

Original Paper

“My Daughter Is a Drug Addict, and...”: A Clinical Perspective of Maternal Grandparents’ Assumption of Parental Roles for the Children of Their Drug Addicted Daughters

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Abstract

This article speaks to the experience of African American grandparents assuming responsibility for raising their grandchildren when the children’s mothers are drug addicted. While most of the current research speaks generically to grandparents raising grandchildren, this clinical observation addresses issues related specifically to African American grandparents living in rural communities who are raising their addicted daughters’ minor children.

Keywords

grandparents, African American grandparents, rural grandparents, drug addicted mothers

1. Introduction

The human services literature is laden with both anecdotal as well as empirical evidence to support the notion that grandparenting is a significantly different experience than parenting. Robertson (1977), for example, report that nearly half (46.5%) of study (N=125) participants describe grandparenting as a more enjoyable experience vis-a-vis parenting. While few would disagree that the face of the family has changed significantly over the last forty years, the expectations for grandparenting has not changed as dramatically. More than three decades after Robertson’s findings, Drevith (2010) report similar findings, citing grandparents’ and prospective grandparents’ beliefs that their roles as grandparents will provide them opportunities to impart wisdom, while enjoying grandchildren without the totality of the responsibilities inherent in parenting. Research shows consistently that grandparenting, despite the vast

changes in what constitutes family, continues to be defined as a privilege earned through years of parenting (Drevith, 2010; Hayslip & Glover, 2009; Giarusso & Solvstein, 1996; Margolis, 2016; Robertson, 1977). Lee and Blitz (2016) assert that the role of the grandparent continues to be defined by the expectation of the grandparent serving in the capacity of an elder—a person of great wisdom, whose wisdom is born of age and life experience (Drevith, 2010; Haslip & Glover, 2009; Lee & Blitz, 2016).

In addition to benefitting grandchildren, research also supports the notion that grandparents, too, benefit from grandparenting. King and Elder (1997), like Hayslip and Glover (2009), and Stahl (2017) remind clinicians of Erickson's bi-directionality of grandparenting benefits. Although grandparents impart much wisdom, devote great time, and often lavish their grandchildren with goods, they, too, also reap emotional and psychological gains from involvement in the lives of their grandchildren. Lessons taught, family lore shared, and generational wisdom from grandparents serve children well, however, these kinds of experiences also provide grandparents with a sense of personal meaning and purpose. Thomas (1986) noted specifically that grandfathers taking care of their grandchildren showed increased abilities to experience and express nurturing behaviors in other non-child caring engagements.

1.1 Grandparents as Custodians

According to Fuller-Thomas and Minkler (2000) between 1970 and 2000 the percentage of children in the United States being reared by grandparents mushroomed to a staggering 4.4 million. This number constituted 6.1% of all children, with the reasons for children taking up residency with grandparents varying broadly.

By 2018 the number of children being reared by grandparents had increased exponentially, owing, in great part to substance abuse issues by either or both parent. According to the US Census Bureau (2014), as of 2010, 7-million grandparents in the United States had assumed parental responsibility for at least one grandchild. Of this total, Wiltz (2016) ascribe parental drug addiction to at least 2.9 million of these grandparent placements.

Despite grandparents' eager anticipation of being grandparents, when they must assume parental responsibility for their grandchildren the process tends to be unplanned and often sudden (Connor, 2006; Okagbue-Reaves, 2005). Okagbue-Reaves (2005), like Longoria (2010) go so far as to describe the process by which grandparents assume custody of their grandchildren in instances of the children's mothers' substance abuse as disruptive, with an elevated potential for psychological distress for both the children and the grandparents, alike.

In instances where grandparents assume custody of their grandchildren as a result of the children's mothers' substance abuse, both grandchildren and grandparents find themselves adjusting to new roles and expectations. These worries, it is notable, are exacerbated by the children's shame associated with having a drug addicted mother and the grandparents' fears associated with their drug addicted

daughters' safety. In their new role as parents, grandparents must concern themselves with the daily survival of their grandchildren. They must attend to physical, psychological, educational, and medical needs, while also being the disciplinarian (Connor, 2006; Longoria, 2010; Okagbue-Reaves, 2005; Peterson, 2017).

Grandparents' assumption of custody of their grandchildren due to their adult daughters' addiction is among the most stigmatizing set of circumstances. In addition to the transition from being grandparents to being full time parents, these new custodians must also reconcile strong emotions with regard to their own children. They usually must also deal with extended family members who have strong opinions about the addicted family member, as well. In these kinds of circumstances, grandparents may lack the support of family, their same-age peers, or other members of society. This kind of emotional isolation often complicates these older adults' ability to adjust to the loss of their (addicted) children, while at the same adapting to their new roles as parents (Chapman, Pettay, Lahdenpera, & Lummaa 2018; Fuller-Thomson & Minkler, 2000; Longoria, 2010).

As noted by Pinson-Millburn, Fabian, Schlossberg, and Pyle (1996), and Grundy et al., (2012) grandparents' assumption of custody of their grandchildren is generally a last resort when the state insists on out-of-home placement. While the exchanges between grandparents and their newly custodial grandchildren were initially hypothesized to have mental health benefits, Grundy et al. (2012) clarify that these benefits tend to be short lived, and/or overshadowed by the challenges of the new arrangement. With the challenges inherent in the significant role confusion for both the grandparents and the grandchildren, the emotional and psychological residuals are likely to mount rather quickly, leading to disenchantment for both the placed children and their grandparents.

1.2 African American Custodial Grandparents

Fuller-Thomson and Minkler (2000) and Fuller-Thomson and Minkler (2005) found that grandparents who were parenting their grandchildren reported feeling different and invisible; tended to report being lonely; and had more profound levels of depression than non-custodial grandparents. Lee and Blitz (2016) found that while 73.2% of African American grandparents raising grandchildren reported needing support, more than 71% never participated in counseling and 61% had never participated in a support group.

Mignon and Holmes (2013) present evidence of the high levels of substance abuse among Native American grandparents who were raising grandchildren. The research pair attributes some of the disproportionately high numbers of substance abuse in this population to several factors, including historical racial trauma, poverty, and ethnically high poor health outcomes—all the factors also prevalent in African American populations. These findings, along with this clinician's anecdotal findings, paired with the well-known cultural stigma associated with mental health service use in the African American community, suggest the need to consider a more in-depth discussion of African

Americans' specific experience with custodial grandparenting.

2. Method

Participants for this clinical observation engaged in 13 90-minute group-counseling sessions. All eleven members were raising the children of their drug-addicted daughters. It is important that the author explain in detail how this group materialized.

In serving these eleven clients individually and/or in family therapy, the clinician noted that the direction of the individual and/or family counseling sessions tended to move away from concerns regarding caring for their grandchildren, and generally pooled around deep-seated emotions that the clients struggled to suppress. Most of what was being discovered in this client population appeared to be a tangle of emotions that spanned the assumption of several roles simultaneously, while, at the same time, managing the internal battle of not being consumed with the fear inherent in have an addicted family member ... a child, no less. While these clients were charged with parenting their grandchildren, they struggled with articulating parental concerns for their own children. The following clinical observations and the concomitant themes derived started out as an alternative intervention. While serving most of the group participants on an individual basis or in family therapy, this clinician noted a need for a forum to allow the parents to freely and fully express their experiences of parenting their grandchildren. More notably, the need emerged for a platform to allow these grandparents to fully express the range and depth of their feelings about raising their addicted daughters' children.

While most individual and family counseling clients had little interest in airing their family challenges in the presence of other members of the community, they all expressed a desire for a platform that would help to normalize their experience.

Before outlining the emerging themes, it would be prudent to introduce the reader to the group of grandparents who generously gave of their time and their experiences. The group consisted of eleven African American grandparents who were currently (at the time of the observations) raising at least one child birthed by their daughters (at least two group members had assumed parental responsibility for up to three children, while five members were rearing two grandchildren each). Of the 11 group members, two were male, both of whom were married to other members of the group, hence the group consisted of nine families. All grandchildren placed with the group members had been placed by the South Carolina Department of Social Services subsequent to the children's mothers' Family Court findings and General Sessions Court conviction for child abuse and/or neglect related to the mother's use of substance. The substances noted, in all instances, were crack cocaine and/or meth.

The youngest child placed with grandparents in this group was an infant less than one year old, but more than six months old. The oldest child placed was 13 years old.

The group members ranged in age from 58 years to 72 years old. Ten members of the group were

un-employed either by retirement or by having never been employed. One member was full time employed for the duration of the 13-week group. Group members' incomes averaged \$42,000/year. All members had a minimum of a high school diploma, with two having graduate degrees. All members of the group were first generation at their respective educational levels. All group members were actively involved in their churches. Ten group members attended 100% of the group sessions. The eleventh member joined the group at the second session and participated consistently thereafter.

The clinician paired with a local minister and conducted all group sessions in the educational annex/fellowship hall a local church. Sessions were held during the day time (late morning 10:30 to noon), and a boxed lunch was provided as part of the weekly session. The clinician deliberately chose the church setting as a mechanism to capitalize on an institution held dear to both African Americans and to rural people (Dschaak & Juntunen, 2018; Hann-Morrison, 2003; Hann-Morrison, 2011). Additionally, the clinician believed the setting would allay some of the stigma that continues to persist among African Americans regarding seeking mental health services (Dschaak & Juntunen, 2018; Fripp & Carlson, 2017).

3. Results

3.1 Clinical Presentation—Themes

As stated in the previous section, most group participants were reticent, initially, about participating in a group setting, yet, they all expressed a desire (...a need, in some instances) to have a platform to share their experiences with others "...walking the same path". By the fifth 90-minute group session the clinician was able to garner a deeper understanding of the true issues, with which the group grappled, as well as the depth and breadth of the issues with which these grandparents struggled.

1) **Shame**—A prevailing theme among the group was the feeling of shame that their daughters were drug addicts. Group members overwhelmingly report that they would be disturbed were their sons addicted to drugs, yet clarified that their daughters being addicts was a greater source of both fear and shame. Group members consistently chose the word "shame" as the most pronounced emotion they felt regarding their daughters being drug addicts. Their second most common emotion was fear.

Given the challenges of transitioning (often suddenly, or at the very least, unexpectedly) from being a grandparent to now being a parent, most clinical opportunities have not afforded these grandparents the opportunity to deal with these kinds of pressing, yet profound emotions. While most clinical engagement with this population have tended to focus on providing tangible sustenance and/or addressing the challenges of managing behaviors of children whose lives have been upended, few, if any have allowed these grandparents to speak not only to being parents to their grandchildren, but also to addressing the emotions that go with their own children's misstep. This issue arose repeatedly as group members pressed the point of the addicted member being their daughters. Given the abundance

of knowledge about the politics of gender as it relates to addictions, these sentiments would seem to make perfect sense. Empirical evidence has long supported the notion that female addicts are judged far more harshly than their male counterparts. In fact, this refusal of society to embrace the notion that women could be addicts is probably most noticeable in the initial rules of what has become the premiere self-help group for alcohol addictions. In AA's beginnings a rule was that women were not allowed to join AA "...because nice women didn't drink" (Tillen, 1990, p. 397).

At the same time, however, there was also no shortage of data to support women's use of a variety of substances. As early as the 1800s, there was evidence that women, like men, used, and even abused a variety of mind altering substances, including alcohol, inhalable herbs, nicotine, and marijuana (Stevens, Andrade, & Ruiz, 2009). Even with this depth of knowledge, women as substance abusers, has only recently begun to be embraced as a phenomenon that warrants clinical attention.

In African American culture, the judgment exacted against female addicts is something akin to the fire and brimstone messages heard in the Black churches on Sunday mornings (Davis, 2014; Poitier, Niliwaambieni, & Rowe, 1997; Stevens, Andrade, & Ruiz, 2009). Davis describes the unreasonably exacting standards imposed upon African American women by their communities as akin to John Henryism. The Black women, according to Davis (2014), and as noted in the clinical group under review is that the woman, above all, has the onus of upholding a standard of perfection that seems next to impossible. She is expected to be unfaltering, even in the face of racism, sexism, poverty, and a multitude of environmental stressors. She is expected to place her greatest honor in her maternal responsibilities. When the Af/Am woman engages in behaviors that compromise these standards and expectations, the result is shame, not only upon herself, but also upon her family and her community. That these parents' addicted daughters didn't weather the storms of life gracefully served the purpose, these parents tended to believe, of casting blight upon the family's image within the community.

Many of the group members defined their daughters' addiction as an indictment of their parenting. Many of the women in the group struggled, especially in the first few sessions, to connect their daughters' drug use to some lack of parenting on their part.

2) **Resentment**—A theme that emerged very early on and that resonated throughout was one of resentment. Grandparents reported looking forward to their grandparenting years, and committed to throwing themselves fully in the grandparenting. They were prepared to be grandparents; not parents. All defined grandparenting as having a position of loftiness and honor, far beyond that of parenting. Grandparenting, many defined, was their reward for having been parents. Group members used the term "robbed" to describe the opportunity to grandparent having been "...snatched out from under me...".

Most made the point repeatedly that they loved their grandchildren and would never want to see their grandchildren in the foster care system or in the care of an addicted mother, while maintaining that the

“...privilege of being a grandparent...” was what had been stolen from them. Group members shared the common theme that although they now had full and total access to their grandchildren, the roles and/or the responsibilities they now had were not what they should be doing as grandparents. Being parents to their grandchildren was not what any had expected at this stage in their lives. All acknowledged, additionally, that the circumstances of their grandchildren’s placements were what fertilized the resentment they were feeling. Had their daughters died, for example, they doubted they would be feeling as they did.

It is notable, however, that the group members’ level of resentment was tempered with guilt. Some even, over time reported guilt that they were feeling anything but 100% joy at having their grandchildren in their homes. Group members struggled with the guilt of feeling resentment.

3) **Fear**—Compounding the resentment they felt towards their daughters, was the ever-present fear that they would get news of something terrible having happened to their daughters. One group members encapsulated the sentiments in this statement:

“...she still my child...she still out there ... out there with God knows who, doing God knows what for a hit of drugs... yeah, I worry; I worry every time my phone ring; I worry every time I hear a knock on the door...; I worry what I have to tell my grandkids... what I have to tell these kids about what happen to their mama...”.

In addition to the fear for their daughters’ safety, a few of the parents made note of systemic fear. While all of the grandparents had legal custody of their grandchildren, none of the children had been adopted. Most of the group members believed their grandchildren’s placements to be tenuous, at best. Most expressed fear that their daughters or even the (now) absent fathers could come back and lay claim to their grandchildren at any time.

The convergence of three intensely potent emotions (fear, shame, resentment) then, served the purpose it seems, to render group participants nearly inarticulate in being able to understand what they were feeling and why they were feeling it. More importantly, it seems, this group struggled not only with the what and the why of their emotions, they struggled even further; with whether or not they were allowed to feel the breadth or depth of emotions they were feeling. While current interventions have focused on the psychological challenges associated with grandparents parenting their grandchildren (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Lee & Blitz, 2016; Minkler & Rose, 1993) few have given in-depth consideration of the range and depth of emotions experienced by these clients.

4. Discussion

While the themes noted here are limited to the specific experiences of the client population observed, they support a starting point for further research and service development that addresses a breadth of issues previously neglected with this population. While there is extensive research on the topic of grandparents parenting their grandchildren, the discussion of parenting the children of one's addicted daughter lends yet another dimension to the challenges faced by this ever growing group. This observation chronicles the observations of grandparents who had assumed parental care of their grandchildren as a result of their daughters' substance abuse. All the children were placed in the care of their maternal grandparents. This kind of homogeneity allows for specific inferences related to grandparents' feelings about assuming a parental role with their grandchildren, but also about their daughters' use of substance, and the moral nuances associated with women's addictions.

A confounding challenge for the specific group under observation relates to the rural nature of the group participants' community. While rural communities have a tendency to support their members through challenging times, the rural context, at the same time, removes some of the anonymity commonly associated with service delivery in urban settings (Dschaak & Juntunen, 2018; Hann-Morrison, 2003; Hann-Morrison, 2011). Grandparents reported feeling "exposed", and that their highly intimate family challenges were open for the entire community's scrutiny.

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