The Impact of Kin and Fictive Kin Relationships on the Mental Health of Black Adult Children of Alcoholics

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The purpose of this qualitative study was to examine how kin and fictive kinship relationships help to ameliorate or buffer responses to parental alcoholism and the breakdown in parenting. This qualitative study investigated coping responses developed by college students, who self-identified as adult children of alcoholics (ACOAs) who lived with an alcoholic parent or caregiver. In-depth interviews and follow-up participant checks were used. A descriptive model was developed describing conditions that affected the development of positive self-esteem, the phenomena that arose from those conditions, the context that influenced strategy development, the intervening conditions that influenced strategy development, and the consequences of those strategies. Subcategories of each component of the descriptive model are identified and illustrated by narrative data in relation to the ACOAs' psychological well-being. Implications for research, policy, and practice are discussed.

KEY WORDS: *ACOAs; black; coping; fictive kin; kin; self-esteem*

According to a report by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2002a), alcoholism ranks almost certainly as the number one mental health problem; if not the most significant of all health problems in black urban communities. Research has shown that alcoholism is the number one health problem in the African American community (Stinson, Grant, & Dufour, 2001). Ethnicity and alcohol problems include both medical and social consequences. Research on alcohol's health effects on minority groups has shown a strong correlation between heavy (long-term) drinking and death for African Americans (Caetano & Clark, 1998). In addition, alcohol-related fatal crashes are three times more prevalent among ethnic minority groups than among the general population (Caetano & Clark, 1998). Various contributing social and biological factors affect the consequences of alcohol consumption for ethnic minority populations (Stinson et al., 2001). Studies have shown that greater densities of liquor stores are found in segregated ethnic minority neighborhoods (Caetano, Clark, & Tam, 1998). The availability of alcohol has been linked to patterns of alcohol-related traffic crashes in African American communities (Caetano et al., 1998). People vary in their vulnerability to the effects of alcohol. Among African Americans, some have a genetically determined metabolizing enzyme that affects the degree of vulnerability to alcohol cirrhosis and alcohol-related fetal damage (Treno, Alaniz, & Gruenewald, 2000).

The debilitating effects of alcoholism and other chemical dependencies are not confined to the addicted individual alone (NIAAA, 2002b). Spouses, parents, children, even friends and colleagues of substance abusers may suffer a progressive psychological, emotional, and spiritual deterioration that mirrors that of their chemically dependent loved one (Hall, 2007). The pain of a spouse, child, or parent may be less immediately visible, but it is no less severe. According to the Children of Alcoholics Foundation (COAF) (2004), one out of eight Americans is an adult child of an alcoholic.

Black (2001) poignantly described the suffering of children who grow up with an alcoholic parent and find themselves so encumbered by parental needs that they cannot proceed normally toward the development of satisfying adult commitments to love and work. Black provided an invaluable

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topographic model of problems faced by children of alcoholics. Children, like other codependent people, are emotionally abused, frequently neglected, and often physically victimized by addicted parents (Black, 2001; Hall, 2004). The nonaddicted parents are frequently too psychologically debilitated to serve as a barrier to the destructiveness of the alcoholic or drug-dependent parent (Hall, 2007). Children of alcoholics (COAs) are keenly aware that the drinking and drug use of their parents are threatening not only to their parent's lives, but also to the integrity of the family; and their terror of losing their parents is made nearly unbearable by their recognition that they (COAs) are relatively helpless without competent adult support (Hall, 2004). It is the fundamental assumption that many adult children of alcoholics (ACOAs) adopt certain roles to cope with parental alcoholism, have a difficult time separating from their family of origin, are unable to establish stable commitments in love and work, and experience a severe depletion of self-esteem (Black, 2001; Hall, 2004).

Several authors have suggested that the presence of a significant other in the life of a child of an alcoholic may help buffer the adverse consequences of parental alcoholism (Hall, 2004; Howes, 1999; Werner, 1999). For instance, kin and fictive kin relationships can provide emotional support to the child when the alcoholic is unavailable. In this qualitative study, kin relationships are defined as blood, marriage, or adoptive kin (for example, grandparent, cousin, aunt, uncle) and fictive kin (for example, mentor, coach, teacher, play mother and father) who regularly participated in significant life events (for example, weddings, funerals, baptisms, attended school plays) with the ACOA when the ACOA was between 10 and 18 years old. The two key questions for the study were as follows: (1) How did black ACOAs kin and fictive kin relationships affect the development of healthy self-esteem? (2) In what ways did these kin and fictive kin relationships help ACOAs to cope with living with an alcoholic parent and maintain psychological well-being?

METHOD

Participants

Participants were recruited in a small, metropolitan area through university and personal contacts. Flyers were posted that contained detailed information regarding the study on two major university campuses. Individuals who were interested telephoned the author. When prospective participants contacted the author, the purpose and scope of the study were reviewed and an appointment was made for the interview. Of the 60 people recruited, 32 became study participants; the remaining 28 people had scheduling conflicts or changed their minds about participating in the study. Each participant was assigned a number for the research and promised the opportunity to review quotes and other information after the study was completed.

The research participants were college students who self-identified as African American ACOAs (N = 32). Participants also completed the Children of Alcoholics Screening Test-6 (CAST-6), a shortened six-item version of the original 30-item Children of Alcoholics Screening Test (CAST) (Hodgins, Maticka-Tyndale, el-Guebaly, & West, 1995). The CAST-6 is used to identify latency age, adolescent, and ACOAs psychometrically in a confidential manner. It measures perceptions, feelings, attitudes, and experiences related to a parent's drinking. Participants with scores greater than or equal to four were considered ACOAs.

There were 18 female and 14 male ACOAs who had experienced parental alcoholism between the ages of 10 and 18 years and who had lived with an alcoholic caregiver at least one year before a period of sobriety. The age range of participants was 20 to 41 years. All were heterosexual; the majority of the participants (N = 21) were in a relationship or were living with a partner. Participants' educational levels ranged from completion of the graduate equivalency degree to having a master's degree. Family socioeconomic status was also fairly evenly distributed, with equal numbers of participants having reported growing up in families with median household incomes of less than $15,000.

Procedure

After participants signed the consent, audiotaping commenced. Thirty-two ACOAs participated in a 60- to 90-minute in-depth interview. A semistructured interview guide containing 17 open-ended questions developed by the author was used to solicit the participant's experience of living with an alcoholic parent. The interview guide enabled the author to establish rapport by asking questions such as the following: Tell me about your childhood. Who were the members of your immediate family? What stands out most in your mind as something you remember more than anything else? Questions

regarding the ACOAs' perceptions of kin and fictive kin relationships were explored by asking the participants to describe their relationships with relatives or neighbors while growing up. The interview guide also had questions regarding the ACOAs' perception of the primary caregiver and the support provided from kin and fictive kin. At the conclusion of the interview, participants were invited to debrief and were compensated $20 for their time.

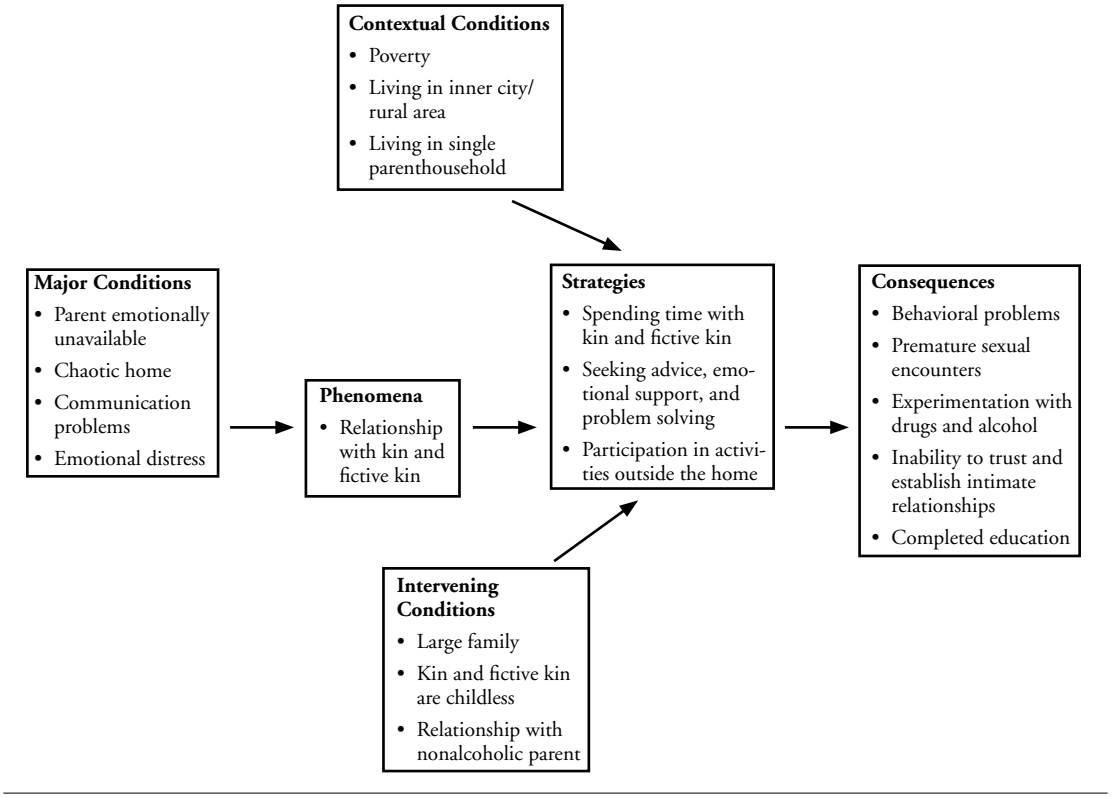
An important concern for qualitative research is rigor; member checking, peer debriefing, and negative case analysis were used to reduce threats to trustworthiness. The data consisted of more than 20 hours of audiotapes, which documented 32 interviews and two follow-up meetings with 15 participants over a six-month period. The audiotapes were transcribed verbatim. In addition, there were two hours of taped field notes and reflections. The data corpus consisted of more than 400 pages of transcriptions, field notes, and documents completed by participants.

The analytic process was based on immersion in the data and repeated sorting, codings, and comparisons that characterize the grounded theory approach. Analysis began with *open coping*, which is the examination of minute sections of text made up of individual words, phrases, and sentences, which are then documented by memoing (Padgett, 1998; Strauss & Corbin, 1998). To identify emerging themes and to uncover relationships among categories, data were coded axially. The author's subjective experiences were logged, examined for tacit biases and assumptions, and subsequently analyzed.

RESULTS

A descriptive model of African American ACOAs' kinship ties developed from the study is presented in Figure 1. Conditions are a conceptual way of grouping answers to why, where, and when questions. Together these form the structure, circumstances, or situations in which phenomena are embedded. "Labels placed on conditions such as

Figure 1: Descriptive Model of African American Adult Children of Alcoholics' Kin and Fictive Kin Relationships



primary, intervening, and contextual are ways of trying to sort out some of the complex relationships among conditions" (Strauss & Corbin, 1998, p. 130).

Four major conditions emerged from the data, which identified the basis for the ACOAs' relationships to kin and fictive kin: (1) emotionally unavailable parents, (2) chaotic home, (3) lack of communication with parents, and (4) emotional distress. Which parent and how sick he or she was seemed to be an important consideration. If the mother was an alcoholic, the household was usually more disorganized and the children suffered more. The first major condition, "alcoholic parent," is related to the participant's relationship with the alcoholic parent. Twenty-two participants identified their mother as the alcoholic parent, eight participants identified their father, and one participant identified both her father and her stepmother as alcoholics. All of the participants reported that before they were eight years old they became aware that their parent had a drinking problem. The alcoholic parents' behavior facilitated kin and fictive kin relationships. The majority of participants indicated that they loved their alcoholic parent, and one participant who did not believe that her alcoholic fathers' affection was genuine said, "I loved my dad, but he never felt like a father to me until he was drunk, and then I couldn't believe his affections were real."

Parental alcoholism forces the child's needs to go unmet. Participants shared painful memories of their alcoholic mother's noninvolvement. One participant said, "All I can think of was like she wasn't around for things like mother–daughter day and my parent–teacher conferences." The salience of the alcoholic parent's inability to participate in family rites of passage is reported by this participant who said, "My mom didn't show up for my sixth grade graduation, she always failed me."

The second major condition, "chaotic home," played a role in the development of kin and fictive kin relationships. Reality testing was difficult when this participant was confronted by her alcoholic father's cycling between drunkeness and sobriety. This participant said the following:

> I had two dads growing up. I had the sober dad, who was quiet, reserved, and advised me when I had problems. The sober dad did housework, cooked, and behaved intelligently. My 'drunken' father would come in the house cursing and throwing stuff! He made our lives horrible; our home was chaotic.

The third major condition, "communication problems," was either the participants' inability to communicate with their parents or lack of communication with their parents. The empirical and theoretical literature suggests that the parent–child bond is stressed in the alcoholic home when communication problems exist (COAF, 2004; Howes, 1999; Werner, 1999). Some kin and fictive kin relationships occurred because the parent or primary caregiver failed to nurture the ACOAs, hence the ACOAs did not establish bonds with their parents or the relationships developed late. A participant reported a distant relationship with her nonalcoholic parent: "Growing up I was never real close to my mother; I couldn't talk to her. When I started my period it was six months before I told her; I didn't know how to talk to her."

The fourth major condition, "emotional distress," was related to the ACOAs' experience of parental divorce and witnessing verbal and physical altercations. One participant made the following statement regarding her reason for developing a fictive kin relationship: "School integration and the divorce of my parents [were] traumatic for me. I talked to her [parentified child] and she explained to me that I still had a daddy, because I thought I didn't have a daddy anymore."

Contextual Conditions

The contextual conditions include poverty, living in an inner-city or rural community, and living in a single-parent household. The support and the kin network helping arrangements become more activated when the mothers are single, when families are facing greater stress, or when economic resources are limited (Hill, 1999). The economic stability of a family is determined to a great extent by the presence of both parents who are working. One participant said, "We were country poor; it's not like living in the city and being poor. Being poor in the country, there are no resources." Participants living in single-parent homes reported that their parents received help from extended family members. A female participant said, "My mom was an unemployed single mother; we had to live with my grandmother and mostly depended on her and other family members to help us."

Intervening Conditions

There were also intervening conditions, which were general conditions that influenced the ACOAs' kin and fictive kin relationships. Participants reported intervening conditions such as living in a large family, childless kin and fictive kin, and the relationship with a nonalcoholic parent. A few of the participants noted that living in a large family facilitated their kin and fictive kin relationships. "Mama raised all 14 of us. My relationship with mom was good, but she had 14 children." A woman without children or whose children might have left home might informally adopt a daughter and act like a mother to her (Aschenbrenner, 1975).

Aschenbrenner (1975) and Billingsley (1992) posited that there are both economic and psychological reasons to set up a play relationship with someone. Some participants developed relationships with kin and fictive kin who were childless. A participant described her relationship with a paternal aunt who was childless: "She didn't seem to get tired, even with her not having kids. My aunt always welcomed us into her home and she was always doing things for us." Another participant who developed a relationship with a childless neighborhood lady said, "My play mama [fictive kin] always had time for me. She didn't have children; I would spend a lot of time with her." It is important to emphasize that nearly all the participants cited the nonalcoholic parental relationship as being supportive and caring. One participant stated, "Mommy did the best she could struggling to raise six kids with a seventh-grade education; she supported me."

Core Strategies

The strategies were influenced by contextual conditions that are related to both the causal conditions and the resulting phenomena. In the presence of these contextual and intervening conditions, the following four core strategies for ACOAs kin and fictive kin relationships were identified: (1) spending time with kin and fictive kin; (2) seeking advice, emotional support, and problem solving; (3) risk taking; and (4) participating in activities outside the home. The first core strategy, "spending time with kin and fictive kin," includes a discussion of the kin network. The second strategy, "seeking advice, emotional support, and problem solving," is related to the respondents' managing their alcoholic parentage. The third strategy, "risk taking," includes a discussion regarding the risks taken by ACOAs. The fourth strategy, "participating in activities outside the home," includes a discussion on the types of and involvement in activities outside the home.

Werner (1999) found that the presence of at least one caring person provides support for healthy development and learning. The participants were asked to identify a maximum of 10 kin and fictive kin figures who were members of their kin network. All but one of the participants identified fewer than 10. The majority of participants identified a minimum of five kin and fictive kin relationships during childhood. The participants' relationships were composed of relatives such as a parentified child, siblings, aunts, and so forth. Nonrelatives were composed of teachers, friends, counselors, and so forth. Participants indicated that a majority of their relationships occurred during childhood, with daily or weekly contact, and continued throughout their adulthood. Through these kin relationships, participants reported having received emotional and concrete support. Although fictive kin also reportedly provided emotional and concrete support, participants reported that they were more likely to offer academic information and emotional support.

Several participants reported spending time with siblings (parentified child), specifically the eldest female. One participant said, "My sisters were always together, but me and my oldest sister [parentified child] were together the most." Another participant commented, "My school teacher [fictive kin] always took me to her house on the weekends, and we went to church a lot."

Hill (1999) posited that the most functional and effective coping strategies for black people come from the strength they find with their own families and kin networks. Some participants indicated that they received emotional, financial, and academic support from kin and fictive kin. For the most part, type of help received was based on the participants' need. The participants reported that they received help from a parentified child, siblings, play mothers and sisters, teachers, and counselors. One participant who relied on her oldest sister for support stated, "My oldest sister [parentified child] always helped me; she combed my hair and helped me do homework. She had the biggest impact on my life."

Aschenbrenner (1975) has said that Southern folk do not limit their circle of kin to real or assumed relatives. They add "play mothers and fathers" and "play sisters and brothers" to their kin network (Aschenbrenner, 1975, p. 65). One participant described

her relationship with a cousin she considered a "play sister," "My cousin, she's not my real cousin she's my "play sister" [fictive kin], always spent time with me; I always felt she cared about me." Many of the participants obtained varied forms of support from kin and fictive kin relationships. One participant recalled spending more time with a fictive kin than at home: "I didn't like my home, but I didn't have anywhere else to go. She [camp counselor] allowed me to visit her on weekends. We'd talk, watch movies, and she'd help me wash my clothes."

The extended family provides moral support in troubled times, such as a divorce or separation. For others, their extended family provided a sense of identity and emotional security. This meant having someone who cared for them and someone they could turn to in time of crisis, which was of paramount importance. Alcoholism negatively affects family life and has significant effects on family members because it upsets the routine habits, family rituals, and problem-solving strategies (COAF, 2004; Crespi, 1995). For this reason, alcoholic families are often described as dysfunctional families. ACOAs reported more family disruption, significantly less communication with their parents, and more incidences of parental arguments and violence in their families of origin. Consequently, study participants relied on kin and fictive kin for advice and help with solving problems. Several participants noted that kin and fictive kin offered advice and guidance regarding their chaotic home environment, relationship with parents, and emotional or behavioral problems. Of central importance for the participants was having an opportunity to confide in someone about their home situation. One participant noted, "My teacher found out about my troubled home. I'd come and talk to her about my home life and we developed a close relationship." Often, a parentified child functioned as a surrogate mother and thus fulfilled the role of problem solver for some participants: "Anytime I had a problem, I could talk to my older sister. She was my mother in a sense."

To manage the stress of alcoholic parentage, participants sometimes relied on fictive kin for emotional support. One participant stated, "My school teacher was influential in getting me to open up about things happening in my house. She was a compassionate person who cared about me." One thing that was consistent among all the participants is the risks that they took by means of their relationships with kin and fictive kin. One participant stated the following:

> My drama teacher [fictive kin] encouraged me to participate in a choir competition. My aunt forbade me to tell the teacher I couldn't participate because I didn't have the money. I told my teacher anyway, and her church donated the money.

Often, kin and fictive kin relationships provided participants with opportunities to escape the harsh realities of their neighborhood and home. One participant said, "Going to camp and meeting my camp counselor was a breath of fresh air. We lived in the 'hood'; my brother was caught up in the gang stuff. When this opportunity came along, I knew it was my chance."

Phenomena

The phenomenon that emerged from this phase of the analysis was the presence of ACOAs' kin and fictive kin relationships. The phenomenon of ACOAs' kin and fictive kin relational experiences can be understood in the framework of multiple relationships in a multiple caregiver context. Kin and fictive kin relationships can be with some other familiar figures like father, grandmother, older sibling, or other adult who frequently interacts with the individual. Researchers have presented three categories for the development of kinship social support: provision of physical and emotional care, continuity or consistency in the child's life, and emotional investment in the child (Howes, 1999).

Consequences of Strategies Related to the Phenomena of ACOAs Kinship Support

ACOAs tend to encounter many serious problems as they attempt to fulfill the demands of adult life (Black, 2001), for example, emotional and conduct problems in adolescence and the development of alcoholism in adulthood (Werner, 1999). Clinical literature suggests that ACOAs may also be at risk of emotional and interpersonal problems in adulthood. Participants reported some of the most devastating consequences of living in an alcoholic home, such as the following: behavioral problems, premature sexual encounters, experimentation with alcohol and drugs, and the inability to trust or develop intimate relationships. Some ACOAs experienced

behavioral problems. One participant described her rebellious adolescence: "When I was 14, I started running away from home. I was living in vacant houses." Another participant explained, "I'd been in juvenile detention and in runaway shelters most of the year. The social worker had me in counseling to deal with my anger." The effects of parental alcoholism sometimes appear in adulthood. One participant noted the following:

> I think if Daddy had been a daddy to me, that maybe I wouldn't have begun having sex so early and I probably wouldn't have been as promiscuous. All my children are by different men and I never had a real stable relationship.

ACOAs are more likely to experience problems with alcohol and drugs. A participant reported her early experimentation with alcohol and marijuana: "I drank tequila and got completely trashed for the first time in the 11th grade. My older brother introduced me to marijuana at the same time, and I started smoking marijuana a lot."

African American children, like other children, are apprentices of their parents and family. They learn to function on the basis of the models they observe. COAs discover that they cannot depend on their parents. Hence, one adverse consequence of kin and fictive kin relationships was participants' rejecting their parents and choosing to pattern their lives after kin and fictive kin. One participant noted, "My school teacher [fictive kin] helped me; she was my inspiration. She had a nice house, a nice job, a nice husband, and I patterned myself, I mean my whole life after her." Other participants credited kin and fictive kin for having changed their life course; one person said, "I started summer camp for inner-city children when I was 10 years old; participating in camp boosted my self-esteem and confidence in school." Another participant said, "He [high school safety officer] used to keep me from skipping school. I graduated because of him."

Despite having experienced a range of difficulties associated with being ACOAs, many participants also talked about characteristics associated with psychological well-being. Among these were physical and personal characteristics that promote resilience, relationships with mentors, and the aptitude to succeed academically. As noted earlier, alternative relationships occur when individuals provide physical and emotional care, stability and regularity, and an emotional investment in the child. For some participants, the ACOAs' experiencing the kin and fictive kin as nonjudgmental facilitated close relationships. One participant stated, "When I started summer camp, she [camp counselor] nurtured me. She was nice for no reason, and from where I came from, you had to earn someone being nice to you. She had genuine interest in my welfare."

Other personality and physical characteristics seemed to promote kin and fictive kin relationships. Some participants were closer to kin and fictive kin than to family members. One participant described her play mother's acceptance:

> I was a sick child. I had asthma and began to have seizures; I was falling out a lot, so the kids didn't want to play with me. When there were special tournaments she [play mother and maternal aunt] would always partner with me.

ACOAs often suffer from low self-esteem; one participant stated, "I was overweight; I felt ugly and unworthy. She [camp counselor] was nice to me; I no longer had a negative self-image." This participant also credits her kin and fictive kin with showing her something outside of her neighborhood and fostering in her a desire to excel. She said, "Going to summer camp and meeting my camp counselor was definitely a reason for me [to] do something different with my life and to be something outside of the "hood." Many kin and fictive kin relationships began when the participant was young and lasted for many years. One participants' fictive kin played a vital role in her going to college. "I had a physical education teacher; I told him I wanted to go to college. He helped me submit scholarship applications. I never would have gone to college, if he hadn't encouraged me." It should be noted that more than three-fourths of participants obtained a high school diploma or more.

DISCUSSION

These findings affirm the relative importance of ACOAs' perception of how their relationships with kin and fictive kin influenced their experience of living with an alcoholic parent and their psychological well-being. Clearly, on the basis of the information covered, the ACOAs' kin or fictive kin relationships affected the way they felt about themselves and their ability to solve problems. A final way the findings support ACOAs' perception of how kin and fictive

kin relationships enabled them to solve problems are the consequences of their kin and fictive kin relationships. Even when faced with emotional or behavioral problems that resulted from disturbances in the parent–child relationship in the alcoholic homes, these participants recognized how kin and fictive kin relationships affected how they felt about themselves. Indeed, the findings support the study's assumptions. On the basis of the findings, the participants who had kin and fictive kin relationships exhibited healthy psychological well-being, and their kin and fictive kin relationships helped them cope with living with an alcoholic parent.

It is important to remember that this was an exploratory study with a small group of participants. As such, the findings raise questions and point to certain avenues for future research with representative samples that might prove fruitful. The data collected were based on self-report; one major limitation of the qualitative data is its reliance on the participants' ability to provide information about their experiences retrospectively. In reporting on past experiences, the participants may have been selective in remembering painful or negative events more readily than in recalling memories that were less painful. It is impossible to ensure that the respondents accurately portrayed their experiences. This information can help in the development of future research.

This study aimed at providing empirical information regarding a segment of African American ACOAs. The findings demonstrate how acknowledgment and value of relationships to kin and fictive kin can provide real and potential sources of strength for the individual's overall well-being. Public institutions, grandparents and parents, and religious institutions are needed to provide resources and to instill hope for all families in the future. All of these resources should use cultural practices inherent to all racial and ethnic groups to enable families to enjoy some equality in the future. If this culturally unique protective factor, kinship ties, is important enough to evoke as a possible reason for ACOAs' developing healthy self-esteem and coping, then data about the kin and fictive kin relationships should be elicited from the ACOAs and considered when appraising the appropriateness of the intervention. Finally, the findings presented raise a host of questions, which generate the need for further research in the prevention, assessment, and treatment of African American children. HSW

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