Turner and R. West (Eds.), Family Communication: A Reference of Theory and Research. Sage Publications.

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Western culture, the family’s function is to provide for the nurturance and optimal development of its members. How well a family achieves this purpose determines its value, health, or “goodness.” This is true regardless of the form an individual family may take.

Common sense dictates and a wealth of research over the last 20 years suggests that a satisfying and stable marriage has more to do with the psychological makeup of the partners involved than any other factors. As John Gottman’s longitudinal research has shown, the likelihood of divorce is highly correlated with the quality of the emotional dynamics within a marriage. Not surprisingly, the marital dynamics that spell doom are neither nurturing nor supportive. Yet, within the context of arguments that favor a “return to family values,” the quality of family relationships is seldom considered.

And, what about the prospects of raising stable, emotionally healthy, moral children? Does it take a traditional nuclear family and all its attendant values, roles, and rules? Mounting scientific evidence suggests that the answer is no. Nature needs nurture, not institutions.

Building children and families from the inside out

Using functional MRIs, brain researchers are tapping into the fascinating world of interpersonal neurobiology, discovering that we are “hardwired to connect.” Research findings suggest that human connections create brain connections. In other words, the architecture of the brain is influenced by the emotional communication between caregiver and child. This communication can be growth-facilitating or growth-inhibiting.

Allan Schore, Daniel Siegel, and Bruce Perry are just a few of those who have written and spoken widely on this subject. They provide compelling insights into the critical importance that attachment or “emotional attunement” plays in the proper development of the prefrontal cortex. Why is this so important? Because the prefrontal cortex is the seat of the ability to regulate affect and behavior, control impulses, feel empathy, and use sound judgment, which are essential for healthy social functioning and moral behavior.

And so we go full circle: Emotionally attuned parent-child relationships beget optimal brain development, which in turn begets healthy relationships. The cycle begins with the emotional quality of the earliest relationships, which influences the development of structures deep within the brain. Healthy brain development plays a significant role in a person’s ability to create emotional bonds and weather the ups and downs of interpersonal relationships, including marriage and family life.

Strong families are built from the inside out, and they pass on a legacy of healthy development to succeeding generations.

From this point of view, sound interpersonal relationships are a “family value” that is truly valuable.

Supporting optimum development

Much current political discussion is focused on attempting to reclaim or redefine the institutional ideal of “family.” But such discussion is largely beside the point because it seldom acknowledges the importance of interpersonal connection, which is the soul of family life. As Thomas Moore states in his book, Soulmates:

A family is not an abstract cultural ideal: a man, woman and children living blissfully in a mortgaged house on a quiet neighborhood street. The family the soul wants is a felt network of relationship, an evocation of a certain kind of interconnection that grounds, roots, and nestles.

It is pointless to promote marriage and “traditional family values” without also tending to the soul of family life. We must instead, as a society, foster families and communities that can nurture our children—especially the most vulnerable who may come from severely dysfunctional or high-risk families—so they can grow into healthy adults.

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American Families: By The Numbers

55% Among mothers with infant children in 2002, the percentage in the labor force, down from a record 59 percent in 1998. This marks the first significant decline in this rate since the Census Bureau began calculating this measure in 1976. In that year, 31 percent of mothers with infants were in the labor force.

72% Among mothers between ages 15 and 44 who do not have infants, the percentage in the labor force.

5.5 million Number of “stay-at-home” parents—5.4 million moms and 98,000 married fathers with children under 15 years old who have remained out of the labor force for more than one year primarily so they can care for the family while their wives work outside the home.

2 million The estimated number of preschoolers who are cared for in a day-care center during the bulk of their mother’s working hours.

26.5 million Number of fathers who are part of married-couple families with their own children under the age of 18.

2.3 million Number of single fathers, up from 393,000 in 1970. Currently, among single parents living with their children, 18 percent are men.

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Family Focus On...
Multiple Meanings of Family

"I Think He’s Still My Brother, 'Cause He Is": Children’s Experiences as Siblings in Diverse Family Structures

by Meghan Terry Broadstone, Ph.D., Psychology

Sibling relationships are a relatively recent addition to the study of family and child development. Although researchers have explored particular aspects of the sibling relationship, the subjective experiences of children have been overlooked. No one has asked the question, “What is it like to be a sister or brother?”

Research on siblings also lacks studies of children from diverse ethnic, economic, and family structure backgrounds. In my research I examined how children constructed their own stories about their identities as siblings.

I observed and interviewed 10 sibling pairs at an urban after-school program. My 20 participants grew up in two-parent families, adoptive families, same-sex parent families, blended families, and immigrant families. The children’s interactions with their siblings and narratives about their relationships revealed multiple roles for siblings and multiple meanings of “brother,” “sister,” and “family.”

I began my study with my own expectations about children’s experiences in families and what I thought of as a broad definition of “sibling.” However, my participants described sibling relationships and multiple roles as siblings that I had not previously considered. They added a personal dimension to the topics adoption, divorce, and immigration.

Adoption
The children in my study presented the topic of adoption from several perspectives. Justin, a 7-year-old Latino, told me about meeting his adopted brother.

Although he had trouble shifting from being an only child, he said: I felt a little excited because at first I had nobody to play with... and it’s really boring to have just me playing with myself. Justin valued the presence of his brother as a new playmate, a common role for siblings.

Elizabeth, a thoughtful and mature Caucasian 10-year-old, told me stories about life at home with her mother, her mother’s boyfriend, and her little half-brother. Leo. I shared stories about my own experiences with three sisters. After hearing about my large family, Elizabeth surprised me by talking about a second brother. She told me, I have two brothers. But I don’t know my other brother’s name. He got adopted.... I think he’s still my brother ‘cause he is. Even though that he got adopted. I never knew him. I don’t know his name. I never knew what he looked like.”

After listening to Elizabeth, I realized I had not thought about children talking about, or even knowing about, birth siblings adopted by another family. Elizabeth broadened my definitions of sibling and family. The brother she did not know shaped her identity as a sister. She wanted me to know about her two brothers, the one she never met and the one she had lived with for seven years. Her definition of sibling reflected her own experience.

Divorce
For a significant number of children, divorce is part of the family experience. But divorce shapes children’s experiences in various ways. Some children have new relationships with stepparents and step-siblings while others live with a single parent; other children gain new half-siblings; some children go back and forth between households with their siblings. When parents divorce, children’s sibling relationships are affected.

When 12-year-old Zachariah spoke with me about being a sibling in his family, his mother’s expectations shaped his stories. His mother, a Cuban immigrant and divorced single mother, expected Zachariah to be the “man of the house” and a role model for his younger brother and sister.

Zach told me that if he argued with his brother, he got in trouble. As he explained: My mom takes it out on me because I’m the responsible one. Zach was also frequently left in charge of his younger siblings. Although he was proud of his role as a mature member of his family, he also struggled with the responsibility of disciplining his brother. His parents divorce affected his role in the family and subsequently, his identity as a sibling.

Immigration
Over half of my participants were children of immigrants. In my study, I found that immigrant families bring expectations for the role of sibling that challenge descriptions of sibling relationships in mainstream Western research. For example,
Much has been written about the problems of female-headed households, particularly from the point of view of the children living in them. Female-headed households have been implicated as a risk factor for a number of negative youth behaviors and outcomes, including chronic health problems, early sexual behavior and pregnancy, substance abuse, and violence. Not surprisingly, neighborhood poverty is also a risk factor for many of the same negative outcomes. Thus, children living in female-headed households located in high-poverty neighborhoods may be particularly at risk.

Census 2000 reports that nationally, 66.7 percent of American families living in poverty in urban areas are headed by a single parent. Within public housing neighborhoods, which are arguably among the most impoverished areas in the country, the Department of Housing and Urban Development (HUD) reports that 88.3 percent of households are headed by a single parent. In some regions, these figures are even more skewed. For example, in Mobile, Alabama, a city of 203,000 people, the census indicates that 84.1 percent of families living below the poverty level were headed by a single parent; HUD data from 1998 indicate that 98.3 percent of families living in public housing were headed by a single parent. The vast majority of these households were headed by females.

A simplistic definition?

However, we might question whether the published statistics on female-headed households adequately reflect the experiences of children growing up in those households. Put differently, the distinction between single-parent households and two-parent households used in most of the research and virtually all of the policy debate about household structure may be too simplistic.

Studies have identified a large number of different family configurations in urban African American communities, suggesting the potential importance of non-traditional family structures in the lives of children. It is important to consider how these different classification schemes may moderate what we know about the relationship between family structure and child outcomes in impoverished neighborhoods.

Before beginning this type of study, however, we should consider the range of household structures found in inner-city neighborhoods, and how this compares with the statistics concerning single- and two-parent households that are typically underscored in policy debates.

The particular structure identified for any given household may differ depending on the topic of sibling rivalry is common in the United States, as is the idea that each child must be celebrated as an individual with unique talents. In other countries, sibling caregiving is more common.

Nine-year-old Hakim was the middle child of Senegalese immigrants. When we spoke, Hakim described how he helped his disabled older sister, Malaika: We have to help her a lot. But he quickly emphasized what Malaika could do herself: We don’t help her with her leg… and she does her book reports all by herself.

When I asked Hakim why he always helped his sister he replied: Because my mom said that we should always help with our sisters and brothers because my mom always had like twelve or thirteen brothers and sisters. Based on how Hakim described his role as brother, it was evident that the expectation for sibling caregiving was deeply ingrained in his family life. His parents brought their own experiences as siblings in Africa to their new family and home.

**Children as experts**

As the fields of psychology, sociology, and family studies continue to expand the definition of family, we should consider the perspectives of children who are growing up as members of a wide variety of families. When children are given the room to speak freely about their own lives, they challenge strict definitions of family and sibling offered by traditional research. By making sense of the only worlds that they know, they can broaden our knowledge of the multiple meanings of family.

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Multiple Meanings of Family

Single-parent households are much less common in inner cities than is typically believed.

upon the perspective of the household member queried. Thus, it is not surprising to find that children often provide different responses than their parents. From a mother’s perspective, she may be a single head of household, and as such, she may view herself as the most important person in the life of her child. But from the child’s perspective, a nonresident father may play an important role in his or her life, too—as may a grandfather or an older brother. If, as we all believe, the child’s behavior is affected by the family, then the manner in which the family is configured around the child should be described by the child and not just by the primary caregiver.

Mothers and fathers

Six years of data collected from nearly 6,000 impoverished youth (aged 10 to 18) living in Mobile, Alabama, allow us to explore these issues further. During the course of our study, up to 72.6 percent of respondents identified their birth mother as the person most like a mother to them, up to 16.4 percent identified grandmothers in this role, and up to 6.8 percent identified aunts. Very few respondents indicated that they had no one who was like a mother to them. Surprisingly, relatively few respondents (only about 13 percent) indicated that they had no one who was like a father to them. Perhaps just as surprising, up to 47.8 percent of respondents identified their biological father as the person most like a father to them; among these, up to 84.9 percent stayed with him at least some of the time.

Contradicting common wisdom

These results suggest several conclusions that contradict the common wisdom about the structure of inner-city households:

- First, nearly 90 percent of respondents were able to identify a person who was like a father to them. While in many cases this person was a nontraditional parent (for example, a grandfather, older brother, or mother’s boyfriend), very few youth were unable to identify a father figure.

- Second, biological fathers are much more important to youth growing up in inner-city households than is typically imagined. Up to 47.8 percent of respondents identified their biological father as the person most like a father to them; among these, up to 84.9 percent stayed with him at least some of the time.

- Third, single-parent households are much less common in inner cities than is typically believed, or than the official statistics indicate. Less than a third of respondents indicated that they lived in single-parent households, far below the HUD and census figures.

While family or household composition is important, the recent heightened focus of many researchers and policymakers on family structure, particularly in low-income homes, is blinding us to the more salient issues of family process and parental influence.

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American families are changing in ways that could expose children to more males over the course of childhood. Demographic trends such as growing numbers of nonmarital births, increasing cohabitation, the delay or diminishing incidence of marriage, and high rates of divorce, for example, have moved fathers and fatherhood from the margin to the political center.

With respect to research and policy, a great deal of attention is paid to “deadbeat dads,” “dead broke dads,” and teenage and absent fathers. Indeed, fatherhood initiatives largely promote the establishment of paternity, responsibility for children, regular payment of child support, and the molding of men into “marriage material.”

But men other than biological fathers play important roles in the daily lives of many children and families. These “social fathers,” men who help parent children other than their own, have heretofore received little attention.

One dad does not fit all
That every child has one biological father is invariant. In the social context, however, a distinction exists between genitor (biological father) and pater (one who performs the functions of a father). Traditionally in America, especially among European Americans, genitor and pater were one and the same. That is, one man, typically the husband of a child’s biological mother, performed the roles society assigned to fathers. As a result, the term “father,” like the term “family,” is narrowly defined in America.

Current family trends challenge normative definitions of “father” and “family” and suggest the need to expand both as both undergird policy. Since the mid-to-late 1960s, a growing number of families have come to exist in nontraditional forms. That is, the traditional “two (biological and married) parent and children” nuclear mold no longer “fits” some American families. Census data suggest married-couple households with their own children comprise 23 percent of all households today, down from 40 percent in 1970.

Census data indicate about 1.6 million children under age 15 live in households with unmarried mothers and unrelated partners. Roughly 1.5 million children live in extended households with at least one parent and both grandparents. Nearly 1.3 million children live in households with at least one grandparent, but with no parents present. Additionally, a 2001 Census report estimates that roughly 3.7 million children reside with biological mothers and step or adoptive fathers. Another 2 million children live in households with an uncle, nephew, or brother-in-law present.

While men are present in some families, they cycle in and out of others, have responsibilities in more than one family or may be absent altogether. Conditions such as these, coupled with children’s living arrangements, foster environments where children and families may come to rely on one or more men other than (and perhaps in addition to) biological fathers to perform social father or pater roles. It is, therefore, important to gain insight about these other men.

“Others” in families
Social fathers are a group of other men who are “like fathers” to children. These men are either relatives or unrelated males who help parent children other than their own. Relative social fathers include children’s grandfathers, uncles, cousins, or older brothers. Nonrelative social fathers can include mothers’ boyfriends, stepfathers, adoptive fathers, fictive kin, or male friends of either biological parent.

Social fathers represent a range of men accessible to children and families. These “other fathers” are the male counterparts to women known as “other mothers.” Together, these “others” operate in the context of “multiple” or “shared” parenthood. Therefore, social father roles are ones that can be performed “serially” (one man and then another) or “simultaneously” by multiple men.

“Nearby” or “nice guy”
Generally, social fathers are either regarded as “nice guys” or “nearby guys.” Nice guys are those men who really are “like fathers” to children with respect to attitudes and behaviors, while “nearby guys” represent men who are primarily interested in romantic pursuits with children’s mothers. Relational status likely plays a role in men’s motivation and behaviors regarding the social father role. Grandfathers and unrelated cohabiting men, for example, may approach the social father role differently.

Other considerations such as the length and extent of involvement with children, economic factors, patterns of family disruption, as well as the nature of family contexts are related to men’s motivations about social father roles. The role may be precipitated by cultural factors as well. For example, “shared parenthood” has historically been a component of family life and a form of resilience for African Americans. Additionally, African Americans have a collective orientation and thus, filling social father roles may be related to a sense of cultural obligation.

An increasing presence
Forthcoming research from the author suggests that all social fathers are not the...
The Unique Lives of Foster Parents

by Jason B. Whiting, Ph.D., Assistant Professor and Paul T. Huber, Doctoral Student, Department of Family Studies, University of Kentucky

State agency looking for a few good men, women, or couples: Mentally and physically healthy couple or individual wanted to take children into their home on a temporary basis. The children come in all ages and will likely have a variety of problems, including distrust of adults, acting out, depression, developmental delays, and possible fire-starting. Hours are 24/7, and frequent interruptions and emergencies on the job are expected. Training provided, but most necessary skills will be obtained on the job. Experience life as you never thought possible! Some financial remuneration provided. Other less tangible rewards probable, but not guaranteed. Possibility of life-changing experiences as you make a difference in the lives of children.

Interested? Although slightly tongue in cheek, this “help wanted” ad describes the typical experience of foster parents. Foster parents provide a crucial service for society’s child welfare needs, but professionals do not always understand the unique dynamics of these families. Family professionals who understand the needs and challenges of foster families are in a better position to support them in their service. More effective support of foster parents leads to better retention, fewer failed placements of children, and ultimately better outcomes for children in care.

Disincentives

Although rewards exist, there are many disincentives to becoming a foster parent. These parents are sometimes viewed as “martyrs” or “saints” or as having low social status. The media often sensationalize the difficulties and dangers inherent in the system, scaring potential helpers away. Some parents fear that taking foster children will result in accusations of abuse, or they worry about the stress on their own family and marriage. In addition, there is little support or material assistance for the work, and many couples are busy with two careers.

A familiar problem for many foster parents is their relationship with the licensing agency. Poor communication from caseworkers and a lack of agency support is common. Some experienced foster parents feel that their contribution toward permanency planning is ignored even though they usually have valuable insight into options for the child. Inadequate provisions for respite care, intended to provide temporary relief from the stresses of caring for foster children, are also common.

Loss, upheavals, and financial worries

The loss of a foster child is often the most difficult time of a family’s fostering career. When a child in their home is returned to the biological family, there can be intense feelings of grief and loss. This can be especially difficult if the foster family does not agree that the decision is in the best interests of the child and has made that opinion known. As one parent explained: The hard part is, of course, you get attached to the children when they are in your home for a long time and then knowing some of the circumstances they go back to.

Also difficult for many foster families are the upheavals and emotional reactions that occur when the foster children visit with the biological family. In addition, the ambiguities regarding relationships between foster family, foster child, and biological family are often frustrating.

Financial problems can also create stress for foster families. The cost of raising children is increasing, and reimbursement rates for fostering fall far below the actual expense of raising a child. This creates a bind for foster parents since their own family’s financial situation can be put at risk by their assistance to other at-risk children. Reimbursement rates are uneven across the country, but in 2001 foster families generally received about 60 percent of what a middle-class family spent to raise a child.

Watching them grow and learn

The rewards of fostering are varied, and sometimes difficult to describe. In interviews with foster parents, we have heard a variety of reasons why people enlist and continue to serve in this role. Some discussed feelings of love and satisfaction. One foster parent explained: We just try to do the best we can while we have them, and knowing whether you have done them much good, it is hard to tell. But enjoying them is certainly a joy.

Another foster parent agreed: The reward is having the children, they are a blessing.

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Parenting the International Adoptive Family

by Maryellen B. Miller, RN, MS, CFLE, Instructor, Department of Health and Physical Education, Montgomery County Community College, Blue Bell, Pennsylvania and Parent Education Instructor, Child, Home & Community, Doylestown, Pennsylvania

A t Gate 7, the excitement is palpable among the balloons and flowers as a welcoming committee of assorted relatives and friends await the arrival of the newest member of their family. The sleepless, yet ecstatic, parents emerge from the plane with the child they waited so long to meet, and the next chapter begins in the adoption story.

We’re home: What’s next?
In 2004, there were 21,000 international adoptions in the United States. Two-thirds of these children were adopted from China, Russia, and Central America. That translates into thousands of newly formed and growing families seeking support and guidance on adoption issues such as attachment and adjustment to the family, early intervention, and how and when to talk about adoption with the child.

Effective parenting is learned, and parenting the international adoptive family requires learning some additional skills. These include dealing with racial or ethnic differences, meeting the needs of an older infant or toddler who has experienced fragmented or custodial care while in an orphanage, and creating a family identity for the child.

In the past, parents adopting internationally were told to expect some developmental delays in their children, but were not given specific directions on how to deal with them. Research has shown that preparing parents helps them make a better transition to parenthood. Preparation also helps them understand developmental and attachment issues and become aware of the challenges that face a newly created multicultural family.

International adoption agencies now recommend that parents learn as much as possible about these issues. In addition, agencies require prospective parents to attend special training sessions, which are frequently offered at the agency during the adoption process.

Learning the basics
We adopted our infant daughter from India while we were living in Louisiana. At that time, there was little support for the growing number of families pursuing international adoption in Ouachita Parish. To meet this need, I created “Parenting the International Adoptive Family.”

This eight-hour community education course is offered to prospective and new parents who internationally adopted infants or toddlers. In a small group setting (six couples), over four weeks, this course helps adoptive parents learn to care for their child’s physical and developmental needs and offers information about medical, legal, loss, and attachment issues.

International continued on page F13
Families Who Adopt Children with Developmental Disabilities

by Laraine M. Glidden, Ph.D., Professor and Chair, Department of Psychology, St. Mary’s College of Maryland

For two decades, I have studied families who knowingly adopt children with developmental disabilities. Although these families constitute a very small minority of all families in the United States and other countries, their diversity contributes to understanding the diversity of families in general.

People often ask: What kind of family adopts children with intellectual or severe physical disabilities? The response is difficult because adoptive families are diverse. Some are married couples with biological children (53 percent); some have no birth children (47 percent). Some are headed by single parents (13 percent), usually women but occasionally men. Some parents are highly educated, but others have not completed high school. Most have incomes close to the U.S. median, but some are wealthy and others are poor. Some adopt many children with disabilities, and others adopt one or two. Most of the families adopt children of their own race or ethnicity, but a substantial minority—32 percent—adopt transracially or transethnically, and others adopt internationally.

In this essay, I present brief case studies of families different from each other, but who are nonetheless typical of a subset of families who adopt children with developmental disabilities. All names have been changed, as well as some minor details to protect the confidentiality of the information and participants.

Karen and Thomas Langford

For nine years, the Langfords tried to become pregnant. They underwent multiple medical procedures, but finally decided that the chances were slim. Infertility was, therefore, a primary motivation for adoption, as it was for 44 percent of couples in the sample. The Langfords also believed that a decision to adopt was consistent with their religious beliefs, as did 37 percent of the families in this sample.

Their first-adopted child, Johnny, had developmental delay and had been removed from his birth mother because of neglect. Their second, Eve, was adopted just two years later. Eve, an infant with

INTERNATIONAL continued from page F12

The teaching methods are multi-sensory. Parents practice diapering and dressing, learn how to respond in an emergency, and discuss how to help children make the transition from the diet and sleeping arrangements in their country of origin to those in their new home setting. Parents meet a pediatrician and an attorney who specializes in adoption law. These professionals give expert advice and answer parents’ questions on medical and legal issues related to adoption.

Special issues
Adoptive parents often ask: Will I love my new child right away? Will my child attach to me? How will I know?

Children adopted internationally may have experienced multiple caregivers or frequent hospitalizations during the first two years of life. These experiences affect children’s ability to trust the adults who now care for them. Infants and toddlers who have left the familiar orphanage or foster care setting grieve. Grief behaviors include crying, withdrawal, anxiety, and constant activity. Children may also be overwhelmed, and they may search for lost caregivers.

Class participants learn how to establish the necessary consistency and continuity of care that establishes a nurturing home environment for their child and facilitates bonding and attachment.

Celebrating diversity
Class participants are also introduced to positive adoption language, which is constructive, inclusive, and healing, rather than hurtful. Participants are given the opportunity to role-play ways of telling the adoption story to their child, as well as speaking generally about adoption to relatives and friends.

The class also presents ways of integrating the child’s birth culture into the family through food, games, traditions, and customs. Parents are also introduced to the process of creating a “life book” that records and honors the adopted child’s life and heritage from birth to the present.

At the conclusion of the course, participating parents are given many resources and encouragement for adoption follow-up and support. Although the class focuses on understanding, nurturing, and advocating for their child, one of the its strongest legacies is the camaraderie the parents develop with one another—support that endures as they continue together on their adoption journey.

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FAMILIES WHO ADOPT  continued from page F13

Down syndrome, had been given up for adoption because her birth parents felt that they could not adapt to the disability. During the next 15 years, the Langfords successfully handled Eve’s ear and heart surgeries and Johnny’s school problems and eventual ADHD diagnosis.

The Langfords relied heavily on the support of relatives, professionals, their church, and each other. As they looked ahead to their children’s transition to adulthood, they especially worried about their children’s ability to live independently, as did 75 percent of these adoptive families. They were worried, too, about the lack of employment opportunities for their children, a concern also voiced by 68 percent of the families interviewed.

**Alice and Lawrence Gilbert**
The Gilberts are an African-American couple with two teenage biological daughters when they adopted their son. The Gilberts were motivated by a desire to have more children, and specifically to help a needy child, a motive mentioned by 76 percent of the adoptive families in this sample. Their son, Eddie, was 7 years old when he was placed with them. He remained in special education classes for children with mild to moderate mental retardation throughout his schooling.

Fifteen years after the placement, Eddie was still living at home and working at a nearby center for adults with developmental disabilities. Even though Alice Gilbert described him as difficult to raise, she was mostly satisfied with how things were going with him.

**Rose Jansen**
Divorced, with custody of her three birth children, Rose had wanted to adopt since childhood when she was surrounded by her family’s foster children. Her limited income (well below the median of $60,000 for the 123 adoptive families in this sample) did not deter her from eventually adopting four children, all with developmental disabilities, including one with profound mental retardation and physical and sensory impairments.

At last contact, one of these children, now a young adult, was in a residential setting for treatment of his severe psychiatric problems, but the other three were still living with Rose, who was delighted with this situation for the present. She did anticipate, however, that eventually the adult children would move into “a group home with very understanding and patient caregivers.”

**Ellen and Ronald Springer**
The Springers had been married for only two years when they decided to adopt the first of their two children with Down syndrome. Ronald was 21 years older than Ellen, had been widowed, and had two grown children when he and Ellen married. The Springers could have had birth children, but they wanted to help a child in need, and both had worked with children who had disabilities.

The couple adopted two young infants, three years apart. When Ellen was interviewed just a year after the second adoption, she reported that the adoptions had worked out better than expected. She said that she and Ronald would definitely make the same decision to adopt if they had it to do over again. At our last contact with the Springers, both of them were delighted with how things were going with the children. They were thinking about the transition to adulthood and saw independent living as an option for both children.

**Teresa and Ben Carter**
Of the 123 adoptive families we studied, 44 percent had reared at least five children, and these large families had adopted a mean of 8.65 children. The Carters were exceptional even in this group, having adopted more than 30 children with special needs, including some with profound mental retardation.

Along with caring for this very large family, Teresa found time to work as a volunteer more than 20 hours per week for an organization that assists children with special needs. She epitomizes the frequently repeated advice, “If you want something done, ask the busiest person you know to do it.”

**Positive experiences**
These 123 families are different in many ways, but they also share many similarities. For example, their experiences were mostly positive. Only two of the 123 families experienced adoption disruptions or dissolutions in the 17-year period we have studied them. In the remaining families, maternal depression has generally been low, and parental well-being has been high, both for life as a whole and with respect to the adopted children.

Of the 123 families, 95 percent indicated that they would adopt again if they had the chance. As one mother said, “I would definitely adopt again, no doubt about it. To be able to love a child for who they are; to be able to challenge them and treat them as a normal person, this has been my goal as an adoptive parent.”

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**BY THE NUMBERS  continued from page F6**

4.6 million
The number of opposite-sex, unmarried-partner households in 2003. These households accounted for 4.2 percent of all households, up from 2.9 percent in 1996.

2.57
The average number of people per household in the United States. This has declined from 3.14 people in 1970.

25.3
The median age at first marriage for women in 2003. For men the median age was 27.1 years. In 1970, the median ages were 20.8 years and 23.2 years, respectively.
The Infertile Couple as an Evolving Family

by Constance H. Shapiro, Ph.D., Professor, Department of Human and Community Development, University of Illinois at Urbana-Champaign, and Clinical Social Worker

“So when are the two of you going to begin your family?” This well-intentioned question, when asked of an infertile couple, is a stinging reminder that the fertile world does not regard a couple without children as a bona fide family. Yet in the United States, one in 10 couples of childbearing age is infertile. This is medically defined as trying for more than a year to become pregnant without success, or being unable to carry a pregnancy to term.

Infertile couples, surrounded by fertile siblings, friends, neighbors, and coworkers, are tempted to define themselves in terms of what they are lacking as a family, rather than by their strengths as an evolving family.

Case study

Kim, 28, and Jack, 32, have been married for six years. They stopped practicing birth control four years ago. At age 25, Kim experienced a miscarriage in her second trimester, and was hospitalized briefly on the maternity ward of the local hospital, with a clear view of ecstatic parents and nursing babies. After the miscarriage, friends and family tried to comfort her by telling her that the loss was “meant to be,” and that at least now she knew she could become pregnant.

Kim and Jack referred to this pregnancy as their “phantom baby.” During the next two years, Kim and Jack tried carefully to time their intercourse to her fertile days, which effectively turned their lovemaking into baby-making. They cultivated the garden they had planted in memory of the baby they had lost. They shared their fantasies of the baby they hoped to have, with Kim’s red hair and Jack’s musical talent.

Kim became increasingly depressed each time she got her period. Reminders of their infertility came as friends and coworkers announced their pregnancies. On Mother’s Day, their minister asked all mothers in the congregation to come to the front of the church so they could be given corsages.

After two more years of trying unsuccessfully to conceive, Kim and Jack sought the help of a fertility clinic 100 miles from their home. This was disruptive to their work schedules, and very few of the procedures were covered by their insurance. The diagnosis was not definitive and, after four in vitro procedures, they decided to pursue adoption.

They paid the prenatal costs of a young woman, and two days after she delivered, the birthmother decided not to place her child for adoption. Kim and Jack were devastated to lose their “almost ours” baby, and in the process of grieving that loss they reassessed the toll that the last few years had taken. Ultimately they decided that their relationship was at the core of their happiness, and that they did not need to view parenting as the only way to go forward in their lives together.

In spite of parent and in-law encouragement to continue pursuing adoption, they decided to remain child-free.

Theoretical frameworks

The challenges faced by evolving families are best understood in the context of three perspectives:

- **Family systems theory** enables us to place the couple in the context of their families of origin, as well as their extended families, to appreciate the support and the stress that families offer their infertile members.

- **Mourning**, as framed by Kubler-Ross, allows the couple to define its losses and to honor them.

- **Social comparison theory**, which posits that people measure themselves against others in order to evaluate themselves, is highly relevant in a pronatalist society where families with children are ever-present.

Challenges

Evolving families whose future is still unfolding face many challenges. These include:

- **Privacy.** Many couples make careful and conscious decisions about whom they will tell, and how much information they will provide. Secrecy can become very important when donor sperm or eggs are used in helping the female to conceive, since many families place a premium on genetic ties.

- **Loss.** The losses of evolving families can include issues of control (of time, of money, of predictability), of sexual spontaneity, of spiritual faith, and of confidence in one’s reproductive health. Feelings of loss also occur each time the woman gets her period. Less tangible, but just as real, is the feeling of loss of the fantasy baby that prospective parents have nurtured in their hearts, when fertility treatments are increasingly unsuccessful. The loss becomes even more concrete when there is a miscarriage or when plans for adoption are thwarted.

- **Failure.** The crushing sadness of pursuing medical options without a healthy pregnancy can cause individuals to internalize feelings of failure, which intensify each month, as they measure themselves against their more fertile peers.

- **Peer support.** It often becomes difficult to socialize with family and friends whose conversation gravitates to the...
When is a Grandparent Not a Grandparent?

by Margaret Ward, Ph.D., CFLE, Retired Professor of Family Studies, Cambrian College, Sudbury, Ontario, Canada

My grandson has been placed for adoption. “Caleb” was born after an unplanned and late-diagnosed pregnancy. It was immediately evident that he had fetal alcohol syndrome. My son and Caleb’s mother had a stormy on-again, off-again relationship. Since she did not stop drinking, my grandson was made a ward of the State. Then Caleb’s mother was murdered. Because no one in the family was willing and able to take Caleb in, he was adopted.

As an adoptive parent and educator, I was well aware of the professional literature on birth mothers, adoptees, and reunion issues. Now I tried to make sense of our tragedy by searching both literature and online sites. But nothing really addressed my situation. The adoption decision was made by a governmental agency, and though I never met my grandson, I still am grieving his loss.

Caleb’s adoption has brought home the need to consider not just the immediate triad of adoptive and birth parents and the adoptee. In fact, most discussions of the triad leave the birth father in the shadows. Extended family members are even more invisible.

Ambiguous loss
The most relevant approach is Pauline Boss’s exploration of ambiguous loss. This concept has already been applied to adoption by Deborah Favel and her colleagues, who have looked at “openness” as it is perceived by adoptive parents and birth mothers.

Adoptive parenthood is itself ambiguous because the new parents must develop the belief that they are entitled to be the parents of a child not born to them. They must do this in an environment where people often refer to the birth parents as the “real parents,” and the popular press publishes dramatic stories of search and reunion.

If adoption is fraught with ambiguity for the triad, it is even more ambiguous for extended family members of the birth parents. This ambiguity results from the intersection of dual tensions: the tension between the physical absence and psychological presence of the child and the tension between the legal realities and social expectations.

Even when grandparents have little or no contact with a grandchild, the child’s psychological presence may still be an important part of their lives. In Caleb’s case, ambiguity about his place in the family existed from the beginning. He was placed in foster care soon after birth and has spent most of his life outside the care of either birth parent. He has never been physically present in my life: he was placed in a foster home the day before I was to meet him. This is the only grandchild I have never seen nor held. Yet I think of him more often than I think of my other grandchildren.

Legal realities, social definitions
The second area of ambiguity arises from the tension between the legal realities of adoption and social definitions of family ties and responsibilities. Legally, the grandparent relationship depends on the parent-child relationship. When your child ceases to be your grandchild’s legal parent, you cease to be a grandparent. Socially, however, the child of one’s child is considered a part of the extended family, whether or not there is contact. This perception probably stems from the belief in the primacy of biological relationships.
Gay Men: Negotiating Procreative, Father, and Family Identities

by Dana Berkowitz, M.A., Doctoral Student, Department of Sociology, University of Florida

Significant segments of society devalue same-sex relationships, waging battles in the popular press, legislative forums, and courts in order to prevent gay men and lesbians from having the legal right to marry. Despite these obstacles, gay men and lesbians have created families through adoption and other artificial means, and the definition of “the family” has changed dramatically over the last few decades to include such family forms.

Unfortunately, little is known about how gay men subjectively experience the reproductive realm and make decisions in this area. In fact, no research to date has considered how gay men think about their ability to procreate or experience the transition to fatherhood.

Challenges to traditional assumptions
The notion of gay fathers, or gay men who want to be fathers, challenges traditional assumptions about gender, sexuality, and families in two principle ways. First, because heterosexuality and parenthood are so inextricably intertwined in U.S. society, the mere suggestion of gay fatherhood appears strange, abnormal, and even impossible. Second, for many people, parenting remains the natural domain of women. In contemporary America, fathers are often viewed as secondary, rather than primary parents.

In a national poll of lesbian and gay couples, one-third of respondents younger than age 35 were either planning to have children or considering the idea. Another smaller-scale study conducted among gay men in New York found that a majority of gay men who were not fathers would like to raise a child. Men who wanted children were younger than those who did not. Furthermore, research shows that since the early to mid-1980s, the number of gay men forming families through adoption, foster parenting, and kinship relationships has risen dramatically. Clearly, the social phenomenon of openly gay men attempting to create families is an emerging trend that warrants attention.

Initial findings from qualitative in-depth interviews with openly gay childless men challenge and refine some previous researchers’ claims that the desire to parent is unrelated to sexual orientation and that gay men become parents for the same reasons straight people do. For gay men, becoming a father involves social psychological processes quite different from those experienced by their heterosexual counterparts.

Purposeful procreation
Taylor, a shy college student, illustrates how a gay man’s journey to fatherhood is much more purposeful than the spontaneous and even accidental process of fatherhood for heterosexual men:

“It’s not accidental ... you gotta sit down, discuss, plan, pick everything out. Like, it’s kind of structured. It’s overly structured, [and] that kind of makes it more difficult, like, to actually make every decision.

Purposeful procreation is the English language has no words for many “irregular” relationships. The closest terms for those in my position are “birth grandparent” or “biological grandparent.” Yet these expressions are too limited. Because my son is adopted, I am not my son’s birth mother. That makes me only partially Caleb’s birth grandmother.

This situation is further complicated by a lack of terminology and rituals to mark the loss of roles and relationships. When there are no words and no ritual, it is difficult to acknowledge one’s loss socially. The dilemma can be summarized in the question: “How can I care about and for this grandchild who is not my grandchild?”

Need for inclusive definitions
My story, and Caleb’s, may be unique to us. But this story points to larger issues: How do we recognize and value important relationships? How can we make our definitions of family more inclusive?

These issues have both legal and social ramifications. Consider, for example, the child of same-sex parents who is denied access to the resources of the parent who is not legally recognized. Or the child who has warm feelings for her former stepparent from an “ex-relationship.”

I believe that the best interests of everyone involved, especially the children, demand the widest possible recognition of family links.

After Caleb was placed, his adoptive mother sent me some e-mails with photos and news about his progress. But once the adoption was finalized, I did not hear from her again. I am sad for myself because I have lost him a second time. I am also sad for the new family. They have lost my experience as an adoptive parent and my love and support as Caleb’s sometime grandmother. We are all the poorer.

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In Their Own Words: Perspectives of Lesbian Mothers

by Rebecca Pettit, Ph.D., Assistant Professor, Department of Teacher Education, Shippensburg University, Shippensburg, Pennsylvania

This is a portrait of three lesbian mothers, told in their own words. Like most mothers, they get up in the morning and spend the rest of their days engaged in a myriad of tasks designed to keep their children safe, warm, and well cared for.

Gay Men

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decision ... because you have to structure it. There’s, if you’re just a gay man and you’re not having sex with women, it’s not going to happen. So, you, and if you decide you want children, you have to plan it.

Being socialized into a world that stereotypes gay men as pedophiles adversely affected how many of the men formed a prospective father identity. Luke, an Black man from New Zealand, explains: ...when people see a single gay man with a kid, they think, you need to watch him... what is he doing with that child in there? [Thinking] are you a pedophile?

Similarly, Aiden, a politically active college student, discusses how he was genuinely worried that society would look at him as someone who would want to father simply to raise a gay child:

What if I do raise my kid to be gay, I mean, if I raise my kid as a gay man, would I raise them to be gay? And I just think that there’s a lot of fears that society, you know, puts on, you know, um, like, the gay community having kids...They might actually want to replicate this kind of lifestyle because they think, you know, that’s the gay way to be.

Many men in the study also talked about the difficulties their potential children might face, such as discrimination, and teasing. Clark, a college student who was certain he wanted children in his future, speaks of his future child’s possible experiences in school: ...they’ll be picked on at school. What will the children tell the neighbors and their teachers? What will they tell their friends? The truth is, kids and teachers can be really cruel.

A different experience

Overall, the initial findings indicate that gay men experience procreation very differently from their heterosexual counterparts. For example, the gay men indicated that they must take into account societal myths perpetuated by heterosexist ideology and how these myths would eventually affect both their own lives and the experiences of their future children.

In addition, the gay men recognized the need for a great deal of structure and planning involved in becoming a father. This included deciding how they should go about creating a family, whether they should do so alone or with a partner, and whether they should be honest about their sexual orientation during and after the initial process. Men who participated in the study were well aware of both the integral planning and the institutional constraints that plagued their prospective fatherhood decision-making.

This rich and unique data gives researchers and practitioners an opportunity to understand how gay men develop and express their procreative and father/family identities within a larger social/cultural context that privileges heterosexual parenting.

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On family

Mary, mother of 18-year-old Anna, sees herself as a mother like any other: I have a lot in common with heterosexual mothers and not much in common with single people period. But she downplays the importance of blood relationships:

Everybody knows exactly when they got to America and what they did, who they married and all this stuff ...I’ve had it up to here with blood family versus non-blood family. I mean it’s like history is interesting to us, but it’s not personal like it is to other people and other families.

Beth, who has two preschool sons, describes her life this way: I go to work, I earn my wages, I go to the movies, I go bowling. My expectations and goals and relationships within my family are the same. It’s just that my orientation towards my partner is different.

On father involvement

Beth, who was married to her childhood sweetheart for 10 years, worries that she might lose custody of her sons because of her sexual orientation. As she says: I was not wanting to admit the reasons for the divorce because of the possibility of losing custody of my children.

She did disclose her sexual orientation to her husband a few months before the divorce. He changed his mind regarding their original custody agreement, saying that he wanted full custody. They turned to divorce mediation.

There was a really strong foundation for working things out ...and so even though he was very bitter and angry, there was that logical part of him that says I know I can work this out with this person. Our mediator actually said she’d never dealt with such a difficult subject where two people have worked it out so well.
The Importance of Self-Awareness for Practitioners Working with Gay- and Lesbian-Headed Families

by Mary S. Green and Markie Twist, Doctoral Students, Human Development and Family Studies, Iowa State University

How can family professionals address the meaning of family? Perhaps the work should begin at home. Family researchers, therapists, and policy makers can begin by becoming aware of themselves as persons of culture and paying attention to the biases and prejudices that they bring to the field of family studies.

Currently there is no single, widely agreed-upon definition of family. The historical definition of family has focused on biological and legal ties that described a group of people who lived together over an extended period of time. But this narrow definition of family no longer encompasses the broad range of diverse and complex relationships that comprise contemporary families.

One contemporary family form is that of committed partners. This can include cohabitating heterosexual couples, child-free married couples, and gay and lesbian partners. Gay- and lesbian-headed families continue to increase in the United States, with some researchers reporting up to 2 million lesbian mothers and gay fathers of 14 million children. These families may include children from previous relationships, adopted children, or children conceived through the use of reproductive technology.

**The effect of common assumptions**

Recent controversy has centered on whether gay- and lesbian-headed families should be defined as families. Much of this controversy centers on common assumptions about what constitutes a family—assumptions that have profound effects on the healthy functioning of individuals as well as the family as a whole.

On an individual level, gays and lesbians are more likely to attempt suicide. This is especially true of gay or lesbian youth who are 50 percent more likely to attempt suicide. On a family level, gay and lesbian partners are denied tax benefits and sometimes health insurance. They and their children may also have to deal with the prejudice of those who do not see them as a “real family.”

Common assumptions about what constitutes a family also have an effect on family research and policy. For example, a current marriage promotion program brings awareness:

- Mary S. Green and Markie Twist, Doctoral Students, Human Development and Family Studies, Iowa State University

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**THEIR OWN WORDS** continued from page F18

However, there was an added statement in the decree. Beth explains: If at any point he felt it would be in the best interest of the boys to be out of this arrangement, he could initiate that action …through counseling, evaluations of the children, and both of us agreeing.

Mary’s former husband is not involved with their daughter. She explains that he and she never really agreed about parenting styles: We had different upbringings. I’d lived with “Father Knows Best,” and I knew it was really terrible, so yeah, we’ve always disagreed.

Amy’s 15-year-old son lived with his father for several months a few years ago. During a scheduled visit, he begged his mother to let him stay with her. Says Amy:

> “There’s something that my 15-year-old son gets in my household that he doesn’t get in the straight household. I tease him about it and say, “Oh, well, you prefer to live in the lesbian household with love in it than the heterosexual household with money,” which is probably the truth, but I don’t know for sure.

**On relationships with children**

All three mothers recognize the potential for their children’s discomfort or embarrassment about being raised in a lesbian household. Beth wonders how her children will handle this:

> “You know right now they say, “I’m never going to leave you mom.” Yet I know that when they get to be 10 or 12 I’m sure the answer to that question will be different when there’s more peer involvement and other issues and more propaganda that will make it more difficult for them.

Amy thinks that the embarrassment her sons feel goes beyond “normal” teenage embarrassment:

> “What a lot of people say to me when I say that my kids are embarrassed by me being a lesbian they go all teenagers are embarrassed by their parents, but what I see happening in other families of their peers is a little different than what happens in my family. It’s like I bend to their embarrassment and other parents don’t. And that validates their embarrassment and says to them, yeah there is something wrong with my mom. But Mary says her 18-year-old daughter accepts her relationship with her partner: Anna always refers to us as her parents. She introduces me as, “This is my mom Mary and this is Jean, my parents.” And we didn’t coach her. That’s just what she came up with.

Mary has worked hard to raise a “socially responsible human being.” She is sensitive to the way her daughter views herself and other people: There’s negative ways to refer (to heterosexuals), but I’ve always been

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**SELF-AWARENESS** continued from page F19

designed to help couples develop the interpersonal skills needed for healthy marriages is designed for heterosexual couples only. And many states are currently considering bills that would permanently ban same-sex couples from marrying.

**Negotiating cultural differences**
Researchers and mental health professionals working with families are influenced by these assumptions, and this can be reflected in their work. Currently, many practitioners and training institutions are challenging their colleagues to think outside of the traditional and familiar heterosexist constructions of family life. This requires the ability to accept and negotiate different cultural worlds. Family professionals who can function in different cultures will be more comfortable—and more effective—when coming into contact and working with someone from a different background.

**THEIR OWN WORDS** continued from page F19

sensitive to that because I was raising a child that I didn’t necessarily expect to be one way or another. . . I really didn’t encourage people around me with prejudicial attitudes and I’ve never given Anna a hint of what my sexual expectations for her were.

Mary once overheard her daughter telling her boyfriend that he was “dispensable.” When confronted, Anna said that she had heard her mother say that. But Mary told her daughter: There’s no way you’re going to put this one on me. That is you. I don’t think of people as dispensable just because they’re male. They may be dispensable because they’re boring. Male, no. We don’t trash men. I’ve never allowed trashing males in the house.

**On acceptance in society**
Acceptance and rejection are themes that run through all the interviews. Beth asks: Do we or don’t we qualify as a family? You know, family passes or going to Florida, two adults, two children, health insurance benefits, and getting emergency care for the children.

Amy worries about whether she can “go public”:

If I’m going to a parent teacher conference do I bring my partner or not? Do you just show up as if you’re a single parent or do you show up as a couple and then risk that that individual teacher or the institution as a whole is going to discriminate against your baby because they live in a lesbian household?

But Mary refuses to hide her sexual orientation: I think it’s funny when people try to live in a closet because I think it’s so damn obvious. And I think it’s very confusing to the children.

**A family is a family is a family**
All three women agree that families are defined by the love and commitment of the members. As Beth puts it:

We’re similar to other families in terms of our internal structure in that there are children and parents who love and care for each other and are committed to each other. So the next question might be how we are different and that’s more the external life of a family. My expectations and goals and my relationships within my family are the same. The difference is the overall picture of that outside world accepting us as a family.

**Antigay behaviors**
Sexual prejudice may be rooted in discomfort with one’s own sexual impulses or the expectation of gender conformity. Sexual prejudice can also reflect the influence of current in-group norms. Additional societal factors like region of residence, social class, religion, and ethnicity may also be associated with homonegativity and internalized homophobia.

Homonegativity is a more neutral term than homophobia. Homonegativity includes the entire realm of negative attitudes towards homosexuality. Internalized homophobia can be defined as a set of negative affects and attitudes toward homosexual features in oneself and homosexuality in other persons. Sexual prejudice, homonegativity, and internalized homophobia can influence the work of researchers and therapists.

**A professional obligation**
Researchers and therapists have a professional obligation and responsibility to become aware of their own cultural beliefs and how those beliefs impact their work. Because research or therapeutic protocols are frequently based on norms of the dominant culture, which include heterosexist ideals, family researchers and family therapists must maintain a vigilant self-awareness when working with gay- and lesbian-headed families.

Researcher bias can influence how research is conducted, what information is gathered, and what results are reported. In a therapeutic setting, the cultures of the therapist and client have reciprocal influence, although the therapist is in a position of power. Homophobic prejudice on the part of the therapist can influence therapeutic outcomes.

Our educational institutions can increase sensitivity and decrease heterosexism by adding culturally diverse components to their training programs. Courses could be enhanced by encouraging students’ self-awareness in a variety of areas, including, for example, ethnicity and sexuality.

The field of family studies will continue to deal with fundamental questions about what constitutes a family and how family units and individual family members are influenced by family policy. Personal and professional self-awareness is essential in this endeavor.

For more information, contact greenm@iastate.edu.
Raising the Grandkids

by James P. Coyle, MSW, Ph.D. Candidate, University at Buffalo

Alice was overwhelmed. She had difficulty sleeping and was often angry. She was busier than she expected to be at age 57. Her 7-year-old grandson Robbie had been living with her for three years now, although at the beginning, he sometimes stayed with his mother. Alice put an end to that when she telephoned her daughter, and Robbie answered the phone in tears. He couldn’t wake up his mother because she had taken too many drugs.

The household got even more chaotic when 2-year-old Amanda arrived three months ago. Alice’s son Charlie agreed to take care of his daughter after she had been shuttled around from mother to maternal grandmother to aunt and even lived a short time in a foster home. Amanda’s mother was 20-years old and did not want to be burdened with a child. Charlie was living with Alice and was underemployed, delivering pizzas, but a week ago he moved downstate to work in a friend’s restaurant business, leaving Amanda with Alice.

Although Alice loved her grandchildren and wanted to care for them, it was difficult for her to keep up with them. She had only minimal support from her husband Frank, who often complained that Alice wasn’t strict enough with the children. He didn’t like it when they were loud and ran around the house. Amanda’s was 20-years old and did not want to be burdened with a child. Charlie was living with Alice and was underemployed, delivering pizzas, but a week ago he moved downstate to work in a friend’s restaurant business, leaving Amanda with Alice.

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In addition, Robbie was a very active child, who was often demanding or angry, particularly if she was taking care of Amanda, whom Robbie resented. He was also getting into fights at school, and Alice did not know how to address his angry outbursts. When she talked to school personnel, they appeared to judge Robbie as a hopeless case due to his mother’s drug abuse and neglect, and sometimes Alice wondered whether they were right. She also questioned whether her adult children’s substance abuse and employment problems meant that she was not a good parent.

Alice did have guardianship of both children, which allowed her to include them on the family’s health insurance. Initially, she had simply taken care of Robbie and asked his mother, her daughter Sandra, to arrange for medical care and sign school forms. But sometimes she could not locate Sandra, and she became worried when Sandra talked about taking Robbie back.

Alice reported a major benefit of counseling was an opportunity to voice her feelings and receive emotional support. She was relieved to hear that feeling overwhelmed and conflicted was normal. She was also able to use counseling advice to improve her parenting and coping skills.

Alice needed help accepting her own physical limitations and need for respite. She was able to arrange part-time child care for Amanda. She also asked her oldest son Michael, who lived nearby, to spend regular, recreational time with Robbie, which decreased some of Robbie’s resentment toward Amanda.

Alice also learned to be more assertive with her husband, children, and grandchildren. She asked her husband for more emotional support, and they were able to negotiate reasonable, age-appropriate rules for the grandchildren. With encouragement and guidance, she was able to enforce consequences for her grandchildren’s misbehavior, instead of asking herself what she was doing wrong.

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Helping grandparents

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How Legal and Policy Issues Affect Grandparent-Headed Families

by Margaret M. Robinson, Ph.D., Associate Professor and Director, BSW Program, School of Social Work, University of Georgia

According to national statistics, there are over 6 million grandchildren in grandparent-headed households. This number has increased three-fold in the last 30 years and shows no sign of decreasing. Research on grandparent-headed households is beginning to provide us with an understanding of the issues that the grandparents in these “skipped-generation households” face.

These include health, legal, and emotional challenges. And neither practice guidelines nor policy regulations have caught up with the concerns of these families.

Overwhelming challenges
For the past eight years, I have been the Principal Investigator on a project that offers services to grandparents raising their grandchildren. We employ a multi-dimensional approach to intervention, using a practice model that incorporates social work, nursing, and legal aid to provide a wide range of services. We also offer monthly support groups for both grandparents and grandchildren.

One goal of the project is to help grandparents stay healthy, both physically and mentally, so that they can continue to provide care for their grandchildren. There are obvious physical challenges to growing older, but for many caregiving grandparents, the emotional challenges of raising their grandchildren and finding the best care for them are overwhelming.

In addition to the multitude of feelings grandparents confront when they are faced with the prospect of raising a grandchild, they must also deal with a system that is not designed to address the needs of their family.

Sam’s story
Mr. and Mrs. Thomas are both in their late 60s. Mr. Thomas uses a wheelchair and has multiple health problems. The Thomases took in their grand-son when he was 8 years old.

Sam had been living with his father, stepmom, and three half-siblings since he was 2 years old. His home situation was incredibly tough, and Sam was often the brunt of anger from both the father and stepmom. He was made to wear girl’s clothing, denied any toys or pre-sents sent by his grandparents, and frequently left alone for hours in a closet.

Repeated attempts by his grandparents to get custody of Sam failed. Finally, after the stepmom’s third attempt at suicide, Sam’s father agreed to let the Thomases keep Sam. They filed for adoption. But their trials had only begun.

Two years ago, Sam was dually diagnosed with Asberger’s syndrome and bipolar disorder. Even though he takes medica-tion, he still experiences significant emo-tional cycles and behavioral problems. He also has great difficulty in school.

For one year, Sam was in a special school where he did very well. Then the county decided that he no longer needed the placement. He was subsequently mainstreamed in a special education classroom that is not equipped to handle a child with his difficulties. As a result, he either “loses it” at school or at home with his grandmother and grandfather.

When Sam “loses it,” he becomes disruptive and violent. He is a big, strong child and his grandparents have difficulty restraining him. As a result, his presence in the home has become dangerous for the grandparents. Even so, they remain committed to him.

Limited resources
Grandparents such as the Thomases often have difficulty finding resources for troubled grandchildren. Part of this difficulty stems from the fact that to access state and local resources and services, the grandparent must have legal custody of the grandchild.

But many grandchildren live with their grandparents in an informal arrangement, without formal placement through the foster care system. As a result, they are not eligible for Temporary Aid to Needy Families (TANF), Medicaid, or other government programs. In fact, many counties prefer these informal kinship arrangements because they reduce the number of children on the welfare rolls.

As a result, grandparents are often unsure of the benefits for which their grandchil-dren might be eligible, like subsidized

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RAISING GRANDKIDS

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James P. Coyle, MSW, Ph.D.

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Establishing the Legal Standing of Grandparent Caregivers

by Laura Landry-Meyer, Ph.D., CFLE, Assistant Professor, Human Development and Family Studies, Bowling Green State University

Policymakers are often very vocal about family preservation and family values. Yet current policy often precludes family members from maintaining critical family connections. Grandparents, for instance, typically do not have legal standing to advocate for visitation or guardianship and are treated as stranger in the courtroom. Yet in an era of increased life expectancy, grandparents have more time with their grandchildren and can be a vital family connection.

Grandparents who are raising grandchildren play a primary parent role. Often they are raising their grandchildren to preserve the family. But family preservation programs within the current social service paradigm often do not recognize the important role of these grandparents.

Family policy tends to focus on the biological connection and the immediate family structure of mother, father, and child, rather than taking a role-based perspective.

According to Census 2000, 2.4 million "grandparent caregivers" have primary responsibility for co-resident grandchildren younger than 18. Nationwide this means that more than 6 million children, or 1 in 12, live in households headed by grandparents or other relatives.

Children cared for by grandparents often try to fit the idealized American family image. Many grandchildren call their grandparents "mom and dad," even though they know that these are their grandma and grandpa. Why? These children feel the pressure to adhere to the idealized American version of the family. As the grandmother of a 9-year-old explained: I live in a neighborhood with the most normal families I have ever run into. They have two sets of grandparents that come and visit, and they visit them. Each of the families have a father and a mother. Ozzie and Harriet neighborhood or something. It’s nice that it’s so solid and family-oriented, but it’s hard on my granddaughter because she sees the daddy and the grandparents, and she misses that. It’s hard.

Caregivers continued on page F24
Parental Stress Among Rural Grandparents Raising Grandchildren

by Annie Conway, M.S., Program Coordinator, Grandparents Raising Grandchildren Project; Bethany Letiecq, Ph.D., Assistant Professor, Health and Human Development; and Sandra J. Bailey, Ph.D., CFLE, Human Development Specialist, Montana State University

In the United States, the number of grandparent headed households has been increasing dramatically in recent years. In 2000, close to 6 million children were reported to live in households with their grandparents, which represents a 29.7 percent increase since 1990. While grandparent involvement in raising grandchildren is not new, grandparents serving as primary caregivers to their grandchildren form a fast-growing family configuration. Such families are increasing in rural as well as urban areas.

Researchers have begun to explore the meanings these “second-time-around” caregivers ascribe to their familial experiences and have noted the myriad factors surrounding grandparent caregiving (for example, child abuse, neglect, parental substance abuse, chronic illness, military deployment, incarceration of parents).

Researchers and practitioners have also begun to identify the multiple stressors that the grandparents encounter, including “on time” stressors, such as health problems. Stressors specific to the surrogate-parenting role may include controlling a child’s behavior problems, managing the special needs of grandchildren, balancing work and parenting.

Multiple stressors

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CAREGIVERS continued from page F23

Recognition for kinship caregivers

In Ohio, a combination of grassroots advocacy and policy-level work has resulted in legal recognition for nontraditional families. In 1998, for example, a state task force issued recommendations that recognized role-based family models, including grandparents raising grandchildren. These recommendations, supported by statewide empirical data, were the catalyst for statewide reform.

Here’s another example: In 1999, the Ohio legislature recommended funding for county kinship navigator positions. Kinship navigators help extended family members who are serving as parents navigate the child welfare system and receive services. The program served over 3,700 families with over 5,700 children from October 2001 through March 2002.

Kinship navigators were recently incorporated into a nationwide model supporting kinship care. In July 2004, Senator Hillary Rodham Clinton (D-NY) and Olympia Snowe (R-ME) joined by Thomas Daschle (D-SD) introduced The Kinship Caregiver Support Act (S. 2706) to provide assistance to the growing number of children being raised by grandparents and other relatives.

The Act proposed that the Department of Health and Human Services award competitive grants to agencies with experience in connecting kinship caregivers with social services. In addition to the kinship navigator assistance, the Act would have established a kinship guardian assistance program and ensured notice to relatives when children enter the foster care system.

Affidavit of guardianship

For kinship caregivers, the biggest barrier to effective parenting is the lack of parental authority. Kinship caregivers often do not enjoy the benefits of legal guardianship. This means that they are often barred from making decisions about fundamental aspects of the child’s life such as school enrollment and emergency medical care. Sometimes kinship caregivers are not even invited to parent-teacher conferences.

Many family professionals ask why grandparents don’t petition the courts to receive guardianship. The answer from many kinship caregivers is simple: their goal is family preservation. Petitioning for guardianship means asking the court to declare their child an unfit parent and perhaps severing the relationship with their grandchild’s parent. Instead the kinship caregiver’s purpose is to support and preserve the family so that the parent may eventually return to the primary parenting role.

Based on empirical data and grassroots advocacy, Ohio passed House Bill 130 which created the notarized affidavit of guardianship. The law became effective in July 2004. The notarized affidavit offers a family-friendly, cost-effective approach for kinship caregivers. It is anticipated that with widespread distribution of the forms via the Internet, many grandparents will access and utilize the affidavit.

Such grassroots advocacy and policy-level changes are essential if we are to reshape our ideas about the meaning of “family.” While reunification with the biological parent is the most frequently stated goal in child welfare, attempts should be made to re-define family to balance the continuity of family-based relationships. Grandchildren living with grandparents reside within a biological family with whom they have cultural and familial connections. As one grandmother explained: That’s my child. I don’t mean my child. I mean that’s part of me. That’s my family.

For more information, please contact landrym@bgnet.bgsu.edu.
The Role of Very Old Grandparents
by Annie Rivers, M.S., Family and Child Studies

According to Census 2000, about 6 million children, or 6 percent of all children in the United States, live in households with their grandparents. Of these children, 42 percent are white, 36 percent are African American, 17 percent are Hispanic, and 5 percent are Asian or Pacific Islander or American Indian or Alaska Native.

Some 2.4 million families are headed by grandparents caring for one or more of their grandchildren. Of these households, 1.3 million have both grandparents; one million have only a grandmother; and 150,000 have only a grandfather. Households headed by grandfathers are less likely to be poor those headed by grandmothers. Some 670,000 children live in homes headed by a grandmother. The average income for these households is $19,750, which puts them at the poverty level.

Grandparents under age 60 were more likely to be responsible for their grandchildren than those over 60. But 55 percent of grandparent caregivers over age 60 had cared for their grandchildren for five years or longer. Census 2000 also found that almost 25,000 individuals 80 years of age or older are grandparent caregivers.

Very old grandparents
To learn more about the challenges faced by very old grandparents, including grandparent caregivers, the Ohio State Extension Senior Series did a longitudinal study of 123 white and 122 African American grandparents, aged 85 and older. All were mentally competent and none were institutionalized. Sample information was collected for both groups from voting records, and the snowballing technique was used to locate participants. Local health records were also used to locate blacks 85 and older because of their small numbers in the population.

Participants were interviewed in their homes for two to three hours. African American participants were interviewed over a six-year period and at 14- to 15-month intervals. Information was gathered about the participants’ behaviors.

by Dorothy Rombo Odero, Doctoral Student, Department of Family Social Science, University of Minnesota; and JaneRose Njue, Doctoral Candidate, Department of Human Development and Family Studies, Iowa State University

AIDS was first reported in Kenya in the early 1980s. Since then the virus has ravaged villages, homes, and families leading to tremendous losses. Trends indicate that the annual number of AIDS deaths is still rising steeply and has doubled over the past six years to about 150,000 deaths per year.

New infections, however, may be dropping to around 80,000 each year. According to the 2003 Kenya Demographic health survey, the adult prevalence of HIV/AIDS is 7 percent. This indicates reduced prevalence compared to the earlier years: for example, the United Nations reported a prevalence of 13.6 percent in 1997.

But these demographic changes are meaningless to families affected by HIV. When life expectancy is reduced from 65 to 49 years, this translates into direct losses to families. Families measure the epidemic in terms of uncles, aunts, parents, grandparents, sons, and daughters they have lost.

The majority of new infections occur among youth, especially young women aged 15-24 and young men under the age of 30. According to the United Nations, HIV infection among adults in urban areas (10 percent) is almost twice as high as in rural areas (5 to 6 percent). UNICEF estimates that by 2010, there will be 1.5 million orphans due to AIDS.

Redirecting family resources
Family processes and functions change from the time HIV/AIDS is diagnosed to death of the infected person. The onset of the ailment redirects family resources to emotional and physical support, as well as medical care. The roles played by both the sick person and other family members are jeopardized as partners and relatives become caregivers.

It becomes increasingly difficult to be a parent, a spouse, and a provider when one begins to ail and progresses into full-blown AIDS. When the wife falls ill before her husband, the family disintegrates prematurely because men rarely take up the caregiving role.
Family Innovation: Heterosexual Licensed Domestic Partners

by Marion C. Willetts, Ph.D., Assistant Professor of Sociology, Illinois State University

Although same-sex marriage legislation has captured the media spotlight recently, opposite-sex couples also are pursuing new methods of legitimizing their intimate unions.

Increasingly, many heterosexual cohabiting couples choose to delay legal marriage or opt out of it altogether by becoming licensed domestic partners. Both opposite-sex and same-sex cohabiting couples are eligible to become licensed domestic partners if they live in a city, county, or state with a Domestic Partnership Ordinance. Such ordinances have been implemented over the last 20 years in 55 cities, nine counties, and the states of California, Hawaii, Maine, and New Jersey.

Same-sex couples are eligible to become licensed partners in all of these jurisdictions. But opposite-sex couples may become licensed in only 30 cities, six counties, and the states of California (if at least one partner is over the age of 62 and meets the eligibility requirements for old age benefits under the Social Security Act), Maine, and New Jersey (if both partners are 62 years of age or older).

Legal rationale and requirements

The rationale behind the exclusion of opposite-sex couples in some jurisdictions is that the ordinances were designed to recognize the relationships only of those legally barred from marrying.

All ordinances require that the partners be two financially interdependent adults who live together and share an intimate bond, but are not related to each other in the traditional sense of blood or law. The partners typically must complete an affidavit stating that:

- They are not already biologically or legally related to each other.
- They are not married to someone else.
- They agree to be mutually responsible for each other’s well-being.
- They will notify the city/county/state if they either marry legally or dissolve their relationship.

After paying a small fee, the partners are defined as licensed, although both partners are still considered to be legally single.

Personal reasons

I conducted exploratory interviews with heterosexual licensed partners to discover why they chose to become licensed partners rather than to get married. I found that many couples became partners for economic reasons, such as eligibility for health insurance, and planned eventually to marry.

A smaller number of couples became licensed partners because they rejected legal marriage as a patriarchal institution. Others wanted to support a form of legitimate union that included same-sex relationships.

Further research

I am currently constructing a national data set of opposite-sex licensed domestic partners. As a first step, I have requested a list of all licensed partners and their addresses from the secretaries of the states of California, Maine, and New Jersey as well as the clerk’s offices of nearly all of the cities and counties that offer licensed domestic partnerships to opposite-sex couples.

Twenty-seven cities, two counties, and the State of California thus far have complied. Several jurisdictions are currently reviewing my request. Others do not maintain a registry, consider this information confidential and will not release it, or charge exorbitant fees, making it impossible to include the data.

As the lists of partners were received, my assistants and I assigned each couple to one of three categories on the basis of their first names: opposite-sex, same-sex, and indeterminate (partners are not identified by gender; opposite-sex and same-sex couples are included on the same list). From a total of 34,248 couples, approximately 2,765 opposite-sex couples were identified. We then searched the Internet for the telephone numbers of these couples and found approximately 700 listed phone numbers.

We are currently conducting telephone interviews with a partner in each couple, assessing various dimensions of their union such as their relationship satisfaction, perceptions of equity regarding the division of household labor, the frequency of positive interaction and conflict, and perceptions of relationship stability. Once the telephone interviews are complete, the data will be merged with a national data set of legally married respondents for comparative purposes.

Public policy implications

This research and other work on coupling innovation may help us understand the extent to which such family forms will continue to challenge legal marriage as the preferred method of coupling among heterosexuals. For example, if compared to legally married couples, licensed cohabitators enjoy similar or higher levels of union quality—one of the benefits of an intimate, committed relationship—without suffering the costs of legal marriage, such as financial responsibility to one’s partner or expensive and time-consuming costs of dissolution, then legal marriage may become one of several “lifestyle choices.”

Such a change would have far-reaching implications for public policy. This is because challenges to the cultural primacy...
NEW ROLES  continued from page F25

Sometimes ailing women are relocated back to their parents’ homes to get care that they need, and at times their children accompany them. The death of either spouse changes the family structure and impacts families over generations.

Family genealogies have taken trajectories that were never the norm. Certain families are completely wiped out (especially those formed through common-law marriages) even before the government registers them. Such families might have children born with the infection who die before their parents do.

As AIDS has reduced life expectancy and increased number of orphans, families have attempted to adapt through social, economic, and physical transformations. These include early marriages, child-headed households, and extended kinship orphan support.

Some orphans marry early in a bid to create a homelike situation in which to raise their siblings. This is likely to be the case with first-born children. Other children opt just to raise their siblings with or without support from kin, forming a “one generation” household. Some orphans rotate from one relative to another to spread the costs. Some end up in orphanages, while others end up as homeless street children.

“Third/first” generation families

Many orphans are raised by grandparents, resulting in the formation of “third/first” generation households. These households are unique because they differ from the traditional arrangements of orphan care and life-cycle patterns. Traditionally older children take care of the elderly, but AIDS has changed this norm.

Orphans must often relocate from cities to the rural areas where their grandparents have been living. Both children and grandparents have to learn to be bicultural as they struggle with language differences. The children have to adjust to rural food, housing, recreational activities, and friends. The grandparents, on the other hand, have to adjust to parenting afresh.

Kenya is among the poorer countries of the world, and the return to child rearing affects elders negatively. For example, in rural Kenya where the majority of elders live, the doctor/patient ratio is 1 to 33,000. This means that heathcare resources must stretch to meet the needs of both elders and their grandchildren. And when resources have to be stretched, the elderly compete poorly with everybody else.

VERY OLD GRANDPARENTS  continued from page F25

and those of family members and how they evaluated expectations of family relations. Competency was established through questions that confirmed the participants’ age, date, address, and telephone number.

Caregiving challenges

The study found that elderly grandparents who suddenly found themselves in the position of being parents again needed outside help with the added responsibility. They needed help in understanding child developmental needs and assistance in dealing with the education, emotional, medical, and legal issues. They also needed financial assistance.

These grandparents found themselves in the position of parenting because of family crises like teen pregnancy, death, divorce, substance abuse, parents in prison, abandonment, AIDS and child abuse.

Elderly black women as grandparents

Data from the Ohio State Extension Senior Series was also used to study the grandparent role of 96 black women aged 85 or older. Researchers also examined the factors that contribute to closeness between these very old grandparents and their grandchildren.

Researchers found that constraints such as physical limitations, social programs like social security, and age segregation impeded intergenerational relations. Nevertheless, grandmothers received emotional rewards from caring for their grandchildren.

The presence of grandchildren in the household also means that grandparents have fewer personal resources to meet their own healthcare needs. As a result, the health status of many elders is reduced. Despite this reality, it is estimated that more than 5 million grandparents are taking care of their AIDS orphaned grandchildren in sub-Saharan Africa.

Policy implications

The proliferation of “third/first generation” families underscores the need to revisit the Kenya’s Children’s Act of 2001. When the act advocates parental responsibility for the child, the assumption is that the parents are able and have the interest to meet these obligations.

Since so many grandparents have taken over parental responsibilities, it is essential for the law to address issues that make elders vulnerable: limited availability of resources, the generation gap, and related cultural differences. The elderly should not have to compete for resources with other age groups. Instead elders should receive the same priority as the children.

No matter what its form, the family is crucial for the development of children and even when the family structure deviates from the norm, it is in the interest of the government and any service providers to help families nurture their children.

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of legal marriage would affect not only opposite-sex couples, but also same-sex couples, as well as the children of both.

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Co-Custody May Have Unintended Results

by Lynn Comerford, Ph.D., Assistant Professor, Department of Human Development & Women's Studies, California State University, East Bay (formerly Hayward)

A few years ago I began a research project that involved spending my days in California family courts as a nonparticipant observer taking notes on the state’s role in contested child custody cases. From prior research, I knew that in the United States, fathers had controlled the custody of their children until the mid-19th century. Between 1880 and 1925, the language of judicial decisions shifted from calling upon God, Nature, and Reason to support paternal custody to favoring maternal custody of children of “tender years.” During the 1990s, another shift occurred as most states adopted shared parenting statutes, which made joint legal and physical custody either an option or a preference.

What I did not understand, but was co-custody, an emerging trend in family court. Co-custody is similar to joint custody, but it also is different.

What is co-custody?
With joint custody families, one parent usually has primary physical custody, while both parents share legal custody. In a joint custodial family, for example, children might live with their mother in town “A” during the week and with their father in town “B” on weekends. Or, children may spend the school year with their mother in state “A” and the summer and winter holidays with their father in state “B.”

Co-custodial parents, on the other hand, share physical and legal custody of their children equally. In a co-custodial family, for example, children may rotate weekly between parents who live in the same town or city. Or, pre-school children, in co-custodial families, may spend six months with one parent in state “A” and six months with their other parent in state “B.” In co-custody parenting, equality is the operative term, and thus co-custodial parents are in many respects legally indistinguishable from one another—at least in theory.

Gendered and unequal
But in practice, gendered parents are rarely indistinguishable from one another. Research studies show clearly that child care, earnings, and household labor remain gendered and unequal. It is also usually the case that mothers do more child care for children than fathers, mothers earn lower wages than fathers (even when controlling for education and work experience), and mothers do more household work than fathers.

Nevertheless, I witnessed parents in contested child custody cases enter family court as individuals with unequal histories of care for their children and exit court with those relationships legally reconstructed as equal.

A gender-neutral policy
So, I wondered, what impact does gender-neutral child co-custody policy have on gendered families? The question is a significant one because it entails a possible connection to multiple issues associated with the hierarchical family: discrimination against women, rigidified sex roles, impoverished single-parent families, perpetuation of masculinist ideologies and practices, restricted ideas of what it is to be a person, and often, children who don’t know one of their parents.

Certainly equal legal and physical custody offers remedies to the shortcomings of primary parenting. Judges, for example, are not forced to play Solomon in contested cases. Children are not faced with unequal access to either of their parents in the post-divorce or break-up period. And neither parent is overburdened by the responsibility of caring for children.

Unintended consequences
But my preliminary findings suggest that, in addition to such possible remedies, co-custody brings with it unintended consequences. Co-custody may, for example, lead to increased women’s care work with children while decreasing child support payments. And although it may decrease the discretionary work of judges, it also increases the work of court-appointed mediators. But perhaps most important, custody may be reduced to the mere legal control of children because by assigning power to fathers, co-custody reinforces patriarchal power in the family.

I have discovered that most child custody decisions are made during mediation sessions. Family mediators in California are trained to develop a child custody agreement assuring that children will have close and continuing contact with both parents. Often, however, the cards are unfairly stacked against the weaker party in court-appointed mediation sessions.

For example, mediation sessions take place even when one or both parents have charged the other with domestic violence. Moreover, mediators have the authority to exclude both a person’s lawyer and a domestic violence support person from participating in mediation proceedings. And, mediation can proceed even when restraining orders have been issued against one or both parties engaged in a custody dispute.

Most important, application of a co-custody standard for all families tends to disregard the unique situation of each family. It ignores the consequences associated with continuing a co-parental relationship with an abusive partner. It devalues care work in favor of “parent rights.” It has the potential to silence parents throughout the process of mediation and family court hearings, protecting noncompliance by placing the burden on the weaker parent.

Perpetuating gender inequality
Co-custody can continue and deepen children’s relationships with both parents,
Hutterite Families

by Suzanne R. Smith, Ph.D., Associate Professor, Department of Human Development, Washington State University, Vancouver; and Bron B. Ingoldsby, Ph.D., Associate Professor, School of Family Life, Brigham Young University

Approximately 46,000 Hutterite Brethren live in North America. Their 458 colonies are located in the northwest (Saskatchewan, Alberta, British Colombia, Montana, and Washington) and the upper midwest (Manitoba, North Dakota, South Dakota, and Minnesota). But few people outside of these geographic areas are familiar with this religious/ethnic group.

The Hutterites are Anabaptists who live communally. Their system of education and child rearing is tightly regulated and designed to instill their values and promote group solidarity. While Hutterites are similar to the Amish in life style and religious practices, they do accept electricity and many modern devices that make it easier to run their community business.

Hutterites live in colonies of approximately 100 members, and currently only 13 traditional surnames are represented across the colonies. This means that it's relatively common for all members of the same colony to have only one or two family names. As a result, young adults must travel to other colonies to meet marriageable partners since Hutterites cannot marry siblings or first cousins. When a couple marries, the wife moves to her husband’s colony (patrilocal residence), which means she is typically separated from her parents and siblings.

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...and increase the father’s role in the children’s socialization. But co-custody can also perpetuate gender inequality in the family. For example, a father with no history of caring for his children might become an excellent co-parent. But there’s no guarantee that he will necessarily fulfill his “future co-parenting promise” short of being monitored by an external agency like the state.

By the same token, giving automatic preference to the parent who has historically been the most involved in the primary care of the children (usually the mother) may be a relatively quick way to determine child custody. But enforcement of this policy may also perpetuate the status quo, support an ideology of female mothering, and unfairly screen out fathers, particularly if the children are very young and long-term patterns of child care have not been developed. Assignment of co-custody to the parent with a history of primary care giving in the family also implies that this parent would want to have (mere) co-custody of the children post-divorce or separation.

Unintentional injustice

If people became parents with full knowledge of the rules of equal legal and physical child custody, they might conduct their parenting lives differently. Perhaps they would strive to be more financially self-reliant and be more willing to share child care responsibilities during the life of the relationship.

But most parents do not enter relationships with a presumption of formal equality in mind. Co-custody policy fails to acknowledge that a woman might be situated differently than her former husband or partner.

Currently, child custody law presumes a world in which both parents are granted equal physical and legal custody with no regard for their history of caring for their children. Privileging individual rights in this way may in some cases harm the parent (often the weaker party) who has previously made economic sacrifices to care for children.

The introduction of equal legal and physical custody treats both parents in the same way even though they are situated differently. And this is unjust, even if the injustice is unintentional.

Co-custody policy might be a reasonable alternative to primary parenting after divorce or the dissolution of the parents’ relationship. But a follow-up mechanism is needed so that courts can distinguish de jure co-custody policy from de facto co-custody practices.

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Fostering Partnerships Between Teachers and Latino Immigrant Parents

by Brian Jory, Ph.D., Director of Family Studies, Berry College, Mount Berry, Georgia

Georgia is now the third most popular state in the U.S. for newly arrived Latinos. Roughly 60 percent come from southern Mexico, and they play an important role in the production of our famous peaches and Vidalia onions, in our booming construction industry, and in our carpet mills. Many of the men are separated from their families (which has created serious problems in southern Mexico), but many Latino women and children also live in this part of the country.

Most Latino immigrants come to the United States for jobs and education. By law, all children are required to attend school, and 31 percent of Latino students who graduate from high school go on to college. Unfortunately, 51 percent of Latino children in Georgia do not graduate from high school, a dropout rate higher than the national average of 40 percent for Latinos.

The school setting
Our faculty and students recently got involved in educational issues for Latino families at “Pine Log Elementary,” one of our Professional Development Schools (PDS). A PDS is a local school that partners with us for cooperative consultation on family involvement, family literacy, and exceptional children.

Pine Log Elementary has about 500 students in kindergarten through fifth grade. The students are roughly 50 percent Latino, 30 percent African American, and 20 percent Caucasian. Most of the families are working class, and many are migrant workers. All 25 teachers and administrators at Pine Log are white and middle class.

Pine Log teachers and administrators recognized that their programs were not properly structured and they themselves did not have the training to reach out to the families of their students. Attendance at parent meetings was low: PTA meetings averaged only about 25 parents.

Teachers complained about the lack of support they received from families, and...
despite their best efforts, nothing seemed to improve. The problem was acute because the No Child Left Behind Act, which took effect in 2002, requires schools to increase parent involvement in their children’s education.

**Action research**

Following initial consultations, we instituted an action research project to collect information on the needs and concerns of the main stakeholders: children, parents, teachers, and administrators. The project involved two faculty, one graduate student, and eight undergraduate students. Our ultimate goal was to democratically include all stakeholders, and to involve them in a dynamic process aimed at improving family-school relations for all families, whatever their background.

Several methods were used to collect this information:

- We designed a confidential questionnaire for teachers and administrators asking about their experiences with families at the school, their attitudes towards families in general, their goals and aspirations for the families of their pupils, and their attitudes about family and ethnic diversity. All 25 teachers and administrators completed the questionnaire.
- We conducted face-to-face interviews with 16 of the 25 teachers at the school.
- We interviewed family members. Interviews focused on their experiences with schools, including schools in their native culture, and with education and teachers in general. The questionnaire included checklists, attitudinal questions, and open-ended questions about negative experiences or feelings towards teachers. We conducted 103 interviews, approximately half in family homes and half by telephone. Thirty-five interviews were conducted in Spanish.
- We also interviewed the school counselor, social worker, and a migrant family outreach worker.

All interviews were conducted by Berry College students who had received four hours of training.

**Serious misunderstandings**

What emerged from the interviews was evidence of serious misunderstandings between families and school personnel. The families were not aware of teacher expectations that they should, for example, read to their children at home, check homework assignments, and cooperate with teachers over discipline problems. For their part, school personnel failed to understand the strengths of the ethnically diverse families and were, therefore, unable to draw on these strengths. For example, teachers viewed grandparents living in the home as a sign that the parents were unable to care for the children rather than as a sign of strong extended family ties.

Before our project began, these misunderstandings had come to a head. Two well-intentioned teachers scheduled parenting classes for the Latino families in an effort to “reach out.” Tensions arose between teachers and the Latino families when only three parents showed up for the classes. Most of the Latino parents saw no need for parenting classes. They believed that English-literacy classes would have been more helpful. The teachers’ feelings had been hurt because they genuinely wanted to “help” the families, even though they knew almost nothing about them.

**New approaches**

As a result of these findings, Pine Log launched several new projects. First of all, a Family Engagement Committee was created. The committee included teachers, parents, the migrant family outreach worker, and the school secretary, who serves as the point of entry into the school for all families.

The committee planned an International Fair at the school, and families were invited to share traditional cooking, handicrafts, and woodworking. The Fair was modeled on traditional markets that are common in many parts of the world. Over 300 people attended the fair, which included traditional Mexican and African dancing, with brightly colored costumes and regalia. The International Fair was a success and has become an annual event.

Second, individual teachers were encouraged to develop an instructional pamphlet for the families of children in their classroom. The pamphlet gave concrete details about teachers’ expectations for families. Teachers were encouraged to make the pamphlet reflect their own personalities and to communicate a positive attitude, rather than writing out a lot of rigid rules.

Teachers were also encouraged to keep their expectations realistic and to think about the needs of families. For example, why should parents attend conferences? Were teachers willing to hold parent conferences in the late afternoon after work? How did teachers want families to communicate with them? What about special needs of the children?

Third, English literacy classes, taught by the migrant family outreach worker, were held for families enrolled at the school. Latino women were especially encouraged to attend these classes. Transportation problems were addressed, and, within a couple weeks the classes were well attended. Teachers were also encouraged to attend these classes in order to learn more about traditional Latino culture and the life of Latino immigrants in this country.

Finally, a room off the school library was designated as a “Family Resource Center.”

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RURAL GRANDPARENTS

This study is part of the statewide Grandparents Raising Grandchildren project coordinated through the Montana State University Extension Service, which provides resources and support services to grandparents. Thus far, we have found that length of time in the caregiving role is significantly related to parental stress. The longer that grandparents perform the primary caregiving function for their grandchildren, the less parenting stress they perceive. We surmise that as time passes, grandparents become more skilled at coping with the challenges of parenting a second time around. Over time, grandparents may gain additional parenting skills and learn how to navigate the social systems in place to serve families with complex needs.

We also find that depression is related to parental stress, such that increases in depressive symptoms are related to increases in perceived parental stress. Grandparents who take on the parenting role often do so under complex and challenging familial circumstances. For example, grandparents in our project are caring for their grandchildren as a result of their adult child’s difficulties with employment, drug or alcohol addiction, divorce, and death. These grandparents may not have been adequately prepared emotionally, physically, financially, and socially for the roles they took on when family crises occurred.

Parenting stress is also related to the grandparent’s confidence in their parenting role. Increased confidence is related to decreased perceived stress. Grandparents who are more knowledgeable about child development and caregiving appear more relaxed about their role and, therefore, may be less stressed. Likewise, grandparents who have more resources and knowledge about legal issues, custody, obtaining medical insurance, finding child care, enrolling the children in school, and accessing community resources may also have more confidence and better coping skills and strategies to reduce stress.

Implications for practitioners

Our findings hold several implications for practitioners. For example, given that many grandparent caregivers—especially those new to this role—may lack confidence in their second-time-around parenting skills, these caregivers might benefit from parent education. Participation in support groups may help grandparents expand their social networks.

Practitioners should also consider the psychological health of grandparent caregivers. Given the unusual and often tragic circumstances that necessitate grandparent caregiving, improved access to counseling services may be helpful—especially in rural locales.

As grandparent-headed families continue to increase, future research should focus on the well-being of grandparents and the grandchildren they raise, as well as on the effectiveness of programs that support these families in rural and urban settings.

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PARTNERSHIPS

with books on parenting, education, childhood illnesses, and other subjects relevant to families with young children. The resource center is used in conjunction with the literacy classes and is becoming popular with parents.

While these changes have not been a panacea, they did get the ball rolling by helping parents become more involved with teachers and helping teachers relate to parents in meaningful ways. This is a good outcome for everyone, but especially for the children.

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