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# An Exploratory Study of the Role of Kinship Ties in Promoting Resilience Among African American Adult Children of Alcoholics

J. Camille Hall

**SUMMARY.** This study utilized a multi-method design that integrated both qualitative and quantitative methods. The study sought to identify differences in kinship social support, self-esteem, and coping responses between African American college students who identify themselves as adult children of alcoholic parents (ACOAs) and adult children of non-alcoholic parents (non-ACOAs) at two separate universities. The results indicate that ACOAs utilized more effective coping responses than non-ACOAs and there were no differences in levels of self-esteem and kinship social support. Personal constructs of adult children of alcoholics (ACOAs)' coping responses while living with an alcoholic parent and/or caregiver were investigated using in-depth interviews, and follow-up

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participant checks were used. A theoretical model was developed describing: (a) causal conditions that underlie the development of resilience, (b) phenomena that arose from those causal conditions, (c) context that influenced strategy development, (d) intervening conditions that influenced strategy development, and (e) consequences of those strategies. Subcategories of each component of the theoretical model were identified and illustrated by narrative data. Implications for research, practice, and policy are addressed. doi:10.1300/J137v15n02\_05 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Resilience, coping responses, self-esteem, ACOAs, kinship, social support

## INTRODUCTION

Alcoholism is a complex phenomenon with many factors affecting its onset, progress and remission (Black, Buckley, & Wilder-Padilla, 1986). The effects on the people in the alcoholic's life are equally as complex as is the fact of resiliency in many of those people (Garmezy & Rutter, 1988; Rutter, 1994). One out of every eight Americans is the child of an alcoholic. A large body of empirical research indicates that there is a great deal of variability in ACOAs' adjustment and that not all children of alcoholics (COAs) develop a drinking problem or psychopathology as a result of their alcoholic parentage. Many studies have pointed to a common core of individual dispositions and support systems in the extended family and community that appear to foster resilience. This study sought to understand the effect of a known support system within African American family structure, kinship ties, which involves multiple attachment relationships for children, and provides a unique protective factor that promotes resilience in the face of adverse circumstances such as parental alcoholism.

## LITERATURE REVIEW

Emotional difficulties, specifically depression, low self-esteem, and anxiety have been considered the norm for COAs. Numerous empirical studies have suggested that an individual's personal makeup and nurturance from internal and external support systems appear to foster

resilience (see Anthony & Cohler, 1987; Bleuler, 1984; Felsman & Vaillant, 1987; Garnezy & Rutter, 1988; Rutter, 1994; Werner & Smith, 1992). These factors tend to improve or buffer responses to both constitutional risks factors (such as parental alcoholism or mental illness) and stressful life events (such as economic hardship or a breakdown in parenting). Psychoanalytic theory about child development postulates that an infant develops a primary bond with its primary caregiver who provides the child with a secure base for exploring the world and moving toward independence (Sroufe & Fleeson, 1986). Rice, Cunningham and Young (1997) found that early on children develop internal working models with multiple attachment figures that enable them to bounce back and serve as protective mechanisms when exposed to risky situations. Many individuals and families possess qualities that are emphasized and viewed as the resources that allow them to overcome adversity.

Risk and resilience literature posits that children's self-esteem and their aspirations to succeed are found within the support of the extended kin network. Wood (1987) also found that COAs have trouble maintaining an adequate level of self-esteem. Several authors, including Black (1981), Black, Buckley, and Wilder-Padilla (1986), Wegscheider (1981), and Wegscheider-Cruse (1989) agreed that the source of the problem is a disturbance of the parent-child relationship in alcoholic homes. West and Prinz (1987) examined the work of eleven researchers who investigated the effects of parental alcoholism on children's emotional functioning including anxiety, depression, lower self-esteem and perceived lack of control over the environment. All of the studies except one reported a positive association between parental alcoholism and impaired emotional functioning of offspring. They concluded that COAs and ACOAs may be at risk for developing a variety of anxiety and depressive symptoms, including low self-esteem and perceived lack of control over events in their environment. Methodology and sample characteristics were similar for each study and the research participants were Caucasian ACOAs who were at least 18 years of age. Rodney's studies of African American adult and adolescent COAs indicated that COAs who had stronger social support networks reported fewer drinking problems and improved mastery of development tasks (self-esteem, identification, expression of feelings, anxiety, control, trust, self-efficacy and intimacy). In another study, Rodney and Mupier (1999) confirmed that COAs experience lower self-esteem than non-COAs. The results of both studies are consistent with West and Prinz's findings.

Coping styles appear to be an important factor in determining the effects of parental alcoholism on children's depression proneness and self-esteem. In some instances, COAs have been noted to exhibit problematic coping skills, including drinking to relieve stress. Rouse, Waller, and Ewing (1973), Clair and Genest (1987), Reich, Felton, and Powell (1988), and Segrin and Meness (1996) examined coping behaviors of children in alcoholic homes. All but one of the studies interviewed random samples of adolescents aged 15 to 21 years. Significant differences were found between COAs and non-COAs regarding coping behaviors. Results indicated that children of heavy drinkers used fewer methods of coping and a more limited number of coping strategies that were less adaptive. The COAs group was found to more frequently appraise stressful situations as unchangeable or as requiring acceptance.

The foregoing investigations suggest that COAs may be at risk for developing low self-esteem, depressive symptoms, coping problems, family dysfunction, and perceived lack of control over events in their environment. Several authors, Felsman and Vaillant (1987), Garnezy and Rutter (1988), Hall (2004), Rutter (1994), and Werner (1999) have suggested that the presence of a significant other in the life of COAs may help buffer the adverse consequences of parental alcoholism. For instance, kin and/or fictive kin relationships can provide emotional support to the child when the alcoholic is unavailable. Woititz (1990) contend that COAs and ACOAs experience shame and isolation. The majority of the studies examined these factors as they related to Caucasian COAs and ACOAs; this study examined self-esteem, kinship social support, and coping responses of African American ACOAs and non-ACOs.

The research questions for the current study were as follows: (1) To what degree will ACOAs' and non-ACOs' self-esteem differ; (2) To what degree will ACOAs' and non-ACOs' coping responses differ; and (3) To what degree will ACOAs' and non-ACOs' kinship social support differ. The key assumptions for the current study were: (1) African American ACOAs who had an attachment to kin (blood, marriage, and/or adoptive kin, e.g., grandparents, cousin, aunt, uncle) and/or fictive kin (e.g., mentor, coach, teacher, play mothers/fathers) who regularly participated in significant life events (e.g., weddings, funerals, baptisms, attended school plays, etc.) who did not have substance abuse issues while living with an alcoholic parent, are resilient; (2) African American ACOAs who had kin and/or fictive kin relationships have healthy self-esteem; and (3) These kin/fictive kin relationships help ACOAs to cope with living with an alcoholic parent.

## METHOD

The quantitative sample consisted of African American undergraduate philosophy, sociology, and criminal justice students ( $N = 150$ ) from two universities during the 2003-2004 academic year (see Table 1). Data from twenty-two subjects ( $N = 22$ ) were excluded due to failure to follow instructions or excessive missing data; the final sample consisted of African American college students ( $N = 128$ ). Sample sizes vary somewhat across analyses due to partially completed questionnaires. Selected background characteristics included: age, gender, level of education, and religious affiliation. The ages of the respondents ranged from 20-44. The majority of the respondents were between the ages of 20-24. As illustrated by the data in Table 1, females represented more than two-thirds of participants, while slightly more than one quarter were male. The level of formal education attained by the participants ranged from high school to completion of a master's degree.

The majority of the participants were not adult children of alcoholics. Of the 128 participants, 78.9% did not meet the cutoff score of 3 or more on the CAST-6 and 21.1% ( $N = 28$ ) were ACOAs. A percentage breakdown indicates 81.1% ( $N = 21$ ) were female and 18.9% ( $N = 7$ ) were male (see Table 1). Sixteen respondents ( $N = 16$ ) indicated their father was the alcoholic parent, while three participants ( $N = 3$ ) indicated the alcoholic parent was the mother, and four participants ( $N = 4$ ) indicated both their mother and father were alcoholics. Of the remaining

TABLE 1. Demographic Characteristics of the Sampled ACOAs and non-ACOAs

Variable	N	%
Gender		
Male	35	27.3
Female	93	72.7
ACOAs	28	21.1
non-ACOAs	100	78.9
ACOAs		
Male	7	18.9
Female	21	81.1
non-ACOAs		
Male	28	27.7
Female	72	72.3

participants one indicated their stepfather and one identified their stepmother. Three of the ACOAs did not specify which parent was alcoholic. Of the twenty-eight ( $N = 28$ ) participants classified as ACOAs, nine ( $N = 9$ ) reported having lived with someone else. Eight of the participants reported they had lived with kin and one reported living with fictive kin. All of the participants ( $N = 28$ ) lived with their alcoholic parent at least five years; and the mean age of realization was ten.

The qualitative sample consisted of self-identified African American ACOAs ( $N = 10$ ), nine females and one male. The ACOAs reported they had experienced parental alcoholism between the ages of 10-18, and lived with an alcoholic caregiver at least one year prior to a period of sobriety. Subjects were recruited through contacts at two college and university campuses, two churches, and one sorority. Subjects chose the setting for the interviews, which occurred in their home or at a public library. The age range of participants was evenly distributed with half falling between 20-25 years of age and the other half between 32-41 years of age. All were heterosexual, relational status varied, three were married, three were single, three were in a relationship, and one was living with a partner (see Figure 1b). Three of the participants had one or two children, two had three children, while only one had four and three had no children. Although one of the participants was in a second marriage, five reported never having been married. Participants' educational levels ranged from completion of the Graduate Equivalency Degree to having a master's degree (see Figure 1a). Family socioeconomic status was also fairly evenly distributed, with equal numbers of participants haven reported growing up in lower-class, lower-middle class homes and middle and upper-middle class homes (see Figure 1c).

### ***DATA COLLECTION***

All participants completed a demographic data questionnaire and the four self-report instruments in a group setting. Verbal and written forms were provided to participants when they reported to the classroom. Participants were insured of confidentiality as surveys were stapled together and placed inside packets that were marked with numbers, and no identifying information was included in the surveys. After all completed survey packets were collected, participants were given a signed copy of the consent document which had contact information for local community mental health centers.



FIGURE 1a. ACOAs Educational Level

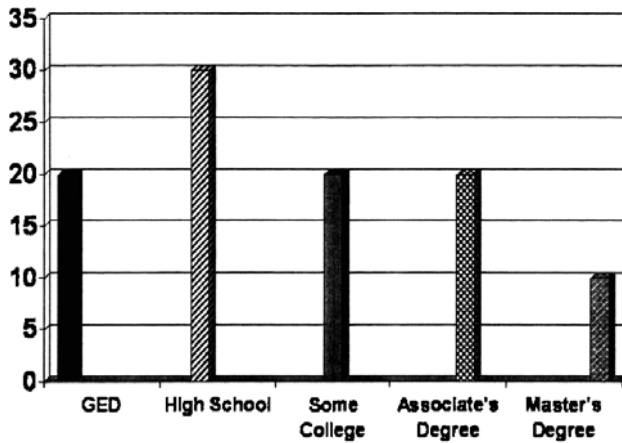
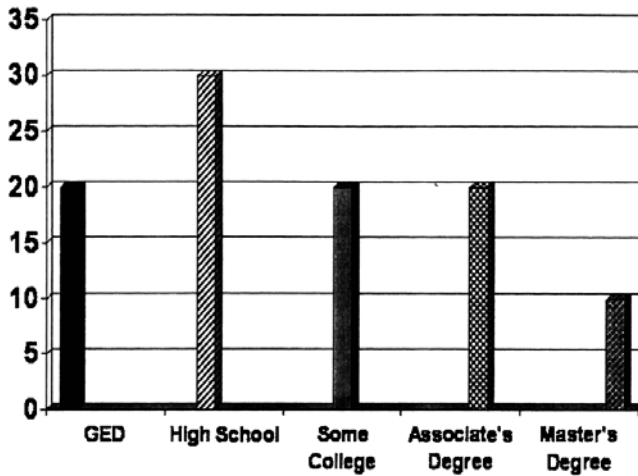
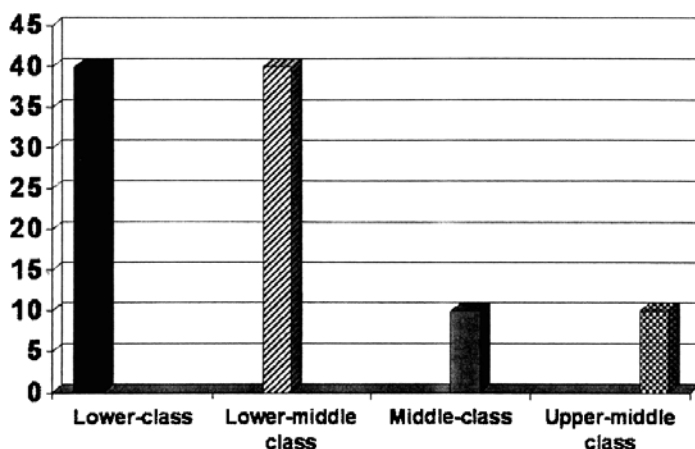


FIGURE 1b. ACOAs Relational Status



Participants completed the Rosenberg Self-Esteem Scale, a 10-item scale using a four-point Likert scale, ranging from strongly agree to strongly disagree (Rosenberg, 1965). The scale has high reliability, test-retest correlations are typically in the range of .82 to .88, and Cronbach's alpha for various samples are in the range of .77 to .88. The

FIGURE 1c. ACOAs Family SES



Coping Responses Inventory (CRI) adult scale is a brief self-report inventory that identifies cognitive and behavioral responses the individual uses to cope with a recent problem or stressful situation. The CRI measures two different coping styles, Approach Coping Styles and Avoiding Coping Styles (Moos & Moos, 1992). The Kinship Social Support Scale consists of a 13-item scale that assesses the participants' endorsement of statements examining the degree of social and emotional support offered by adult relatives (Taylor, Casten, & Flickinger, 1993). The Kinship Social Support measure has a Cronbach's alpha of .72 (Taylor, Casten, & Flickinger, 1993). This measure has shown a .85 correlation between parental and adolescent reports of kinship social support; thus it is a valid measure of kinship social support for both adults and adolescents. The Children of Alcoholics Screening Test (CAST-6) is a shortened version of the original 30-item Children of Alcoholics Screening Test developed from published case studies and experiences reported by clinically diagnosed children of alcoholics (Hodgkins, Maticka-Tyndale, el-Gueblay, & West, 1995). It is used to identify latency-age, adolescent, and adult children of alcoholics psychometrically in a confidential manner. The CAST-6 measures one's perceptions, feelings, attitudes, and experiences related to a parent's drinking. The CAST-6 has strong internal consistency with Cronbach's alphas ranging between .86 and .92 on three samples (Hodgkins, Maticka-Tyndale, el-Gueblay, & West, 1995).

Qualitative data collection was gathered from a semi-structured interview guide containing 17 open-ended questions developed by the researcher. The purpose and intent of the study was fully explained to each participant to minimize less than genuine responses. The interview guide was used to solicit the respondent's attachment experience with kin or fictive kin while living with an alcoholic parent. Questions regarding the ACOA's perceptions of kin and/or fictive kin relationships were explored by asking the participant to describe their relationship with relatives or neighbors while growing up. The Interview Guide also contained questions regarding the ACOA's perception of the primary caregiver and the support provided from kin and/or fictive kin.

### ***Research Design and Data Analysis***

Demographic characteristics of the sample and the data from the Rosenberg Self-Esteem Scale, CAST-6, Kinship Social Support measure and the CRI were analyzed using basic descriptive statistics. T-tests analyses were used to assess differences in the self-esteem, kinship social support and coping responses regarding ACOAs and non-ACOA's and to determine if the differences were statistically significant. I used the Pearson's  $r$  test to determine if there were significant differences on specific survey items between ACOAs and non-ACOA's.

An important concern for qualitative research is rigor. The data consisted of over 20 hours of audiotapes, which documented 10 interviews and two follow-up meetings with five participants over a period of six months. The author transcribed all audiotapes verbatim. In addition, there were two hours of taped field notes and reflections. The data corpus consisted of over 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 coding, which is the examination of minute sections of text made up of individual words, phrases, and sentences. Strauss and Corbin (1998) describe the open coding as that which fractures the data and allows one to identify some categories, their properties, and dimensional locations (p. 97).

## ***RESULTS***

Scores from the CAST-6 were used to construct two comparison groups; those with scores  $< 3$  were considered ACOAs. Hodgins,

Maticka-Tyndale, el-Guebaly, and West (1995) examined alternative cut-point scores for the CAST-6 in three samples: outpatient substance abusers, outpatient psychiatric patients, and medical students. They concluded a cut-point of 3 yielded superior results in the medical student sample whereas a cut-point of 2 is superior for the substance abuse treatment sample. For the outpatient psychiatric sample, cut-points of 2 and 3 perform equally well.

*Self-Esteem.* The first hypothesis to be tested in this study examined whether there were statistically significant differences in the level of self-esteem among the sampled African American ACOAs and non-ACOAs. A t-test was employed, using the composite scores from the Rosenberg Self-Esteem scale, to determine whether the levels of self-esteem were different for ACOAs and non-ACOAs. The t-test results indicate no statistical difference between ACOAs' and non-ACOAs' self-esteem ( $t(53.02) = .089$ , two tailed,  $p = .929$ ). ACOAs' self-esteem had a mean score of ( $M = 16.18$ ) compared non-ACOAs' mean score ( $M = 16.14$ ).

*CRI.* A t-test was used to determine whether mean scores on the coping responses inventory differed for ACOAs and non-ACOAs. The mean composite score for ACOAs group ( $M = 80.21$ ) was higher than that for the non-ACOAs group ( $M = 72.21$ ). However, the results of the t-tests analysis did not show statistically significant differences between the two groups ( $t(57.50) = 1.84$  two tailed,  $p = .070$ ). Though there were no statistically significant differences on the composite scores, t-tests were computed to compare the groups on each of the eight subscales within the CRI. Within the broad category of approach coping responses, there are four subscales measuring logical analysis, positive reappraisal, seeking guidance and support, and problem solving. Four other subscales, including cognitive avoidance, acceptance or resignation, seeking alternative rewards and emotional discharge, are components of avoidance coping responses. In Tables 2 and 3, the results from the t-test analyses are shown.

The results indicate no statistically significant differences in logical analysis, seeking guidance and support or problem solving coping responses between the two groups. However, ACOAs exhibit more positive reappraisal coping responses ( $t(44.93) = 2.16$ , two tailed,  $p = .036$ ) than non-ACOAs. Mean scores on positive reappraisal were significantly higher for the ACOAs group ( $M = 12.64$ ) when compared to the non-ACOAs group ( $M = 10.67$ ). Analysis of the mean scores for avoidance coping response subscales—cognitive avoidance, acceptance or resignation, and emotional discharge were statistically insignificant. It

TABLE 2. T-Test for CRI Subscales for ACOAs

	Mean	t	df	Sig. (2-tailed)
<b>Approach Coping Responses</b>				
Logical Analysis	12.00	1.608	46.982	.115
Positive Reappraisal	12.64	2.156	44.934	.036**
Seeking Guidance Support	10.85	1.637	51.003	.108
Problem Solving	11.75	1.288	55.176	.203
<b>Avoidance Coping Responses</b>				
Cognitive Avoidance	9.25	.688	46.931	.495
Acceptance or Resignation	7.71	-.621	41.805	.538
Seeking Alternative Rewards	8.85	1.796	49.804	.079
Emotional Discharge	6.92	.659	45.038	.513

\*p &lt; .05

TABLE 3. T-Test for CRI Subscales for non-ACOAs

	Mean	t	df	Sig. (2-tailed)
<b>Approach Coping Responses</b>				
Logical Analysis	10.60	1.608	49.982	.115
Positive Reappraisal	10.67	2.156	44.934	.036*
Seeking Guidance Support	9.62	1.637	51.003	.108
Problem Solving	10.70	1.288	55.176	.203
<b>Avoidance Coping Responses</b>				
Cognitive Avoidance	8.64	.688	46.931	.495
Acceptance or Resignation	8.31	-.621	41.805	.538
Seeking Alternative Rewards	7.29	1.796	49.804	.079
Emotional Discharge	6.38	.659	45.038	.513

\*p &lt; .05

is important to note that the mean scores of the ACOAs group were consistently higher on each of the coping responses subscales except for the acceptance or resignation (see Tables 2 and 3).

*Kinship Social Support.* To assess the degree of kinship social support, I used a t-test to determine if there were differences in the levels of kinship social support amongst ACOAs and non-ACOAs. The results

TABLE 4. Correlations Among Major Variables

Variable	r	p
Presence of the Alcoholic Parent		
Self Esteem	-.007	.937
Kinship Social Support	.075	.400
Coping Responses	-.138	.121

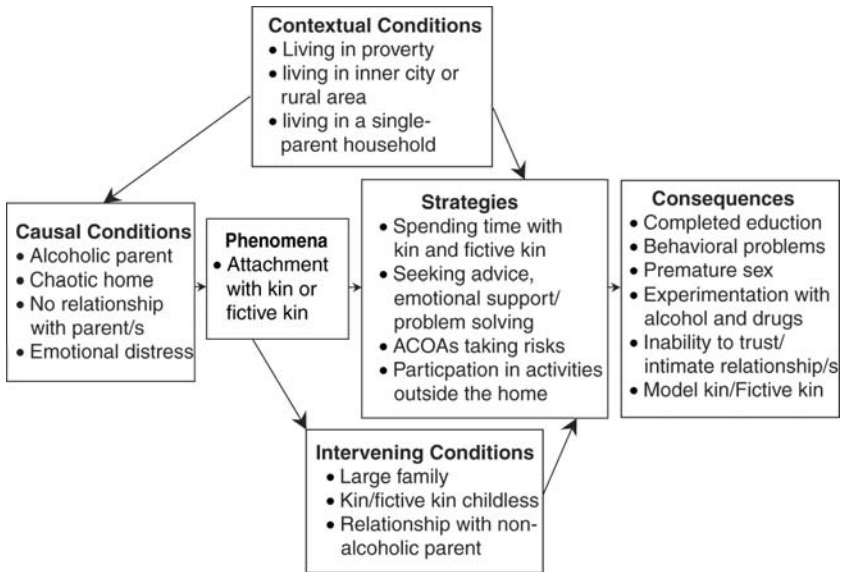
were not statistically significant ( $t(38.09) = -.761$ , two tailed,  $p = .452$ ). Average mean scores on the kinship social support measure for ACOAs were ( $M = 18.25$ ) compared to an average score of ( $M = 19.83$ ) for non-ACOAs. Although there were few statistically significant differences between the ACOAs and non-ACOAs groups on self-esteem and kinship social support, an analysis of the correlations among the major dependent variables was conducted (see Table 4). The results indicate very low and statistically non-significant correlations between self-esteem, kinship social support, coping responses and the presence of an alcoholic parent in the home. However, there is a negative relationship between self-esteem, coping responses and the presence of an alcoholic parent in the home. Self-esteem and coping responses are negatively affected by the presence of an alcoholic parent in the home.

*Qualitative Analysis*

The qualitative analysis of interview data from the ten respondents set out to examine how African American adult children of alcoholics perceive that their relationships with kin or fictive kin (i.e., grandparent, aunt, uncle, mentor, schoolteacher, coach, etc.) influenced their experience of living with an alcoholic parent and impacted the way they felt about themselves and their ability to solve problems. The respondents provided a narrative of their relational experiences with their non-alcoholic and alcoholic parent, siblings, kin and fictive kin, and adversities encountered growing up in an alcoholic home.

The stories of these African American ACOAs were not unlike many other ACOAs, since many ACOAs endure a chaotic lifestyle growing up in an alcoholic home. What is interesting about this group is their kin/fictive kin relationships became an integral part of their coping with the adverse environmental and/or social conditions versus their participation in a religious and/or church activity. The respondents' complex

FIGURE 2. Theoretical Model of Kinship Social Support Among African American ACOAs



relational experiences with parents and kin/fictive kin network provide details regarding their ability to navigate challenges they faced while living with an alcoholic parent. The model for grounded theory analysis suggests that themes are related to core categories through a paradigm that describes the relationship among the “conditions” and “context” of the phenomenon, as well as the “action/interaction strategies” for change,” which lead to “consequences” for those involved (Strauss & Corbin, 1998, p. 124). When the grounded theory paradigm (conditions, context, action/interaction strategies, consequences) is used in the analysis of each of the core categories, the four categories in unison tell the story (see Figure 2).

The phenomenon of ACOAs’ kin and/or fictive kin relational experiences can be understood in the framework of multiple attachments in a multiple caregiver context discussed earlier. Attachment figures can be some other familiar figures like the father, grandmother, an older sibling, or other adult who frequently interact with the individual (van IJzendoorn & Kroonenberg, 1988). Three categories are necessary for the development of alternative attachment figures (Egeland, 1984;

Sroufe & Fleeson, 1986). These categories include the provision of physical and emotional care, continuity or consistency in the child's life, and emotional investment in the child (Howes, 1999).

Werner (1999) found that the presence of at least one caring person provides support for healthy development and learning. The respondents were asked to identify a maximum of ten kin/fictive kin attachment figures. The majority of respondents identified a minimum of five kin/fictive kin attachments during childhood; all but one of the respondents identified more than ten. The respondents' attachments were comprised of kin (parentified child, siblings, and aunts), and fictive kin (teachers, friends, and counselors). Respondents indicated that a majority of their attachments occurred when they were young and continued throughout their adulthood with daily or weekly contact during childhood. Through these kinship attachments, respondents report having received emotional and concrete support. Fictive kin also reportedly provided emotional and concrete support. However, fictive kin were more likely to offer academic information and emotional support.

## *DISCUSSION*

This study set out to gain a broader understanding of the effect African American ACOAs' relationships with kin and/or fictive kin had on the development of resilience. Survey data from ACOAs and non-ACOA's (N = 128) were used to compare levels of self-esteem, kinship social support and coping. No statistical differences were found regarding self-esteem and kinship social support. A larger sample would be needed in each group to detect differences. Given no statistical differences were indicated regarding ACOAs and non-ACOA's, it is possible kinship social support was a mediating factor for the sampled ACOAs.

The findings of this study suggest that the sampled ACOAs and non-ACOA's rely on extended family members for emotional support and exchange of help. One interpretation of this study's findings might be that ACOAs with support from their kin network might be able to cope with stressful events in positive ways. This finding is important since there were no statistical differences in the ACOAs and non-ACOA's level of self-esteem and kinship social support. These findings are important given coping styles appear to be a significant factor in determining the effects of parental alcoholism on children's self-esteem. The kin network is also a protective factor known to promote resilience in at-risk populations.



The qualitative analysis of interview data from ten ( $N = 10$ ) self-identified African American ACOAs indicates that the presence of an alcoholic parent in the home, the chaotic home environment, the absence of a relationship with parents, and emotional distress were causal conditions leading to an attachment with kin/fictive kin. The analysis also showed that living in poverty and in either an inner city or a rural area, and in a single-parent household were contextual conditions; and that the intervening conditions, those conditions that mediate the effects of causal and contextual conditions, included living in a large family, having childless kin, and having a relationship with the nonalcoholic parent. Four strategies emerged which differentiated the ACOAs-kin/fictive kin attachment—spending time with kin/fictive kin, seeking advice, emotional support and problem-solving, taking risks, and participation in activities outside the home.

The specific consequences of kinship attachments were both negative and positive, including having behavioral problems, premature sex, experimentation with alcohol and drugs, inability to trust and/or develop intimate relationships, and succeeding academically. The themes that emerged are unique because African American families are more apt to utilize multiple mothers and are socialized to live interdependent lifestyles. The ACOAs' kin/fictive kin attachments that emerged became a survival response to their alcoholic parentage. The findings support African American socialization processes that enable children to form strong identities to combat racism and thwart economic hardships. These findings also illustrate how the kin network serves as a protective mechanism for at-risk children.

This study attempted to address some of the methodological weaknesses that have characterized past research by drawing a sample from a non-treatment setting. Many previous studies have utilized samples drawn from treatment settings, either in which the parents or the ACOAs themselves were involved in treatment or from social or correctional settings. The sample in the current study consisted of undergraduate students who were not selected on the basis of their participation in treatment. One major limitation of the qualitative data is its reliance on the subjects' ability to provide information about their experiences retrospectively. In reporting on past experiences, the respondents may have been selective in remembering painful or negative events more readily than recalling memories that were less painful. It is impossible to ensure that the respondents accurately portrayed their experiences.

## CONCLUSION

This study aimed at providing empirical information regarding a segment of African American ACOAs. The findings demonstrate how acknowledgement and value of diversity can provide real and potential sources of strength for the individual's overall well-being. The findings presented raise a host of questions, which generate the need for further research in the assessment and treatment of African American children. This study generates several questions and could serve as a springboard for future research. All of the programs of our communities need to be brought into focus as we strive for equality of opportunities for all of our families, including members of all racial and ethnic alcoholic family groups. Policy approaches, social service programs, and educational services need to be harnessed to promote the equality of opportunity for all families. The resiliency of the kinship network illustrates how cultural values help people to cope with and resist oppression. Public institutions, grandparents and parents, and religious institutions are needed to provide resources and instill hope for all families in the future. All of these resources should utilize cultural practices inherent to all racial and ethnic groups to enable families to enjoy some equality in the future.

In sum, families all around the country and the world are working hard to provide support for their children and their families. We must ensure that all families have the resources to protect their children. We need to protect emotional, social, financial, and educational resources to help them reach their potential. This enables all families to nurture the next generation of children.

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