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Amy Bauman
No Chance to Explain: The
Utility of Attachment Theory
When Working with African
American Teen Mothers

ABSTRACT

This theoretical study explores the relationship between attachment theory and poverty as they inform clinical work with African American teen mothers. Questioning the efficacy of using theories that emerge from the dominant culture as the primary tools for understanding the needs of marginalized communities, this study challenges the applicability of attachment theory as it is most readily presented to (and used by) social workers. Using social constructionism (Berger & Luckman, 1967) as an analytic frame, it foregrounds the corrosive effect that multigenerational poverty has had on longstanding caregiving structures within African American communities. In so doing, this study draws on historically grounded, Afrocentric values to challenge widely held attitudes that teenage childbearing is a “social problem,” arguing that teens’ decisions to have children may be a strategic response to shortened life expectancy resulting from embedded poverty. To effectively meet the needs of African American clients—many of whom have direct relationships with young mothers—social workers must re-frame dominant ideas of attachment so that the clinical work begins from a culturally consonant understanding of caregiving, and integrates a nuanced understanding of the relationship between individual agency and systemic oppression.

NO CHANCE TO EXPLAIN: THE UTILITY OF ATTACHMENT THEORY WHEN
WORKING WITH AFRICAN AMERICAN TEEN MOTHERS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2010

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Many thanks . . .

to Jean—for swooping in and having faith,

to Meesh—for being a compatriot in body, spirit, and mind,

to Matt and Kira—for being able to tolerate and cheer, simultaneously,

and to Glenn—

who walked an equally demanding path. To say that “I could not have done this without you” will never be hyperbole. Both of our marks are on this work. I remain yours, and you remain mine, forever and always . . .

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CHAPTER I

INTRODUCTION

Those who write about African American teen childbearing (Geronimus, 1996) often do so with a working assumption that the convergence of adolescence and parenthood (both seemingly distinct life stages) will lead to dangerous social disruptions on micro and macro levels.

Black teenage girls confront a world in which gender norms, poverty and racism are intertwined. Accordingly, to answer questions about these young mothers, we must sort out a host of complex economic and social problems that pervade their lives . . . [and] examine Black teenage mothers within larger social, historical and ideological frameworks. (Kaplan, 1997, p. xxi)

African American mothers have had to contend with an externally constructed understanding of their own identities. The above passage from sociologist Elaine Kaplan briefly describes how understanding the presence of African American teen mothers in 21st century America requires a willingness to engage in complex sets of socio-cultural analysis. To “sort out a host of complex economic and social problems” requires both readers and researchers to challenge their own ideas of personal and structural normative status in order to understand the impact that historical moments and social systems have had on this particular population.

In the early 1970s teen pregnancy was broadly characterized as being at epidemic proportions. The language of illness (or implied socially destructive forces) has become hegemonic in the public consciousness. Discourse has remained tightly focused on a Venn diagram image in which poverty, gender, and racial identity converge over the

the essentialized image of an African American teen parent.

Poor, African American teen mothers are “highly visible targets of moral condemnation . . . and they pay a particularly high political psychosocial and health price” for their reproductive choices (Geronimus, 2003, p. 881). Over the past forty years, as non-Hispanic white teen parents have become more of a rarity, African American young women have increasingly become victims of an ongoing “shaming process” (Luttrell, 2003, p. 9). Stereotypes of welfare moms trying to manipulate the system for their own benefit pervade the public media. African American teen mothers’ social locations and racial identity—along with the public reminder of their sexual behaviors—have become fodder for the dominant culture: these mothers are seen as emblematic of a moral decay that hinders this country’s economic and political success. The publicly sanctioned condemnation of this particular group of young women challenges the helping professions to deepen their understandings of need and vulnerability. To do so, however, requires an explicit and robust theoretical argument that challenges our heavy reliance on a positivist knowledge base.

Social Construction of Knowledge

The concept of the social construction of knowledge emerged in the late 1960s—spearheaded by sociologists Peter Berger and Thomas Luckmann—as a response to post-war social theory (Berger and Luckmann, 1967). Berger and Luckmann saw the dominant social theories as excessively rationalist and functionalist, giving little room for human agency; they argued that “most social theories were overly concerned with explaining the impersonal laws of social order rather than how social order was an outcome of social action” (Parson, 2003, p. 1). Berger and Luckmann’s argument

grounded itself in two key concepts. One, using phenomenological theories, they demonstrated that everyday life was a fluid set of “precariously negotiated . . . interactions” (Parton, p. 1) between the individual and social agencies. Two, they provided a basic theory about the organization and maintenance of social institutions, contending that that individuals facilitate interactions—using linguistic and symbolic activity—as a way of creating coherence of, and giving purpose to, questions about “an open-ended, unformed existence” (Parton, p. 2). Society is a symbolic construct, mutually agreed upon by its members, made up of multiple ideas and meanings; these ideas and meanings, in turn, are constantly being re-negotiated, and thus remain fluid over time. According to social constructionism, we (as individuals) continually construct a world, which then becomes a reality to which we must respond as if that reality stretched beyond our construction of it. We internalize this reality and react to it as inherent. We create a behavioral and cognitive cycle in which the definition of the “real” propels a cycle in which internalized experiences are externalized (i.e., we act *as if* what we have experienced internally is consonant with an objective external order), and then those externalized realities confirm our internal experiences. In this way, the relationship between the individual and society is seen as a dialectic (and reifying) process.

Social constructionism is a useful analytic frame for social workers interested in working within marginalized (non-dominant) communities, because it provides a theoretical foundation for identifying the subjective nature of ideas that are taken for granted within established mental health communities. It invites social workers to question the objective nature of their own paradigms, potentially making room for ideas

that—though they may be unfamiliar to the practitioner—may actually be orienting ideologies for another group.

Part of a prevailing paradigm among social workers is the familiar stereotype of African American teen mothers who exploit American financial systems through individual acts of irresponsibility (Luker, 1997). In most mental health literature—and particularly in empirically based, peer-reviewed studies—teen mothering is presented in terms of damaging outcomes. Researchers who focus on African American lives from a strength-based perspective (Collins, 1987; Geronimus, 2003; Kaplan, 1997; Stack 1993), in contrast, specifically challenge the ways in which the construction of what constitutes healthy decision-making perpetuates a socio-political status quo.

Clinical social workers are continually caught in a tension between the call for culturally competent practice and an adherence to empirically based modalities. As social work has increasingly tried to fight its marginalized status within the social sciences, it has become difficult to retain and implement clinical approaches or cultural understandings that might veer away from dominant definitions of health and well-being. Social constructionism is built on the notion that what western empiricism defines as “objectively real” is actually an example of carefully constructed areas of broad-based consensus; this approach argues that once an idea is publicly seen as constructed, it can be de-constructed. Effectively working with African American teen mothers, while avoiding deficit thinking, requires clinicians to understand culturally grounded definitions of motherhood, family, and community, all of which have long and complicated histories within African American communities. Due to the extensive research that points to teen

mothering as a place of social despair, practitioners need to be able to find theoretical grounds that can buttress an alternate set of ideas about the nature of family and health.

Theoretical Orientation

This study uses a theoretical approach to understand the ways that knowledge about individuals within communities is often constructed to maintain positions of socio-political and economic disenfranchisement. I propose three areas in which the social construction of knowledge can broaden approaches to effective sociocultural, clinical work within African American communities. One, definitions of what constitutes a healthy family are based on white middle-class ideals. Two, the measurements with which mental health professionals evaluate relational robustness have emerged out of a positivist research agenda that utilizes one particular definitional family model—specifically, two heterosexual parents, with the woman as the primary care provider. Three, empirical evaluations of family relationships pay only passing attention to the impact of histories of socio-political and economic marginalization, and tend to disregard micro-level analyses that might foreground areas of personal agency within oppressive systems. I will examine these aspects of social constructionism using attachment theory and feminist economic theory.

Attachment theory has gained increasingly wide acceptance as a way of understanding the nature of relationships over the life cycle. And though the past decade has seen the emergence of cross cultural-theoretical work (trying to tease through questions of relational universality), most clinicians nonetheless return to the early, formative theories and empirical studies (Ainsworth, 1972; Bowlby, 1969; Main, 1990). There is little to no overt recognition of the culturally specific aspects of the theory; nor is

there any acknowledgement of the ways that the research methods used to evaluate levels of attachment are, themselves, based on a set of cultural paradigms. Due in large part to this evasion of cultural specificity, African American family relationships have been both misunderstood and misrepresented. As a result, attachment theory has provided a clinically legitimate way to devalue African American families' working, ideological models.

Feminist economics emerged in the late 1980s as a critical response to an insistence on positivist empiricism as the only way of understanding economic structures. Feminist economists advocate for epistemologies that emerge out of interdisciplinary research, and that focus far more heavily on the experiences of marginalized groups (such as women, people of color, and communities in the developing world). Focusing on care-giving and care-providing as essential elements of any economic structure, these economists insist on understanding the role of personal agency within economically disenfranchised communities. Feminist economists argue that academic work must focus on the impact that poverty has on individual relationships within families and within broader communities.

This study aims to connect two areas of academic research that have remained fairly separate—poverty and attachment—as a way of conceptualizing culturally consonant clinical approaches for working with African American teen mothers. The next chapter lays out the theoretical orientation of, and the methodological approach to, this study. Chapter Three investigates the socio-cultural complexity of working with African American teen mothers, with a particular focus on the ways that African American ideas about family and care have informed intra-cultural responses to teen

mothers. Chapters Four and Five present a more comprehensive discussion of attachment theory and feminist economics. Chapter Six uses the social construction of knowledge as a theoretical foundation when applying attachment theory and feminist economics to the group described in Chapter Three. The final chapter sets out some guidelines for working with African American teen mothers, so that practitioners do not re-create emotional experiences of marginalization within the clinical setting.

CHAPTER II

METHODOLOGY

Introduction

Social workers are trained to view emotional suffering through a very contained number of socio-cultural analytic lenses. The tacit assumption is always that clients come to us—either voluntarily or mandated—because the tools they possess are no longer serving them effectively. Our initial time together is usually devoted to alliance building and problem identification, with our presumption that we are trained to identify states of suffering based on general categories. Though current academic work in cross-cultural therapy (Boyd-Franklin, 2006; Hardy, 2008) warns clinicians about the pitfalls of clinical relationships (primarily based on unexamined privilege), very few researchers and practitioners challenge the trustworthiness of the diagnostic process. When evaluating suffering, they tend to turn to sets of pre-existing criteria as a necessary first step in providing care. Clinicians are rarely encouraged to question those measurements as an effective way of evaluating a problem. They are even less frequently encouraged to see “problems” as social constructions rather than as objective truths.

This study explores the ways in which social work practice with African American teen mothers utilizes evaluations and measurements that reify certain ideologies (defined, for these purposes, as “the conceptual system by which a group makes sense and thinks about the world” [Nakano Glenn, 1994, p. 9]) to the exclusion of

other possible paradigms. Using the analytic frame of social constructionism (Berger and Luckmann, 1967; Parton, 2003), I will explore standard elements of attachment theory and traditional economic approaches to multigenerational poverty. Both systems of thought rely heavily on complex forms of measurement. And both are closed systems. Specifically, in attachment theory and traditional economic research, measurements are made and evaluated by those whose expertise has been institutionally sanctioned as empirically trustworthy. A closed academic system excludes all but a few from directly engaging the data. Social constructionism—with its working assumption that any form of absolutism is an academic and political construct rather than an objective reality—challenges closed academic systems and their exclusionary intellectual practices. As I explore ways that attachment theory and research on poverty can inform the efficacy of social workers' clinical practice with African American communities, social constructionism provides a framework that might guide necessary theoretical deconstruction.

The Social Construction of Knowledge

In her 1996 critical analysis of teenage pregnancy, sociologist Kristin Luker describes an historical trajectory in which:

The teenage mother—in particular, the black teenage mother—came to personify the social, economic and sexual trends that in one way or another affected almost everyone in America. (1997, p. 83)

What does it mean for a single demographic “to personify” a trend? To identify a single group and from that group concentrate a shared understanding of what is good or bad in the world around us? To label a group “a problem”? Social constructionism aims to answer such questions, as they become emblematic of the insidious ways ideas are

created, condoned, and then concretized, such that the ideas themselves seem to transcend context and historical moment.

The social construction of knowledge is a school of thought that emerged out of the late 1960s' insistence on a rigid, scientific empiricism. Berger and Luckmann (1967) were particularly concerned with the ways in which social theory seemed to be moving quickly away from the centrality of human agency. Challenging ideas of objectivity and objective social orders, they argued that "society is neither a system, a mechanism, nor an organism; it is a symbolic construct composed of ideas, meanings and language which is all the time changing through human action" (Parton, 2003, p. 14). If society cannot be contained in a streamlined definition and if (actually) our understanding of social order is based on linguistic agreement, then "language can be seen as not just constituting reality but actively changing it" (Parton, 2003, p. 16).

Extending the logic that language has the power to create our definitions of reality, Luker's (1997) description of African American teen mothers echoes Fuller and Myers's (1941) much earlier claim that "a social problem is a condition which is defined by a considerable number of persons as deviation from some social norm which they cherish" (p. 320). Based on the logic of social construction, African American teen mothers come to hold the title of "social problem." They live with this label *not* because there is anything that inherently makes them socially problematic. Instead, ideological consensus—"a powerful tool for keeping people in their place, in part because [ideologies] are so flexible" (Nakano Glenn, 1994, p. 9)—allows the dominant group to create an "other" onto whom they can project far more fundamental areas of social and

personal discontent. If teen mothers carry the burden of being a social problem, then the dominant group is released from such a task.

Social construction of knowledge provides a coherent logic that allows researchers (as well as clinicians) to deconstruct the take-for-granted aspects of social work. Particularly in the current historical moment, when Western culture seems to have an insatiable appetite for instruments and measurements as the only legitimate way to identify progress, social constructionism invites a return to the power of language and narrative as the foundation for constructing truths.

The social construction of knowledge asserts that nothing is inherently or immutably real. Everything is mediated and relayed via complex systems of representation—often linguistic. Symbols that are used have a life of their own and take on their meaning, not on the basis of what reality they are meant to represent, but in the context in which they are used. Thus reality is never free of its historical moment.

Nigel Parton (2003) effectively consolidates four fundamental aspects of social constructionism. First, individuals need to develop a critical stance towards their taken-for-granted ways of understanding the world, including ourselves in it. We should not experience our observations of the world without question; instead, we should “problematize” the real. Adopting such an approach would lead one to realize that African American teen mothers’ status as a “social problem” benefits the dominant group, precisely because it creates a social paradigm in which there is a causal relationship between economic instability and the choices of a certain group of people. To problematize this causality requires a recognition that nothing is inherently wrong

with about African American teen mothers. The “problems” reside in attempts (or lack thereof) to meet the social, emotional, and economic needs of this particular group.

Second, social constructionism challenges the idea that conventional knowledge is based upon unbiased observations, and consequently, that subject and object can be easily separated. Categories and concepts that order experiences are historically and culturally specific and therefore *vary over time*. We cannot assume that our ways of understanding are necessarily the same as those of others, or that they “are any nearer the truth” (Parton, 2003, p. 26). As this decade comes to an end, teen pregnancy in America seems to limit future choices, and is often presented as a poor life decision. Arline Geronimus (2003) contends, however, that given the shortened life cycle and unpredictable health challenges in many poor, African American communities, early childbearing may be pragmatic. Again, the problem does not seem to rest with having a child, per se, but with how wider institutions can or cannot provide support for the family.

Third, knowledge is a product of negotiated understandings between people. It is a set of social processes that come about and can be changed. These negotiated understandings can take a variety of different forms that thereby invite different kinds of actions.

Knowledge and action are intimately related. Thus to be aware of exclusive social practices against African Americans is a locus that links the knowledge base (and thus the individual) to an action (or a lack thereof).

Fourth, the social world (including ourselves as people) is the product of social processes. There cannot be any given determined nature to the world “out there.” There are no essences inside things or people that are hidden or make them who they are. Thus, arguments that declare that African American teen girls are particularly promiscuous or

particularly irresponsible, based on background or biology, are not consistent with a social constructionism.

Social construction of knowledge provides a fertile ground to explore attachment theory as well as dominant ideas about poverty. Both of these theoretical areas rely heavily on binary, distanced, and measured ways of ordering the social world. Both schools of thought resist challenges that might emerge from outside disciplines or alternate research methods. Social constructionism disrupts the intellectual and ideological hierarchies that have made it difficult for people from non-dominant groups to pose such challenges.

Attachment Theory

In 1995, Christopher Heinicke, a colleague of John Bowlby and Mary Ainsworth (known as the primary initiators of attachment theory), described the state of the field as establishing “new growing points” (1995, p. 300). By “growing points,” he means the changes necessary for any longstanding theory to remain relevant to practitioners and researchers. In order to remain germane or useful, theories must be flexible enough to negotiate different historical junctures, while cohesive enough to retain their thematic constants. Bowlby and Ainsworth’s early work presented a set of ideas that have managed to inform broad understandings of relationships between an infant and her caregiver.

In the late 1950s, John Bowlby (1956) was part of cadre of theorists trying to understand children’s reactions when they were separated from their mothers. Struck by the intensity of infants’ responses to the break of the mother/child tie, Bowlby posited that the child’s attachment to her caregiver was made up of a series of instincts that

bound the dyad together. “To have a deep attachment for a person,” he asserted, “is to have taken them as the terminating object of our instinctual responses” (p. 13). Guided by evolutionary theory, Bowlby believed that human attachment was adaptive for the species, because it secured the infant’s survival. Though he would come to re-frame this theory to include processes of mentalization (holding representations of the caregiver in one’s mind, even when the caregiver is not physically present), the implication that maintaining primary relationships was an inherent part of being human has had a tremendous impact on the ways mental health professionals understand family relationships. Today many clinicians and researchers conceptualize the infant-caregiver relationship as (almost) a biological imperative. The qualities of those early bonds become the emotional legacy that individuals carry with them.

Though attachment theory has struggled to movement of “growing points,” the theoretical foundations are the areas with which most are familiar. In conceptualizing clients’ relational histories, most social workers and psychologists do not turn to more recent forms of measurement or current, cross-cultural research. Instead, they focus on the familiar frames of relational security in early childhood.

Most African American and white middle-class communities have very different approaches to raising their children. White families tend to measure success of the individual with separation and individuation; in these families, the mother is typically the primary caregiver. Most African American communities, in contrast, continue to be guided by an Afrocentric value system that assumes that “while the biological mother/child bond is valued, childcare [is] a collective responsibility, a situation fostering cooperative, age stratified, woman-centered ‘mothering’ networks” (Collins, 1987, p. 4).

Standard understandings of attachment theory operate on the premise that emotional security is contingent on a sturdy dyadic relationship between an infant and her primary caregiver. Measurement instruments used to evaluate and categorize infant responses to her caregiver presume a single caregiver model. I am particularly interested in the field's insistence on a single caregiving model, as this necessarily problematizes other parental models. For the purpose of this project, I will look explicitly at the tension inherent in understanding multiple caregiving communities when analytic frameworks are based on a different model of childcare.

Feminist Economics

Feminist economics emerged in the late 1980s as a response to the “relative neglect of the traditionally feminine realms of families and caring work as subjects of study” (Nelson, 2003, p. 49). Responding to the hegemony of neoclassical schools of economics, feminist economists identified an artificiality that existed when traditional economic models fixated on individualism and personal agency, yet analyzed phenomena that were characterized by complex interconnections and mutual influence. Feminists argued that economics—as both a discipline and a set of philosophical tools for understanding life in a market-based society—was based on “closed, static, overly formalized” models (Nelson, 2003, p. 49) whose theories remained abstract, distanced from the nuances of human experiences.

Many economists assert that standard economic models emerged out of the rise of logical positivism in the 1930s. The orientation of economic philosophy became a narrow and precise set of questions. At the heart of this analytic paradigm were ideas about ontology—questions about the nature of knowing. Specifically, traditionally

trained economists began to base their work on positivist assumptions that truth existed outside the self and—given the right research conditions—could be identified.

Increasingly, the goal of the theorist became to objectively describe phenomena, as it “exists.” This description, in turn, relied on a set of research values that included toughness, measurability, abstraction, reductionism, and objectivity. Anything having to do with the existence of a subjective world (e.g., anything humanistic) was thought to be “quixotic, if not downright delusional” (Nelson, p. 53).

Sandra Harding (1987)—one of the early feminist theorists who questioned the role of gender ideology in science—challenged these positivistic assumptions; she argued that science (including economics) as most knew it was socially constructed, and conformed to a particular image of masculinity. Harding—alongside such scholars as Susan Bordo (1987), Evelyn Fox Keller (1985), and later Val Plumwood (1993)—worked to re-define epistemological understandings, claiming that “knowledge starts not in a stance of mythical detachment, but with our own position and location in the world” (Keller, 1985, p. 38).

Feminist economics offers a useful way of understanding poverty, in part because it explicitly advocates interdisciplinary approaches to social phenomena. In an attempt to understand African American teen mothers, most of whom struggle with the ongoing byproducts of poverty, feminist economists invite a diverse set of academic voices to reframe poverty as a set of personal experiences rather than as statistical data. The distancing language of large-scale, quantitative studies becomes part of a library of truths, but not the only source. Finally, as African American teen mothers struggle under powerful stereotypes, a feminist economic approach to understanding economic

challenges allows these young women to be seen as active agents, managing in the face of overwhelming structural challenges.

Interpreting and Making Meaning

Jaqueline Faye Jackson (1993) defines an *emic*-based research approach as one that

Focuses on one culture with the aim of discovering conceptions and classifications of pertinent phenomena from the point of view of members of the culture. . . . Contemporary opinion in cross cultural psychology (Berry, 1969) prescribes that each culture be analyzed and understood on its own terms. (p. 87)

Emic research aims to challenge undercurrents of positivism by re-claiming methodological and analytic approaches that have historically been controlled by the dominant culture. To embark on research from an emic perspective means that the researcher must be willing to relinquish pre-existing tools and epistemological understandings that have emerged from sources other than the communities in question. If the researcher is an outsider due to race, gender, class, ethnicity or religion, she must be able to navigate her more marginalized position in order to ultimately be guided by those within the community. But perhaps most importantly, an emic approach requires the researcher to be in ongoing conversation with the participants of the research, sharing her understandings and being willing to be corrected by those who reside within the communities in question.

Jackson foregrounds a clear definition of emic-based research as a way of underlining the fact that—in spite of an African American presence as research subjects—the analytic framework that is used to assess certain aspects of these women’s lives is “developed for white middle class Americans” (p. 88). The incongruity between

the research participants' identity and values and the researchers' measurements and evaluative processes does not sit well with Jackson (nor with other African American researchers, including Geronimus, Collins, and Furstenberg), who argues that the research process itself regularly risks reifying presumed deficits within African American communities.

If an emic approach becomes the research ideal for understanding experiences within non-dominant communities, then researchers are liberated from an empirical insistence in which the “outcome in one culture is imposed by another culture (usually, Euro-American)” (Jackson, 1993, p. 87). One avenue for realizing this ideal is feminist-based qualitative research and ethnography, which provide innovative methodological alternatives to a dominant insistence on positivism as a way of creating meaningful understandings. As with social constructionism and feminist economic understandings of poverty, feminist researchers (e.g., Geronimus, 1991, 2003; Jackson, 1993; Kaplan, 1997; Nelson, 2003) call for interdisciplinary approaches to understanding phenomenon such as African American teen childbearing. Feminist academics argue that traditional, empirical research—in addition to reinscribing dominant social structures—leaves tremendous gaps in the knowledge base.

For the purposes of this theoretical study, I will use both standard empirical data (peer reviewed, academic stories) and qualitative studies (some of which might not meet the essential standards of validity). My reasons are two-fold. One, rejecting standard empiricism “requires not just changes in subject matter, methods or even beliefs about epistemology (i.e. the nature of knowledge), but even deeper changes at the level of ontology (i.e. the nature of reality)” (Nelson, 2003, p. 50). Thus it is important to include

standard quantitative work as well as qualitative studies. Two, qualitative data, when situated next to itself, points to absences in more traditional approaches to creating a knowledge base. In my commitment to challenging dominant understandings about African American teen mothers, while recognizing that in-depth ontological arguments are beyond the scope of this study, I present a research trajectory that begins in standard empirical form, and then moves towards a more contested definition of truth. My purpose is to buttress my argument that hegemonic understandings about marginalized groups (in this case, teen mothers) have their academic roots in a positivist agenda. To shift dominant ideas about African American communities will require developing and utilizing research methods that explicitly strive to represent the complexity of community life within current socio-economic, historical contexts.

Places of Potential Bias

This theoretical study is premised on a postmodern, feminist, activist ethic. In concrete terms, as the researcher, I do not adhere to traditional definitions of truth or to traditional limits as to who truth-tellers can be. As a feminist, I am committed to revealing structural inequalities that render women (of various races, religions, ethnicities, classes, castes, and sexual orientations) and their experiences within systems of inequality altogether invisible. I am committed to finding ways that people from within marginalized communities can speak for themselves and establish standards of understanding that are continuous with their own definitions of truth. Finally, I see research as a potential vehicle for social change—particularly in terms of up-ending the traditional socioeconomic status quo. Research is either part of a process of change, or a mechanism that continues to scaffold broad-based structures of power.

As a white practitioner, I have had to train myself to be suspect of terminology that reinforces misunderstanding between African American reference points and those that emerge out of the dominant culture. For example, I work with a number of children whom one might categorize as struggling with *disruptive attachment*. Yet this categorization of a young African American child makes it easy to disregard the presence (and potential source of strength) of a cadre of others who might be part of a network of caregivers. My familiarity with diagnostic language—combined with the fact that I grew up as part of the dominant culture—privileges the ways in which I conceptualize “healthy” families, and thus allows me to assume weakness in family structures that differ from the one I know.

Effective clinical care requires me to explore the sources of existing emotional sustenance rather than to fixate, exclusively, on relational absences. The toolkit that I continue to develop as a practitioner is remarkably similar to the one I need as a white researcher.

As a white researcher writing about African American teen child bearers, I am constantly forced to evaluate my own reference points, in terms of their cultural specificity. For me, intellectual or academic consonance—when reading studies—signals a need to question the ways that dominant social hierarchies may be embedded in both the methods and conclusion of the research itself. That a study “makes sense” to me becomes a warning to be mindful of my own subjective understandings.

Strengths and Limitations to the Project

In addition to critically deconstructing theories that maintain dominant ideologies about African American teen mothers, this project sets forth a direction by which new

understandings can be constructed. Social constructionism provides a theoretical approach legitimizing new (and historically excluded) communities as a necessary part of building a knowledge base that might facilitate more culturally consonant social work. Within this frame, attachment theory and feminist economics compliment each other. The former focuses on ways to understand primary caregiving relationships; the latter critiques standard measurement instruments and an insistence on measureable outcomes as the only legitimate form of research, and thus invites researchers to consider different ways to research and represent relational experiences. Each theoretical school points to limits in the current knowledge base—both methodologically and paradigmatically. When woven together, they suggest both research and clinical practice that does not insist on a full separation between social systems and personal experiences.

The limitations to this project are more practical than theoretical. Constructing a knowledge base that could guide clinicians in culturally consonant work with African American teen mothers would require a set of long-term ethnographic studies. These kinds of studies demand the allocation of time and resources, both of which are in short supply in social work settings. In addition, effective ethnographic work presumes the cooperation of the communities in question. Yet poor African American communities have a tension-filled history with social workers (as well as with researchers from many other disciplines), a history often fraught with exploitation and mistrust. Consequently, active participation on the part of both bureaucrats and teen mothers would not be a given.

Another limitation rests in the field's willingness to accept a critically alternative approach. Widely accepted understandings about attachment and poverty have a

substantial empirical history. New work, whose aim and methods challenge positivist (and often socially reproductive) paradigms, will inevitably face academic and policy-based criticism. Many are invested in maintaining African American teen mothers in their relegated position of “social error.” Publically dislodging these young women from this maligned social position will be neither widely embraced nor easily accomplished.

And Yet . . .

In the next chapter, I will explore African American teen mothers as a social phenomenon. Beginning in the 1970s, with an abrupt political call to action (in order to quell what was presented as being a troublesome wave of public health problems), African American teenagers’ birthrates became the focus of social and political concern. Who suffers, and who benefits, when young African American teens are thought about only in terms of their social burden? The next chapter poses these questions, investigating the construction of the African American teen mother as social problem.

CHAPTER III
AFRICAN AMERICAN TEEN MOTHERS: CONSTRUCTING MEANING AT THE
MARGINS

In mental health communities, successful representation of a human phenomenon can be measured by the ways a given kind of data provides practitioners with increasingly effective modalities of treatment. “Effective treatment” is, itself, a subjectively defined evaluation of ongoing interactions between clients and clinicians. Definitions of health (or successful healing processes) may differ, significantly, if the worker and the client do not share the same cultural reference points and the same historically emergent understandings of the individual’s experiences within social systems. Challenges to effective treatment are compounded when paradigmatic divides (and culturally embedded defenses) invite subtle forms of clinically dyadic deception and withholding. Essentially, when a clinician’s practices are based on theories that emerge from dominant social paradigms and their client’s are from marginalized groups, the clash of potentially different worldviews challenges effective treatment. When considering the emotional and systemic challenges that African American, urban teen parents face (and the support that they need), it is important to recognize that the mental health discourse has emerged from outside the communities, rather than from within.

In the following pages, I explore the complex nature of teen pregnancy and parenting from both within and outside of African American urban communities. I

open with a brief discursive history that presents African American teen pregnancy and parenting as an area of interest for mental health practitioners; following this, I discuss two analytic frameworks—one emic, and the other a product of dominant social and medical understandings—by which the reader can approach African American teen narratives about pregnancy and parenting. The chapter closes with broad interpretive questions that the subsequent chapters will address.

Scope: The Emergence and Construction of Teen Pregnancy as a Social Problem

The stereotype of the self-serving, impulsive-teen-who-gets pregnant has a firm hold on public consciousness. Unspoken yet ideologically powerful is the belief that teens have children for narcissistic reasons. The perceived consequences, in turn, are increases in high school attrition rates and constancy in poverty rates in urban areas (Luker, 1997). For mental health professionals, in particular, the image of disenfranchised adolescents having children readily gives rise to assumptions about stressed individuals within stressed family and social systems. And there is some truth to both the stereotypes and the concerns of mental health workers. Adolescents' personal decisions that yield a viable pregnancy may, indeed, be part of a developmental trajectory when childhood collides with the responsibilities of adulthood (Kaplan, 1997). While the research directed towards treatment providers focuses primarily on vulnerabilities and poor outcomes, I would argue that there is a limited utility to accepting such broad-based constructions of African American teen parents, if only because virtually all the criteria for evaluating what constitutes health, well-being, effective decision-making skills, and self-understanding emerge out of paradigms not of their own construction. To effectively meet the needs of this particular community, one must be willing to dig below the public

presentation, even if this act risks uncovering information that might contradict areas that seemed self-evident.

Personal and relational vulnerability certainly complicate day-to-day life in disenfranchised neighborhoods. And being a teen mother creates challenges that might not otherwise exist, were a young woman not to have a child until she had adequate social, economic, and emotional resources. Whereas no one denies the challenges of being a poor parent in American society, emerging qualitative data complicates the flatness of the stereotypes that presume to tell the full story of these mothers' lives. To effectively meet the needs of urban, adolescent parents, clinicians would have to integrate perspectives grounded within their clients' communities rather than those that have galvanized broad public critique over the past thirty years. This chapter explores the history of the social construction of African American teen mothers as a social "problem," and then presents alternative ideas that might challenge these social constructions.

Though perhaps counterintuitive, given the robust stereotypes, African American pregnant teens and teen mothers have actually been under the gaze of social scientists for a relatively *short* period of time. Until the mid-1960s, "a review of the medical and social welfare literature . . . reveals few references to adolescent, teenage, or school-age pregnancy" (Klerman, 1991, p. 79). While not socially condoned, teen pregnancy and parenting were also not identified with a specific social group. Although a teen pregnancy was a disappointment for most families, it was broadly understood to be an anomalous event rather than a predictable norm (Pillow, 2004). Race or racial attitudes did not drive any large-scale public outcry about young, unmarried mothers. Attitudes

began changing, however, throughout the 1970s and 1980s, when national socio-economic agendas legitimized a demonization of the African American poor, and particularly of young, unmarried mothers (Luker, 1997; Pillow, 2004).

1964 marked the beginning of President Johnson's War on Poverty. Part of this governmental civil rights agenda was an accumulation of statistics about "the problems associated with poverty" (Klerman, 1991, p. 79). The overrepresentation of teen mothers emerged in three areas: infant mortality, high school attrition, and welfare reliance. Those who received AFDC (Aid to Families with Dependent Children) were disproportionately women who had children prior to age 20 (Klerman, 1991). The tacit assumption—which would be echoed for decades to come—was that teen mothers were a drain to the American economic system. (It is worth noting, however, that this initial research overlapped with a point in a familiar juncture in American history: the baby boom.) As Kristin Luker (1997) explains, from 1946 to 1964, "teenagers, like older women, increased in their childbearing, dramatically" (p. 82). Thus an overarching and inclusive set of personal choices became a source of tremendous "stigma" (Goffman, 1986) for a particular demographic that had initially been part of a much more generalized set of behavioral trends.

It was not until 1975, however, when congressional hearings focused on teenage mothers and examined data compiled by The Guttmacher Institute, that "the concept of 'teenage pregnancy' as we know it was first formulated publicly" (Luker, p. 71). Intensifying the public gaze on single parenthood was the legalization of (and conflict over) abortion. In the name of reproductive rights, the debate on abortion publicly foregrounded *all* women's sexual activities. And teenagers' attempts (in particular) to

benefit from increased reproductive choices did not escape public consciousness (Luker, 1997; Pillow, 2004). The decade became marked by sets of rhetorical arguments linking teens with sexual activity, and sexual activity with pregnancy termination. Problems with sexually active teens collapsed into a value-riddled debate about abortion. And though statistics in the 1970s and 1980s revealed increases in sexual activity and abortions across *all* ages and demographics, “the teen age mother—in particular the black teenage mother—came to personify the social trends that in one way or another affected almost everyone in America” (Luker, 1997, p. 83). Rather than seeing increases in sexual activity as a problem to be managed, abortion was the monster (now) out of the box. In the circular reasoning and finger-pointing that would come to characterize the 1970s and ‘80s, the ideological constant seemed to be that the availability of services (AFDC, contraception, or abortion) sanctioned decisions that would, themselves, sap the very income that was intended for those services; those individuals presumably “benefitting” from these seemingly irresponsible choices, in turn, were clearly identified as African American teen mothers.

Insidiously woven into all of the debates about sexually active teens was the shared assumption that the term “pregnant teen” was synonymous with “poor teen”—which would become just another way of saying “Black teen.” The publicly unchallenged hegemony about African American teen mothers gained powerful momentum in the 1980s, when the “Black Family” became a national focus—and was declared a national crisis. Wendy Pillow (2004) situates increased racialization in “crisis discourses and a culture of poverty ideology” (p. 41) that led to a “discursive construction of ‘the decline’ and the ‘crisis of the Black family’” (p. 41). President Ronald Regan

presented the African American unwed mother as a social and economic threat who cheated and exploited the social welfare system. This Black woman, titled a “welfare queen,” “while factually a myth . . . drove social welfare policy discourse and further situated the black family in the United States as deficit” (Pillow, p. 42). Understanding the vulnerabilities and needs of African American teen mothers would shine a light on basic ideological differences that ran throughout every social strata in this country. As Luker aptly describes the debate: “To what extent does poverty result from the social and economic structure that an individual confronts, and to what extent does it result from the individual’s own actions?” (1997, p. 111).

The Score and Who Keeps It

For African American teen mothers, the fact of their pregnancy, race, and class has historically reduced their public narratives to likely outcomes. And for most mental health professionals who have been tooled to conceptualize social phenomenon based on large, theoretically robust studies, to be *poor, African American and a teen mother* is to face overwhelming systemic challenges. The statistical reality—in terms of demographics and outcomes—is stark. In 2006, 65 out of every 1000 African American teens (defined as 15-19) had a baby (Martin et al., 2009, p. 32). Fifty-one percent of African American young women will get pregnant before they are twenty. And in 2006, 85,000 births were repeat births to teens (Martin et al., 2009, p. 31). Though this last figure clearly includes young women from a range of ethnic backgrounds, African American mothers have been disproportionately represented in large-scale studies.

The risks that African American teen mothers (and their children) face are significantly more serious than those faced by their white, privileged counterparts.

Children born to poor, teen mothers are more at risk for long- and short-term health problems, learning problems, and behavioral problems as they grow up (McLoyd, 1990; Secombe, 2000). This kind of data—while potentially significant for those involved in public health and public policy—plays an influential part in reducing the experiential complexity of African American teen mothers who happen to be poor. Focusing on the teen mother as social agent distracts from deeply embedded social forces that have much more to do with gender, race, and class than they do with childbearing.

Population: African American Poor Teen Mothers

Though the argument established twenty years ago deterministically pigeon-holed poor, African American teen mothers as an economic, social, and moral threat to the fabric of American society, public health researcher Arline Geronimus reminds readers that “the conclusion that teenage childbearing caused poor outcomes was premature” (2003, p. 882). The statistics (both historical and current) *do* merit attention, as they point to communities at risk. But “understanding the nature or locations of those risks (or vulnerabilities) is not nearly as clean cut as social scientists might have one think” (p. 883). Needless to say, this assertion—which flies in the face of decades of policy and presumption—is not readily embraced. To suggest in an academic setting that African American teen pregnancy is anything *but* “an antisocial act and an important public health problem” (Geronimus, 2003, p. 881) is to risk being accused of being intellectually soft or naïve.

The last twenty years has produced much research that, while informative, has compromised its own utility by using sets of Eurocentric values as a way of making sense of life and struggles within African American communities. The widely accepted

definitions of healthy families, and understandings of both gender roles and family structures, have all emerged from the dominant culture and have subsequently become the measures for evaluating life in non-white, poor communities (Collins, 1987). Effectively meeting the mental health needs of African American teen mothers requires the willingness to re-frame decades of taken-for-granted rhetoric about life and challenges in families and in communities. For the purposes of this work, I explore African American teens as a vulnerable population, utilizing an emic perspective that recognizes the ways in which community identity can easily be constructed and determined by outsiders from a political majority.

Both the popular and academic media portray African American teen mothers who are coming of age in poor urban settings as “stick figures” (Tolman, 1996) of human experience. Reduced to statistics of need, these young women are demonized for their poor decision-making skills and the drain they make on public services. The complexity of their relational, social, and economic lives vanishes behind a rhetoric of moral disappointment. For many white, privileged individuals (the demographic that typically becomes policy-makers), these women’s decision to become mothers remains an *active* one, even though most teens would categorize their pregnancy as unplanned (Edin & Kefalas, 2006; Kaplan, 1997). Teen mothers embark on the parenting journey for myriad reasons. In the chapters that follow, I explore the ways that prevailing economic and psychological theories erase these experiential complexities.

The African American teen mothers whose stories I shall discuss range from fourteen to twenty years old and all live in urban centers, on both the East and West Coasts. The geographic specification is significant, because of the ways that social

structures unique to urban living have challenged African American families since the great migrations of the 1940s (Kaplan, 1997). Whereas Carol Stack's formative work, *All Our Kin* (1974), presented the idea of extended care networks that helped sustain poor, African American communities, the last two generations of deepening poverty in urban areas has had a devastating effect on African American families. Values historically claimed by African Americans (explored in more detail later in this study) have become more difficult to sustain and have become less of a source of sustenance for urban teen mothers.

The narratives I present come from qualitative studies done within the last twelve years. Though psychological, investigatory work has been done *on* African American teen mothers as a social phenomenon, "little attention has been paid to the psychological development of mothers" (Weingarten, Surrey, Coll, & Watkins, 1996, p. 2). The foci of most extant studies have been on the risk and the repercussions commonly associated with early, single childbearing. What *does not* show up in these studies is an equivalent focus on resilience and resistance (Weingarten, et al., 1996). My purpose in this study is to gently add to a slow-growing understanding of African American teen mothers' experiences both in terms of the tension-filled lives that they lead and in terms of their determination to manage those lives with integrity and determination. Although some of the young mothers I present are indeed making potentially destructive choices (often borne out of tragically limited options), most of them do not fit the stereotype of individuals trying to exploit social services or doing poorly by their unplanned children. Instead, they offer stories of tenacity, goal-setting, and sustained struggle.

These young women describe their decisions and feelings about raising a child in ways that could easily surprise and challenge the reader. They “are driven by a logic that is profoundly counterintuitive to their middle class critics” (Edin & Kefalas, 2006, p. 171). Their stories are not simple; nor do they fit neatly into any single pre-existing category. Importantly, these mothers are speaking from the beginning of their parenting journeys. Though they are tested daily as they work to manage a particularly challenging convergence of life cycle moments (adolescence and parenthood), these young women speak with a focused commitment borne out of a powerful love for their children.

Detailed Descriptions: Re-conceptualizing the Experiences of African American Teen Mothers

Theoretical explanations of African American teen mothers’ presence in American society have all emerged at particular historical junctures, and have managed to be dragged along over time. Consequently, their intellectual and ideological skid marks allow current thinkers to track the directions in which the debates have moved. Three major theories—the *Culture of Poverty Perspective*, the *Economic Determinist Perspective*, and the *Cultural Strategies Perspective*—have each attempted to create an analytic lens through which teen pregnancies can be understood. Each theory is a product of its time, and each falls short as an essential exposition of a continually emergent, complex social phenomenon (Kaplan, 1997; Luker, 1997).

The Culture of Poverty model emerged out of the works of Oscar Lewis, a social scientist who argued that poor people who live in a capitalist society develop, over time, certain behavioral and cultural characteristics “such as an absence of childhood and a high percentage of mother-centered homes” (Kaplan, 1996, p. 4). Lewis argued that

these behaviors were very adaptive within a poor environment, but limited movement to a “higher” class status. Thus poverty came to be seen as a set of behaviors that kept an individual poor. Patrick Moynihan (1965) broadened this argument by insisting that African American communities exemplified the tendency of poor communities to develop a unique set of values, beliefs, and actions that perpetuated their social location. He asserted that the increasing rates of African American teen pregnancies were signs that the black family system was eroding. Without acknowledging the impact of institutional forces on individuals and families, Moynihan’s invocation of the Culture of Poverty model categorically separated black teens from white teens, particularly in terms of presumed moral corruption.

This theory’s ideological hold remains robust, in spite of the fact that it emerged more than forty years ago. It is still regularly invoked by politicians, determined to incite conflict within constituencies and to blame poor women for economic trends far larger than their individual choices. Yet this is also the theory cited as a frequent explanation of why teens—especially poor teens—seem to make decisions that might not be in their best interests. The Culture of Poverty theory relies quite heavily on a deficit model of thinking. It considers people based on what they are *not*, rather than on who they are and in which historical moment they stand.

The Economic Determinist’s perspective takes a somewhat different approach from the ones set forth by Lewis and Moynihan. Spearheaded by sociologists such as William Julius Wilson (1978, 1987), this approach asserts that the shift from an industrial to an information-driven market has been particularly toxic for African American men. While many in America thrived during economic waves over the past three decades,

African American communities have remained “racked by poverty, unemployment and poor Black families, mostly headed by women who were too impoverished to make it out of the ghetto” (Kaplan, 1997, p. 7). Economic Determinists argue that an individual’s sense of their own life is “mitigated” by their structural circumstances.

Finally, the Cultural Strategies Perspective emerged out of Carol Stack’s (1974) ethnographic study done in a small midwestern city. Stack, a white woman, moved to this city’s African American community to try and deepen her understanding of “the complex social worlds in which the families survive” (Kaplan, p. 7). She, too, focused on the cultural aspects of the African American family—but instead explored the family’s ways of coping with adversity. Stack publically introduced the idea of extended kin networks or “other mothering” (sharing the act of childrearing with the whole community).

Unlike in a white middle class ideal of motherhood that valued the mother in terms of her single caregiver status, African American mothers have never had the luxury of assuming that they would be the primary individuals taking care of their children. Instead, African American mothers’ need to be employed as well as being a parent set down an assumption that caring for children was the responsibility of multiple people. Stack’s research is a pointed reminder to both researchers and clinicians that family systems are always contextualized within local communities. Critiquing her analysis as outdated, Kaplan (1997) argues that Stack reduces “the complexities of contemporary Black families to a quaint culture in which all Black families are alike” (p. 51). I would argue that both researchers are right. Stack’s work reminds us that prior to a very specific form of poverty (debilitating communities, as Wilson suggests), African

American communities have utilized collective caregiving as a way of securing their children within an oppressive society. Thus, for African Americans living in areas that have been devastated by enduring poverty, the relational lives of families reflect both areas of resistance as well as areas of injury

Each of these theories attempted to situate and explain teen mothers as a social phenomenon. Each theory—when taken on its own—also reveals noticeable expository absences. Theories that focus on employment do not address gender inequality or the impact of gender on teen pregnancy and motherhood. Theories that focus on pre-determined behavior based on class do not acknowledge individual agency; nor do they address the impact of much larger institutions on local communities, and particularly on communities of color. And finally, Cultural Strategist theories do not overtly take into account the devastation wrought by multiple generations of urban poverty. All three theories, however, set the historical stage for examples of deficit thinking about a very particular social community. These paradigms easily become the stuff of master narratives, which themselves tell a group of people who they can and cannot be in the eyes of the wider society.

If the purpose of master narratives is to reinscribe dominant ideologies about current social hierarchies, then “narrative repair” (Collins, 1987; Nelson, 2001) is the product of alternative narratives, the purpose of which is to “resist threats to a positive sense of self or a *damaged identity*” (Nelson, 2001, as cited in Brubaker & Wright, 2006, p. 1214). The experiences of the teen mothers included in this study can be understood via three overarching themes that both unify them and remind the reader of the inevitability of diversity of human experiences. The themes of teen mothers’ (1)

responses to their pregnancies, (2) visions of themselves as parents/personal transformations, and (3) facing multiple emotional and social challenges can help the reader create new maps of human experiences and new ways of understanding a marginalized and demonized group.

Responses To Pregnancy

Very few teen mothers actively and consciously choose to get pregnant. Though comprehensive sex education in poor, African American urban communities is woefully inadequate (Fine, 1988; Kaplan 1997; Luker, 1997), there is also a dearth of accurately informed adults who effectively counsel young adolescent girls about the real risks of unprotected sex (Edin & Kefalas, 2006). Brubaker (2007) reported that Lenora, an African American teen mother, described the lack of information offered to her in this way: “My mom. She didn’t talk to me about it because I wasn’t the type that’ll just come up pregnant, you know? And then when I started having sex, I got pregnant” (p. 538). The absence of explicit guidance about reproductive health leaves teens physically and emotionally vulnerable by not teaching them to think in terms of future aspirations that might be more effectively met without the challenges of caring for a young child (Camerena, Minor, Melmer, & Ferrie, 1998).

Edin and Kefalas (2006) describe the young mothers in Philadelphia with whom they worked for three years:

One way or another, most of these [young] women drift into the Russian roulette of unprotected sex. The lack of a plan does not mean there is no desire to get pregnant, yet those who admit—even to themselves—that they’re trying to have a baby invite public contempt and self reproach At the same time, though, they wonder if their circumstances will ever be “right.” The potent mix of social shame, self doubt and compelling desire leads to accidents *waiting* to happen. (p. 39, emphasis in original)

Given the prevalence of teen mothers in urban centers, even with minimal medical understanding, one would be hard pressed to deny that unprotected sex is, at some level, a risk. Nonetheless, the majority of the teens interviewed in multiple studies (Brubaker & Wright, 2006; Edin & Kefalas, 2006; Flanagan, 1998; Geronimus, 2003) articulated a mix of emotions about the lack of contraceptive use. “A right time” (to get pregnant) is an organizing concept often presented as a temporal frame by which one evaluates the best time to become a parent. But it is also based on educational opportunity and institutional access that, for many teens growing up poor, seems impossible. Waiting or planning for a future that is more stable than the present assumes that life will change, dramatically, for the better. Many of the teens whose stories fill this (and other) studies exemplify a halting faith in their own economic future, and they do not see having children as adding significantly more to their already-full plate of personal challenges (Edin & Kefalas, 2006; Edin & Lein, 1997).

African American teens’ pregnancy is often viewed within their community “as something of a tragedy, and girls in this situation may face censure from teachers, preachers, neighbors and kin” (Edin & Kefalas, 2006, p. 65). Edin and Kefalas report that “the way in which a young woman reacts in the face of a pregnancy is viewed as a mark of her worth as a person. . . . [She can see it as a] rare opportunity to demonstrate her capabilities to her kin in her community” (pp. 43, 45). Not surprisingly, teens themselves “feared their mothers’ reactions” (Brubaker, 2007, p. 541) more than those of almost any other social group (Kaplan, 1996). For instance, Kanika described her mother’s response to her pregnancy as, “‘You don’t know what to do with a baby.’ She

was just going off, you know, telling me I don't know how to take care of a baby. I don't have a job . . ." (Brubaker & Wright, 2006, p. 1219). Brubaker's (2007) more recent research with African American teen mothers in clinical settings echoes other studies (Camerena et al., 1998; Edin & Kefalas, 2006; Geronimus, 2003; Kaplan, 1996) as she foregrounds the insidious hold dominant ideologies about African American women have on both mothers and teens. The "dominant images of their sexuality . . . requires mothers to attempt to protect both their daughters and themselves from additional stigma and blame" (Brubaker, 2007, p. 539). This sense of stigma is echoed in Kaplan's study (1996), where young women's mothers in Richmond and Oakland, California, joined the chorus of disappointed women who recognize that "they will be blamed for their daughter's sexual activity" (Brubaker, p. 546).

Teen mothers' initial responses to their pregnancy status is neither the final nor the determining emotional reaction to becoming a mother. Pregnancy forces them to re-conceptualize family roles and tests the robustness of close relationships. Perhaps the most dramatic shifts, though, are the ones that occur within the mothers themselves, as they work to forge an understanding of themselves as mothers.

Teen Mothers' Visions of Themselves as Parents/Personal Transformations

Edin and Kefalas (2006) report that one of the more striking features of their work with young mothers in poor Philadelphia neighborhoods was the way that motherhood emerged as a place of personal possibility and hope. Many of the young women with whom the researchers worked saw their children "as their sole sense of fulfillment" (p. 183), and described their lives prior to having children as "spinning out of control . . . , rippin' and runnin'" (p. 180). Having a child provided both reason and opportunity to

initiate personal changes that might not have happened had the press to provide not been so central. Hence Shonta, a nineteen-year-old mother of a five-year-old, describes motherhood as “having its ups and downs, [but] I never felt my daughter held me back from anything. . . . If anything she taught me how to be responsible” (p. 180). Similarly, seventeen-year-old Kyra explains that her son gives her “something to look forward to. Like when I don’t even have enough energy to get out of bed in the morning . . . I know I have to. So when I turn over and look at him, it’s like I’m trying to give him a better life, so I gotta get up and I gotta *do*” (p. 172, italics in original).

The young women in Brubaker and Wright’s (2006) qualitative study present “narratives of repair” (Nelson, 2001) in which the act of caring for others—in this case, the teen mothers caring for their children—“can work to empower individuals to resist threats to a positive sense of self or a damaged identity” (Brubaker & Wright, 2006, p. 1214). But the “identity transformations” (2006) on which these young women embark often begin with a profound sense of loss, as they are forced to give up an understanding of themselves based primarily on their developmental and chronological age. Faced with both grief and a call to responsibility, many of these young women begin to see themselves differently. Again and again, the research (Edin & Kefalas, 2006; Flanagan, 1998; Kaplan, 1996; Luttrell, 2003; Powell, 1983) points to the ways that the act of caring changes their self-perception.

Some young women describe childbearing as a kind of personal catalyst that facilitates changes that might not have happened under more ordinary circumstances. For these women, motherhood becomes “a turning point” (Edin & Kefalas, 2006, p. 170). Brielle, an African American mother of four who had her first child just before she turned

twenty, explained that “a lot of people . . . say [young girls have babies] for money from welfare. It’s not for that . . . ; it’s not even to keep the guy. It’s just to have somebody to take care of” (Edin & Kefalas, p. 174). What is it about caring for others that seems to bring so much meaning to these young women’s lives? How can one talk about the act of caring but do so from the perspective of the individual giving rather than receiving.

As mental health professionals, we are often quick to dismiss the logic of adolescence. Characterized as shortsighted or unrealistic, the latent content—which might actually inform a deeper understanding of lived experiences—is not taken seriously. So when a teenager explains that she had a baby because she wanted someone to love (and that loving someone might direct her *towards* responsibility rather than *away from* it), we frame her story in terms of a lack of maturity. We do not consider the possibility that “having someone to love” is something that all humans both desire and need. We do not entertain the idea that these young women may be trying to build meaning in a world that has been systematically made virtually meaningless.

Challenges: Multiple Forms of Poverty

The most common way of thinking about urban poverty is in terms of absences—the absence of material goods, of opportunities for shifting one’s class position, of adequate health care, of basic safety in one’s neighborhood. To be poor in a city is to struggle with what criminologist Jodi Miller (2008) calls “spatial” or “ecological clustering” and spatial vulnerability (p. 21).

Scholars found that such ecological clustering [proximity to similarly situated areas] was more prevalent in disadvantaged African American neighborhoods than in similarly disadvantaged white neighborhoods. . . . Unlike poor white neighborhoods, poor African American neighborhoods do not gain from the spillover of “institutional benefits and resources of socioeconomically more

advantaged” neighbors. . . . Neighborhoods [that] were embedded within larger pockets of extreme disadvantage . . . were further hindered in their ability to generate the collective efficacy necessary to protect youths. (2008, p. 21)

Typically, economically disenfranchised neighborhoods are not proximal to any signs of possible economic change. Institutions that might point toward a way *out* of a socially marginalized status are absent. Educational opportunities are minimal, almost as if to signal directly to young children that their fate lies precisely in the life they see every day. No visual cues provide hope for young folks, suggesting that they can be social agents of their own change. The inverse of the stereotype that the rich don’t see the poor seems to be true: the poor, more often than not, do not see a life that represents anything other than what they have in that moment.

A dearth of hope changes the nature of decision-making for individuals, as their sense of future becomes noticeably constrained. Making meaning in one’s life must happen within economic, geographic and social limits. Collins (1987), Jackson (1993), and Geronimus (2003) all argue that mothering has always been valued within African American communities. Edin and Kefalas (2006) quote women for whom having a child gave their life a measure of fullness and meaning that it would not have had if they had continued on the cycling iterations of a life in poverty. It is noteworthy—I would argue—that the voices of young mothers challenge the stereotype of the impulsive adolescent who cares little for anyone but herself. What might it be like to consider how raising a child might give a young woman (whose physical surroundings reinforce the message that she is worthy of little more than decrepitude) a sense of purpose and direction—a reason to try and take her self seriously as an individual? As clinicians and

researchers, we are quick to dismiss her decision . . . and with it, her desire to find a future for herself and her child.

The next chapter looks at the ways in which clinicians and researchers have tried to understand children and caregiving. Using attachment theory as an analytical lens, I explore the way that this theory both informs and does *not* inform therapeutic work with African American families. At the center of the discussion are questions of clinical efficacy when one uses a paradigm constructed by the dominant group to understand those in marginalized social positions.

CHAPTER IV

ATTACHMENT THEORY: HOLDING ONTO CONSONANT MEANINGS OF CARE

The trajectory of later development is shaped fundamentally by the ways in which the child first learns (or fails to learn) to manage difficult emotions. Attachment relationships are the school in which emotional learning originally occurs. (David Wallin, 2007, p. 59)

Elijah is an eleven year old, African American boy who was born when his mother and father were sixteen years old. His parents had been dating when his mother got pregnant, but had ended their relationship by the time Elijah was born. Elijah's early childhood was punctuated by complex social-emotional experiences. Within the first two years of his life, he and his mother had moved from her home due to a set of violent event, ultimately ending up in the shelter system. There were multiple concerns about Elijah's physical wellbeing and relative certainties that Elijah's mother had a difficult time managing raising Elijah. When Elijah was five, his mother dropped him off at Child Protective Services, keeping his new baby sister. That day, Elijah's father took custody of his son. Elijah cannot remember the last time he saw his mother. But as Elijah's birthday approaches, Elijah's only wish is that he can spend some of the day with his mother.

When I met Elijah, he was no longer able to live safely at home. He had gone to eight schools in four years and had revealed a very aggressive and impulsive part of himself, making it difficult for him to safely manage himself in standard living conditions. So in the late summer, he moved into a residential treatment program. My clinical job

included formulating an understanding of Elijah's significant attachments, particularly as they informed his understanding of himself as a relational individual. Though he has not seen his mother for quite a long time, he is actively being raised by his father, his aunt, and his paternal grandmother.

Attachment theory has become a widely accepted analytic paradigm that guides social workers in their practice, as they work to understand the connections between a client's current relational position and sense of self as it relates to her history with primary caregivers. In the following pages, I explore attachment theory as a frame for understanding the relationships between African American teen mothers and their young children. The first section focuses on the fundamental aspects of attachment theory—both its history and its position as a guiding principal in mental health practice. The second section presents empirical studies that use attachment theories as a guiding theoretical and analytic frame. Using culturally consonant practice (clinical practices that are in line with clients' values and beliefs, and that recognize social and political contexts as informing meaning-making within communities) as a critical analytic lens, the third section presents critiques of attachment theory as a useful model for understanding African American children and their families.

The tensions between theories that assert the existence of universal characteristics of human relationships, and the recognition that theories always emerge out of historical and social contexts, force clinicians (and researchers) to carefully bracket which parts of theories are being used to describe particular phenomena. As I point to the culturally specific aspects of attachment theory, I am *not* arguing for a complete abandonment of an understanding that humans are both social and relational. Nor do I deny the centrality of

support and emotional connection over the lifespan. Instead, I critically investigate aspects of attachment theory that can inform clinical understandings of the relationships African American teen mothers have with their children. Achieving this depth of knowledge requires a willingness to work with pre-existing theories, distilling which ideas deepen our understanding of the phenomenon of African American teen mothers and which ones only reify pre-existing deficit models.

I argue that although numerous studies (both qualitative and quantitative) purport to deepen understandings of African American teen mothers, almost none demonstrate a robust understanding of the goals, values, and emotional connections that exist between African American teen mothers and their children. The analytic frames that have been used neither adequately examine the strength of the bonds between children and their multiple caregivers, nor effectively identify the socio-economic stressors of those connections. Acknowledging this absence, this chapter's final section directly points to the clinical applications and limitations of attachment theory, as it is broadly integrated into therapeutic practices.

Attachment Theory: The Map We Know

Most active clinicians approach attachment theory with broad-based (and deeply simplified) encapsulations of complex research that has taken the better part of fifty years to accumulate. It is helpful to note the trajectory of this theoretical emergence, primarily as a way to identify the areas that seem to have become the source of therapeutic focus. Though the past two decades have seen a theoretical explosion (enough to fill a thousand pages of a second edition of *The Handbook of Attachment* [Cassidy & Shaver, 2008]), the more utilitarian understandings of the nature of human attachment remain situated in the

earliest empirical and theoretical work (Ainsworth, 1969, 1972; Bowlby, 1956, 1969; Main & Solomon, 1986). Due to this tacit emphasis on the early aspects of attachment theory, the first part of this section pays special attention to those foundational ideas—both content and trajectory. It will be followed, however, by an exploration of a (necessarily) more culturally diverse understanding of early infant attachment.

John Bowlby, often referred to as the patriarch of attachment theory, argued that initially, “during the time when humans were evolving and living in the environment of evolutionary adaptedness” (Cassidy, 2008, p. 4), the proximal connection between parents and their offspring was a way to ensure their survival. Bowlby (1969) believed that the human infant’s proclivity for a connection with her mother was an evolutionary adaptation, not unlike the stripes of a zebra in the high grasses. Though seemingly self-evident in today’s clinical discourse, Bowlby’s assertion that “attachment is considered a normal and healthy characteristic of humans throughout the lifespan rather than a sign of immaturity that needs to be outgrown” (Cassidy, 2008, p. 5) was a significant departure from a clinical agenda that had emphasized individuation as a primary goal of healthy human development. Guided by a Darwinian model, Bowlby sought to understand some of the most fundamental aspects of human relationships. In his early research, he argued that human attachment was an evolutionarily based set of behaviors, the goal of which was protection of the human infant. In its most primitive form, the adults’ role was to keep the infant alive, in the face of myriad threats. Over time, as physical survival in the environment became more predictable, infant attachment served the function of establishing the infant as an extension of the family group.

In its early inceptions, attachment theory represented a paradigm shift “sweeping

psychoanalytic theory. . . . [Bowlby] realized that we might, in the process, discard genuine insights about infant mother and adult-adult relationships” (Waters & Cummings, 2000, p. 165). Bowlby’s theoretical press towards modern attachment theory was to “preserve the kernels of truth in Freud’s insights about close relationships” (p. 165), while re-framing the mother-child dyad. Earlier ideas had described infant relationships in terms of dependence. Bowlby argued that an infant is both motivated and competent to use the caregiver as the secure base from which to explore and to return when in need of a safe harbor. *Attachment*, as Bowlby used it, referred specifically to the secure-base formulation of infant-adult/adult-infant ties. Not all relationships could be considered examples of “attachment,” as not all relationships would provide relative continuity in both protection and security.

Through his research, Bowlby identified a series of “instinctively guided [infant] responses to threat and insecurity—the attachment behavioral system” (Wallin, 2007, p. 12), the goal of which was establishing a “bond with an *accessible and responsive* caregiver” (Kobak & Madsen, 2008, p. 24). These attachment behavioral (or control) systems are a product of interactive experiences that occur during development—constructed through experiences, and not prewired. The attachment relationships (contrary to wider public understanding) are products of ongoing transactions between the infant and the individuals in her environment. These relationships emerge slowly, over time. To be attached means for an infant (or older individual) to “use someone preferentially as a secure base from which to explore” (Waters & Cummings, 2000, p. 165).

According to Bowlby, human relationships progress through a series of

interactional stages whose goal is developing secure base behaviors (the ability to hold in one's mind the presence of another person, even if that individual is not physically present). First, infants “seek monitoring and attempt to maintain proximity to a protective attachment figure” (Wallin, 2007, p. 12). Attachment theorists argue that crying, clinging, and crawling to the attachment figure (defined as the mother) are ingrained behaviors, the goal of which is to establish secure proximity. Second, infants use the attachment figure as “‘a secure base’ (Ainsworth’s phrase, 1963) from which to explore unfamiliar settings and experiences” (Wallin, 2007, p. 12). Using the confidence borne of their mothers’ presence, infants and toddlers will (briefly) venture physically away and then return for a few minutes—as if to re-fuel—before returning to a mode of exploring their surroundings. When a child’s attachment figure remains constant and available, the child feels increasingly free to explore. Conversely, when the attachment figure becomes unavailable, exploration will decrease or cease altogether. The third behavior, Bowlby notes, is that of a child fleeing to an attachment figure as a safe haven in situations of danger and moments of alarm (Wallin, 2007, p. 12). In (perhaps) the most direct comparison with other mammals, humans—when threatened—seek out another person rather than a place to find security. For young children, common triggers of this behavior include darkness, loud sounds, and unfamiliar settings—as well as the impending absence of a caregiver (Cassidy 2008).

For both Bowlby and Ainsworth, the secure base was the cornerstone of attachment theory. Sroufe and Waters (1977) describe the secure base as central to the logic and coherence of attachment theory. To be *attached* is to use one individual, preferentially, as a secure base from which to explore. Secure attachment refers to “both

the secure base use over time . . . and confidence of availability and responsiveness” (Waters & Cummings, 2000, p. 165). The function of the secure-base relationship, according to Bowlby (1969), was to support competence, foster development, and promote safety. A secure base is often considered a naturalistic setting in which both caregiver and child reside. Thus a secure base encapsulates the physical environment as well as a more liminal relationship between infant and caregiver. Though I would argue that the secure-base model is one of the more robust aspects of attachment theory precisely because it allows the theory to be demographically inclusive, Waters and Cummings (2000) warn that the concept is “increasingly removed from center stage in current theory and research” (p. 165), leaving alternate theories in position to erode the coherence of the original theoretical boundaries.

If John Bowlby grounded attachment theory in a frame of relational imperatives and long-term effects of primary connections, Mary Ainsworth’s (1969) work led to the classification of relational characterizations or “attachment styles” (Waters & Cummings, 2000). Ainsworth’s (1969) work would also identify repeated intergenerational transmission of those different attachment styles. “The key to security or insecurity, she realized, was to be found in the *patterns of communication* between infant and caregiver” (Wallin, 2007, p. 16; emphasis in original). Those patterns became the basis for measurements that evaluated the nature of the infant-caregiver relationship.

Ainsworth (and Bowlby) argue that one often sees attachment patterns more clearly by observing processes of *separation* and *re-unification* of a child and her caregiver, than by solely observing the interactions between the two within a steady and contained context. Understanding varying kinds of attachment was “the infants’

responses to reunion, rather than separation revealed the most about attachment security or insecurity” (Wallin, 2007, p. 19). Interestingly, the tacit assumption is that the depth and robustness of caregiver-child relationships is more clearly illustrated by the levels of upset or stress the child exhibits at the maternal departure and re-emergence. Those underlying assumptions that link anxiety to processes of separation or individuation become hegemonic pillars in the theoretical construction. Ainsworth’s (1969) work in Uganda, combined with her creation of the *strange situation* (a set of observations that yielded measurements of dyadic bonds) set the stage for assumptions that relationships can be plucked out of their ecological settings and measured according to a socially constructed sets of variables. The categories that emerged from this set of studies have become the framework by which mental health professionals evaluate the connections between children and their caregivers. If a child’s upset (at the departure of his caregiver) is easily soothed, she is considered to be an example of *secure attachment*. Children who seemed “indifferent” to their caregiver’s return, but who also approached exploring the environment with an almost manic determination, are considered examples of *avoidant attachment*. A defensive response to their own upset about the novelty of the environment describes those children who seemed to “have concluded that their overtures for comfort and care would be of no use—and so, in a sense, they had given up” (Wallin, 2007, p. 20). Children whose primary caregivers are unpredictable in their affection with their children tended to fuel an *ambivalent attachment*. For these children, the return of the caregiver did nothing to appease any manifested upset. Finally, a more fragile kind of mother-child dyadic bond, *disorganized attachment* (Main & Solomon, 1986), is characterized by the child exhibiting behaviors of defensive disconnection (Davies,

Harold, Goeke-Morey, & Cummings, 2002). Upon the caregiver's return, these children back away from the mother, freeze in place, fall to the floor, or assume a dazed, trance-like affect. Disorganized attachment results when "the attachment figure is simultaneously experienced not only as the safe haven but also as the source of danger . . . ; the child is caught between contradictory impulses to approach and avoid" (Wallin, 2007, p. 22).

Though Bowlby, Ainsworth, and Main spearheaded the initial theoretical work on attachment through the life cycle, their ideas have become foundations for ongoing exploration of the relationship between early childhood and later personal challenges. Perhaps due to Ainsworth's initial research in Uganda, one of the pointed questions of attachment theory has been that of behavioral universality. Specifically, if—at base—a biologically determined set of behaviors drive the need and shape of primary human connections, do those behaviors transcend social context and historical moment? Even though attachment theory, in its most formative inception, used a monomatric (care by a single mother) model, can attachment theory be useful in understanding polymatric (multiple) care? What aspects of Bowlby's work transcend historical cultural particularities? Are there universal aspects to relational worlds?

Attachment within Communities of Multiple Caregivers: Research Challenges

Though Bowlby and Ainsworth's deconstruction of infant child attachment has been widely accepted within many mental health communities, other researchers have increasingly challenged the cross-cultural viability of some basic theoretical tenets (Sagi & Lewkowicz, 1987; van IJzendoorn, Bakermans-Kraneburg, & Sagi-Schwartz, 2006; van IJzendoorn & Sagi-Schwartz, 2001; van IJzendoorn & Sagi-Schwartz, 2008). An etic

research approach, used heavily in cross-cultural research, assumes validity based on the use of research instruments largely constructed in western industrialized nations (van IJzendoorn & Sagi-Schwartz, 2008).

In considering the nature of early childhood attachment in African American communities, I would contend that rather than focus on the standard dyadic relationship that underlies the most widely understood aspects of attachment theory, it is important to consider the nature of multiple caregivers as a vehicle for establishing a secure base (Boyd-Franklin, 2006; Collins, 1987, 1994, 2000; Jackson, 1992, 1993; Stack, 1974, 1996). It behooves both researcher and practitioner to remember that families in the United States who are not from the dominant culture or who do not possess robust economic means “have historically used a variety of childrearing configurations involving networks of caregiving adults rather than a single caregiver” (Howes & Spieker, 2008, p. 317; Jackson, 1993). The prevalence of caregiver networks poses some analytic challenges when trying to understand (or evaluate) the formation, maintenance, and impact of early childhood attachments, as “attachment research has largely been conducted on the child-mother attachment relationship” (Howes & Spieker, 2008, p. 317).

Although African Americans have had a steady presence in attachment studies, for years they were only one demographic within a much larger group. In spite of this research presence, Jackson (1992, 1993) is quick to identify an absence of *understandings* about attachment trends in African American communities. Positing a historical/cultural rationale for multiple caregiving within African American communities, Jackson explains that the unpredictable nature of family relationships

during enslavement required a flexibility in caretaking, as raising children could not be securely relegated to one of the birth parents. Instead, communities developed extended kin networks (Collins, 1987; Stack, 1974), a relational web of blood and non-blood support for children within the communities. Jackson (1993) (citing Stack, 1974; Young, 1970) describes the structure as one in which “child care and socialization are based on sharing of caregivers by a number of parent figures irrespective of maternal marital status. . . . [The] responsibility for protection, care, instruction, and discipline of all children is diffused among related adults, and indeed all adults” (p. 88).

The need for multiple caretaking is based on African American women’s historical role as workers. Biological mothers are important in children’s affective lives, but African American mothers’ status as working women has required a reliance “on shared caregiving arrangements to meet dual responsibilities of childrearing and supplementing family income” (Jackson, 1993, p. 88). Though I would argue that current socio-economic conditions have eroded the availability of kin networks and “other mothers” (Stack, 1974), the template of shared ownership when raising children remains a particularly identifiable aspect of African American communities. Unlike Bowlby’s argument that the secure base emerges from a primitive but transactional set of human behaviors (seemingly free of the complexity embedded in emotional connections) that prioritize a single relationship (the mother) over others, theorists who study African American attachment patterns (Boyd-Franklin, Collins, Jackson, Stack) are very clear that raising a child is a value-laden process. Unlike the *strange situation*, which subtly foregrounds a positivist definition of measured caregiving (and which is tacitly assumed to represent universal norms in childrearing), deepening understandings about the nature

of African American families entails a process of excavating community values as a way of evaluating what constitutes secure attachment patterns.

Empiricism and Attachment Theory: A Collision of Research Agendas

African American teenage mothers are a demographic who are much studied but are rarely engaged in a direct way in deepening a public understanding of their experiential and relational lives (Luttrell, 2003, Pillow, 2004). At this academic and historical juncture, research journals are filled with predictions of multigenerational social, emotional, and behavioral risks facing young children as a consequence of African American teens getting pregnant and deciding to raise their children. Widely accepted accusations of impulsivity, self-centeredness, and emotional immaturity often gird conclusions about what is and is not possible when a teenager becomes a parent. This predictive language of social demise is based, primarily, on quantitative studies—which themselves use instruments and measurements that have been constructed by a demographic that looks far more like the traditional attachment theorists than the subjects of the research. Yet questions of culturally consonant conclusions are rarely asked. And the clinician can find herself questioning the lived utility of conclusions borne out of such research.

Ainsworth's *strange situation* study created an instrument and measure by which researchers could begin to characterize different forms of infant/mother attachments based on sets of predictive behaviors. This approach has become widely accepted as one of the most empirically robust ways of understanding caregiver relationships. In its earliest inception, the model was used to understand the nature of the maternal dyad (writ large); increasingly, however, as researchers tussle with “new growing points” of the

field (Heinicke, 1995), questions of attachment are focusing heavily on individuals who are members of “vulnerable populations”—those whose social identity (race, gender, class, ethnicity, marital status) somehow puts them in conflict with dominant systems and ideologies. African American teen mothers exemplify just such a group. The question posed here, then, is how can attachment theory, as it emerges empirically, inform or deepen understandings of teen mothers in ways that could facilitate culturally consonant mental health care for both individuals and families.

I would argue that attachment theory, when used as an empirically based analytic tool, is particularly appealing to both researchers and clinicians because it presents itself as a paradigm of prediction: dyads are understood primarily in terms of their potential outcomes, rather than in terms of the vitality or struggle that would make up the content of interpersonal and environmental transactions. For example, the often visceral reaction to the “teen mother” as a social presence is based more on what is yet to come, than on who she is as an adolescent about to become a parent (Luker, 1997; Pillow, 2004).

African American Teen Mothers: An “At Risk” Group

Considering the experiences, risks, and sources of relational resilience of African American teen mothers, while using attachment theory as an analytic lens, requires breaking down the complexities of this population into specific of their identities. African American teens invite a focus on social emotional development (teen/adolescence) and race (African American). “Mother” specifies this group even further, in terms of culturally expected behaviors. Attachment, as a thematic continuum, is the force that braids together these three different strands.

The identity braid of race, gender, and emotional development can easily be seen

as another way of describing a demographic at risk. Attachment “risk” characterizes aspects of a mother’s relational history that could lead to injurious behavior towards her child. For example, African American adolescent mothers with histories of physical or emotional abuse are shown to have particularly challenging relationships as caregivers, thus increasing the potential for aggressive behavior towards their own children (DePaul & Domenech, 2007; Gilson & Lancaster, 2008). Vulnerability due to a challenging attachment history also correlates with a tendency towards personal physical risk-taking (Zelenko et al., 2001). Young mothers who have struggled with neglect within their own family of origin risk a pervasive level of underfunctioning as “neglect early in life [can be] detrimental to subsequent development, including challenges in cognitive and social emotional behavior” (Hildyard & Wolf, 2002, p. 679). Similarly, teen mothers who have grown up without any identifiable secure base are themselves at risk of re-creating a similarly unpredictable relational environment (Stevens-Simon, Nelligan, & Kelly, 2001).

Adolescence remains a fairly unexplored area of attachment theory. “Unlike childhood and adulthood, the meaning and import of the construct of attachment for social functioning is derived primarily from theoretical inferences” (Allen, Moore, Kuperminc, & Bell, 1998, p. 1406). Adolescence is a time of emotional development in which one cultivates the capacity to “process emotion and memories around attachment experiences” (Allen, et al., p. 1416). In terms of teen mothers, adolescence is a push-me/pull-you developmental juncture. From one direction, teen mothers are still navigating the relationship between their own attachment security and other relationships. From the other direction, teen mothers themselves become the providers of security for another human being. Currently, some researchers believe that “attachment organization

may temporally precede some of the indices of psychosocial functioning” (Allen, Moore, Kuperminc, & Bell, 1998, p. 1416; see also Benoit & Parker, 1994; Waters, Vaughn, Posada, & Kondo-Ikemura, 1995). The attachment histories present themselves in their understanding of adaptive emotional functioning (Allen et al., 1998). An openness to the attachment experience can predict the ways in which these young women engage in their social relationships. But unlike the “mothering” part of teen motherhood, this developmental juncture needs to be seen as part of a much wider umbrella of relational attachment histories that may or may not locate the teen mother in a category of risk.

Merging the developmental aspect of teen motherhood with the responsibility of constructing an attachment history with her infant is a juncture at which temporally based, emotional agendas converge. In a particularly focused study, Ward and Carlson (1995) explored the nature of infant attachment with adolescent mothers of color (76 % of whom were African American) precisely because the demographic “defines a range of individual differences” (p. 69). Researchers found that the mother’s prenatal state of mind (as indicated by a version of Ainsworth’s Adult Attachment Inventory) was associated with her maternal sensitivity to her infant. Thus, as has been indicated earlier, adolescents’ attachment histories (like those of their adult counterparts) seemed to correlate with their parental attachment behaviors (Bowlby, 1969/1982) . Thus, for clinicians, understanding the nature of adolescent mothers’ attachment histories becomes imperative for effective therapy.

But Ward and Carlson’s research (1995) also challenges the research instruments and measures that are most often used in traditional attachment research. Though they were able to “demonstrate that pregnant adolescent discourse about attachment predicts

later caregiving as well as later organization of their infants' attachment behavior" (p. 75), they also found that among infants with more than one primary caregiver, "maternal sensitivity did not appear to be the means by which security was transmitted from mother to infant" (p. 75). Ward and Carlson conclude by re-asserting their belief that "standard measures of maternal sensitivity are not appropriate for populations where there are multiple caregivers" (Ward & Carlson, 1995, p. 76). Thus communities who rely on multiple caregiving as an integral part of childrearing cannot accurately be the subject of standard attachment research. Hazan and Shaver (1994) underline this premise when they remind researchers and clinicians that, "the infant attachment research area has been frequently criticized for overreliance on a single assessment procedure" (p. 75).

Multiple Caregiving: Wandering Through the Empirical Desert

In the tome-like *Handbook of Attachment: Theory, Research and Clinical Applications* (Cassidy & Shaver, 1999), there is only a single chapter devoted to the presence of multiple caregiving as one way that communities choose to take care of their offspring. Van IJzendoorn, Sagi, and Lambertom (1992) remind their audiences that monotropy (being raised by only one person) is increasingly rare in modern, industrialized cultures. Often due to economic necessity, most children are being raised by at least two central caregivers—one of whom is often outside the home (Bretherton, 1985; Jackson, 1992, 1993). Recognizing that most global communities utilize systems with more than one adult caregiver, Howes and Spieker (2008) argue that it behooves us—as researchers and clinicians—to have a firm grasp on the different ways in which communities claim their approach to childrearing. Specifically, "including multiple caregivers as part of a network of attachment figures may expand our understanding of

the organization of internal working models of attachment” (p. 318).

Research (scant as it is) on multiple caregiving has challenged fundamental aspects of the standard paradigms of attachment theory (Sagi & van IJzendoorn, 1996; Sagi et al., 1985; Winn, Tronick, & Morelli, 1989). Standard observations of mother-child dyads could often predict the socioemotional outcomes of the child. Multiple caregiving presents a “paradox” (van IJzendoorn et al., 1992) because “if the child is part of a network of attachment figures, separation from one attachment figure, such as the mother, may not mean separation from every secure base” (p. 5). Though this paradigm challenge is widely seen in efforts to do syntonetic cross-cultural research (i.e., research that emerges from questions that are organic to—and in line with the values of—a given community), African American communities—in the face of a theoretical absence—constantly risk being misunderstood and misrepresented in attachment research and in the clinician’s tendency to pathologize community caregiving structures.

Empirical work with African American families that actively integrates a multiple caregiving structure remains either noticeably absent from the canon or completely outdated. If anything, the African American presence in attachment research reinscribes a relational model in which parents are seen as lacking (Ainsworth, Blehar, Waters, & Wall, 1978; Clarke-Stewart, 1978). In the past two decades, however, in an attempt to understand the nature of caregiving in African American communities from a strength-based perspective (while asking the same fundamental research questions), some researchers *have* adopted an ethnographic approach (see, e.g., Edin & Kefalas, 2006; Kaplan, 1997). Perhaps a methodological shift in data collection reveals the quandary that “there is no place for issues, observations, and findings regarding African American

infants” (Jackson, 1993, p. 99). Without such a theoretical “place,” practitioners face an ongoing risk as to how to best engage in a culturally syntonic, clinical relationship.

Theoretical Rightness of Fit: Attachment Theory and African-American Communities

What does it mean to posit a behavioral theory as “universal”? What does it mean to assume that some human actions and interactions are so fundamental to the species that they transcend culturally specific responses to community, time, and locus? Attachment theory, in its foundational era, made precisely this argument (Bowlby, 1969; Ainsworth, 1973). But in scaffolding this line of reasoning, theoreticians have had to view the relational world through a very particular set of lenses—ones that focus on the mother-child dyadic relationship, seemingly free of culturally specific perspectives and traditions that might differentiate one community from another. This embrace of a universalist agenda can easily feel syntonic if one comes from the group from which the research emerged. But the experience of being the relational or attachment “other,” who comes from a community where externally constructed definitions of relationships do not seem to lend themselves to an ecological fit (Bronfenbrenner, 1979), can lead individuals to mount campaigns of active criticism, if for no other reason than to point to the ways in which they have been left out of a theoretical agenda.

When Bowlby, Ainsworth, and Main were spearheading their foundational work on infant attachment, the definition of what constituted a family was not an interpretive one. Similarly, caregiving and motherhood were (in all likelihood) synonymous (Bliwise, 1999; Jackson, 1992, 1993). Dominant definitions of a family included two heterosexual parents and their biological offspring. Of the two parents, the female was

considered primarily responsible for the children's care. Equally germane was the tacit assumption that family units functioned, essentially, independently of each other—particularly with respect to raising children.

Feminist theorists note the limitations of standard interpretations of attachment behaviors. Bliwise (1999) argues that attachment research describes caregiving, like the structure of families, as made up from a fixed set of characteristics. Exploring the social context of caregiving invites researchers and clinicians to consider how attachments are both tested and strengthened.

One of the most strident and pervasive critiques of the initial attachment theories focuses on the hegemonic centrality of a white, middle-class definition of “family” as the reference point for extrapolating the universality of caregiver/child connection. Bakermans-Kranenburg, van IJzendoorn, and Kroonenberg (2004) are part of a small chorus of cross-cultural attachment theorists as they point to researcher arguments that “measures of sensitivity and attachment security would be biased toward Western ways of thinking and would result in lower rates of children that are considered secure in other ethnic or cultural groups” (p. 418). Following a similar line of reasoning, multiple researchers (Collins, 1987; Jackson, 1992, 1993; Kaplan, 1996; van IJzendoorn, 1990) argue that early caregiver/child relationships in groups other than the dominant culture need to be understood using an emic approach to the investigative process. Instruments and evaluative approaches need to be based on ecologically robust (Bronfenbrenner, 1979) criteria that emerge from within communities of research interest—what Berry (1969) calls a “derived etic approach.” And whereas dominant conclusions about attachment have emerged from the *strange situation* procedures, Sagi and Lewkowicz

(1987) suggest that,

The strange situation . . . may not be a valid instrument for measuring attachment quality across cultures, because caregivers and infants experience the stressful laboratory settings in very different ways. (van IJzendoorn, 1990, p. 4)

Embedded in the experimental instrument used to evaluate mother-child dyads is the assumption that a shift in the adult presence, in an alien environment, yields varying examples (or levels) of emotional unrest within the child. Additionally, cross-cultural attachment theorist van IJzendoorn (1990) critiques the presumption that “the return of the caregiver is sufficient to relieve the stress for children with a secure attachment relationship but *not* sufficient for those with an insecure one” (p. 5). Absent in Ainsworth’s structure and analysis is any explicit recognition that the experience of a child and caregiver within an unusual environment or engaging with an unfamiliar adult might not incite either anxiety or dispassion in a young child. The *strange situation* taps “into a narrow range of behavior that may not be valued by others” (Bliwise, 1999, p. 48).

Questions about the universality of Ainsworth’s attachment categorization challenge its theoretical and clinical applicability across cultures. A distinct and knotty set of disagreements characterize the struggle that researchers and clinicians face as they attempt to translate a culturally and historically contextualized set of ideas across multiple societies. Ainsworth’s groundbreaking work—in part due to its international context—pointed to a “universality thesis” that “attachment bonds will be established in any known culture, regardless of childrearing arrangements and family constellations” (van IJzendoorn & Sagi-Schwartz, 2008, p. 881). It does *not* imply, however, that one of the three principles of attachment patterns is universally normative.

Public health researcher Jacqueline Faye Jackson (1993) takes a very focused stance on this issue, having emerged as one of the more strident critics of traditional attachment theory as it has developed over the past five decades. Jackson argues that the particular Ugandan communities chosen by Ainsworth undermine the validity of her conclusions. Though it is important to acknowledge the impact that Ainsworth's work had on studying the nature of primary connections, it is equally important to situate the work in its historical context and to scrutinize the implications of its conclusions.

Jackson posits that

It was presumed to have implications for Negroid racial groups because the subjects were black Africans. Its implications for attachment in the cultural context of African-American infant and childcare are limited, however, because of differences between Ganda and African-American cultures with respect to the shared caregiving factor: the Ganda resemble white middle class Americans more than African Americans. (Jackson, 1993, p. 90)

The Gandan community—the focus of Ainsworth's initial research—was a relatively Westernized ethnic group in Uganda who had adopted a tradition of nuclear families who often lived removed from their extended families. The Ganda considered the mother as the principal caretaker; Ainsworth, in turn, saw her child as fitting within the category of secure infants. In contrast, infants who received much of their care from individuals other than their mothers were seen to be more unattached than their counterparts.

In building an emic approach whose goal is to effectively contextualize research with African American adolescent mothers, general values embedded in many African American communities need to guide analytic decisions. Utilizing sociocultural structures as they pertain to childcare, an emic-based understanding focuses on “what African Americans value in relationships that are social emotional outcomes of their caregiving

efforts” (Jackson, 1993, p. 92). Strength, resilience, and the extensiveness of social relationships within African American kin and communities directly inform fundamental understandings about the essence of individual and group identity. Caregiving is not merely about establishing security in the moment; instead, it is about tooling young children to be able to navigate a world that is the antithesis of a secure base. Living in a country in which structural racism and embedded inequality continue to challenge generations of African American children demands inculcating self reliance as well as a sense of protective place (Boyd-Franklin, 2008; Collins, 2000).

Places of Possibility—Places of Danger

Throughout these last pages, I have attempted to explore the complex nature of attachment theory as it applies to deepening understandings and improving clinical work with African American teen mothers. Often considered a population at risk, the nature of research on attachment theory has made it difficult to find empirical work that aligns with community-specific values. The insistence on using attachment theory as a primary tool for predicting social/emotional outcomes reduces the relational complexity that one would find when spending time within these communities. Attachment theory, as it is most widely used, facilitates a distancing from the nuanced and dynamic nature of human connection. Practitioners should be wary of standard empirical research that situates itself as part of the research legacy of attachment theory (Geronimus, 2003; Jackson, 1993). Instead, it behooves those working with African American teen mothers to access research that identifies itself in terms of exploring the changing nature of family and community relationships—work that uses “attachment as an organizational framework for research on close relationships” (Hazan & Shaver, 1994).

In the following chapter, I explore poverty's role as a catalyst that dramatically impacts the lived experiences of African American teen mothers. Using a feminist economic theoretical framework, I focus on the particularly gendered challenges that poverty imposes on young mothers and their new families. In so doing, I look primarily at the relational impact that multi-generational poverty has on teen mothers as they work towards building structurally sound, safe lives for themselves and their children.

CHAPTER V
POVERTY: LOOKING AT WHAT IS PRESENT RATHER THAN WHAT IS
ABSENT

Starting Off . . .

The most current figures are stark. According to the Children’s Defense Fund (2007, p. 41), in 2006, African American babies were almost twice as likely to be born to teen mothers and grow up in single-parent households as non-Hispanic white babies. Single parent households are almost twice as likely to be poor as households with two parents. Fifty-six percent of African American children live in single parent households. A total of 3.8 million African American children are considered poor. And though childhood poverty rates differ from state to state, almost half of Louisiana’s and Mississippi’s African American children are poor.

What does one do with statistics that are so upsetting, angering, and overwhelming? How can social workers (and others in the helping/healing professions) use these numbers as entrees into what I will call “activist clinical work”—work that manages to tend to microsystems that Bronfenbrenner (1989) defines as face-to-face interactions, while not losing a critical awareness of systemic social reproduction. This chapter will try to achieve just such a professional and academic balance. Working with teen mothers (who often arrive for clinical support when the most familiar of personal approaches is no longer effective) invites the clinician to focus in tightly on the relational aspects of the clinical encounter. And though the therapist is unlikely to “forget” about

the ways that poverty impacts her client, the commitment to alliance-building has the potential to dull the starkness of this sociological reality.

This chapter's first section presents both traditional and more recent epistemologies of poverty. The former is a research agenda that has a fifty-year history, but relies quite heavily on statistical data. The latter is both younger and more explicitly political. Adopting a feminist agenda, these later theorists argue for an interdisciplinary approach (including qualitative research) as a necessary way of complicating (and humanizing) understandings about poverty. The chapter's second section explores the ways in which research on (with) teen mothers can inform practitioners' work, actively leaning into an ethic of activist clinical work. The third section, in turn, focuses even more deeply on the utility of a feminist economic perspective, particularly as it provides a frame for integrating individual emotional experiences and systemic, economic challenges. The fourth and final section re-visits the particular ways in which poor African American teen mothers have been reduced to their social construction as a demographic in economic and social need.

Balancing the Big and the Small: The Immediacy of the Struggle

Writing about poverty is an unwieldy task. Rather than invoking shared understandings, the term "poverty" can elicit tensions from conflicting social agendas. Though widely recognized as a deeply entrenched, toxic social problem, there is nonetheless a fundamental lack of consensus about the appropriate public response to poverty. Koch, Lewis, and Quiñones (1998) assert that "Americans' ideas about poverty remain singularly resistant to facts," and as a society we have a tendency to "blame poverty on the poor, themselves" (p. 66). In a country that insists on a meritocratic

understanding of citizenship, poverty is often seen as a sign of weakness, evidence of a lack of care and motivation. The dominant public conversations about poverty (the ones to which social workers are most easily exposed) presume overly simplistic solutions to poverty-driven challenges (Edin & Lein, 1997). Hegemonic understandings about being poor do not include a complex appreciation for the ways that pre-existing social structures sabotage improvement in one's class status.

The invasive nature of the experience reminds scholars and practitioners that being poor

involves more than simply having a "low income." It is more than an economic inconvenience easily overcome with increased initiation. Rather, poverty affects one's total existence. It can impede adults' and children's social, emotional, biological, and intellectual growth and development. (Seccombe, 2000, p. 1096)

Reconciling the tensions of poverty's lived experiences with attempts at a more standardized set of definition of what constitutes being poor are the two themes that will carry this chapter. What does it mean to define someone as having a "low income"? By what criteria is this definition established? And how does one reconcile this definition with an omnipresent human struggle that seems to coexist with statistical understandings? In the following pages, I present some of the foundational approaches to understanding poverty in the United States, recognizing that definitions and terminology have both ontological and epistemological roots that are paradigmatically specific. I then discuss a paradigmatic shift that occurred in the late 1980s—a feminist economic agenda—that focused specifically on the struggles of women, people of color, and single mothers as a central part of understanding the experiences of being poor. It is important to note, however, that research done on issues pertaining to poverty often focus on questions of

economic causation. And whereas I believe that there is a necessity to reveal the ways that systemic social reproduction traps poor people—in their jobs, their schools and their neighborhoods—it is beyond the scope of this work to focus on links between social systems and ongoing poverty. Instead, I am interested in the ways that poverty is conceptualized and experienced as a social force.

The first year in which official poverty rates were compiled was 1959 (Duncan & Brooks-Gunn, 1999). This date is significant primarily because it points to the relative brevity in which formal research has been done with disenfranchised communities whose economic well-being is fragile, especially when the focus of the research is that fragility. In those initial studies, the poverty rate for children in the United States was 27%. This figure declined during the ensuing three decades (in part due to the social programming that emerged out of the 1960s' war on poverty), but then rebounded with a vengeance from the 1980s to the end of the millennium (Duncan & Brooks-Gunn, 1999; Seccombe, 2000).

The *poverty line*, as it is most casually used today, was a formula established by the Social Security Administration in 1964 (Seccombe, 2000; Orshansky, 1965). Based on survey data that indicated families spent approximately one third of their income on food, “the poverty line was calculated from the estimated annual costs of a minimal food budget designed by the Department of Agriculture (USDA) and then multiplied by three” (Seccombe, p. 1096). Even if some particular aspects of the formula have changed over the past forty years, its ideological underpinnings have remained constant. Government agencies continue to establish figures that become concretized through the creation of the food stamp benefit. This food plan (developed by the USDA) is far smaller than the

amount middle class families spend on food, which itself is a reminder that the official poverty threshold underestimates poor people's needs (Edin & Lein, 1997, p. ix).

Though seemingly objective and orderly, the calculations that underlie the construction of the poverty line have been criticized for a variety of reasons (Danziger, 1990; Garbarino, 1992; Huston, McLoyd, & Coll, 1994). Seccombe (2006) argues that the poverty measure is an arbitrary one, based on absolute dollar amounts, and not on a percentage of the median income. Hence much of the country *appears* to be above the poverty level. There is no empirical evidence that food constitutes a third of a family's budget (poverty thresholds are uniform across the nation, despite disparity of costs of living). Further, the official measure does not reflect an individual's position relative to being above or below the poverty line. In a particularly arbitrary delineation, families with incomes of only one dollar above the threshold are not counted as poor. Finally, definitions of poverty levels have not kept pace with the ever-changing shape of families (e.g., with the increasing number of single mothers with multiple children, who themselves have had the highest poverty rate in American [Edin & Lein, 1997]. Single mothers do not have access to free childcare, and thus are often forced to pay as much of a quarter of their take-home salary to childcare providers [Coll, Surrey, Buccio-Notaro, & Molla, 1998]). At this point, a single parent with two children, earning the minimum wage of \$7.25 per hour, would not earn enough to pull her family above the poverty line.

Perhaps the greatest consensus in research about poverty, however, rests on an understanding of demographics and diversity. Specifically, certain groups in this country are significantly more at risk for being chronically poor than others. "Poverty rates for different groups," assert Edin and Lein, "reflect the frequency of destitution in each

group” (1997, p. ix). And within this diversity of groups comes an increasingly nuanced commitment to de-essentialize poverty in America (Bakermans-Kranenburg et al., 2004; Duncan & Brooks-Gunn, 1999; Fukuda-Parr, 1999; McLoyd, 1990; Miller, 2008). For example, Seccombe argues that “poverty is not randomly distributed; race, gender, family structure and parental education all have a significant effect on the likelihood of experiencing poverty” (Seccombe, 2000, p. 1095). McLoyd (1990) deepens this statistical reality by describing poverty in ecological terms (Bronfenbrenner, 1989). Poverty “among black children is marked by its persistence and geographic concentration, whereas it is primarily a transitory, geographically diffuse phenomenon among white children” (p. 335).

Though statistical evidence of the impact that poverty has on various groups is often deeply distressing, its empirical presentation is one of distance. The detached voice of the researcher, so prevalent in poverty studies, exemplifies the ontological and epistemological roots of the research itself. The lack of a subjective, interpretive presence in the research subtly reinforces a sense that objectivity is the foundation of the work, and thus that the work is not challengeable. But the privileged stance of absolute truth in empirical work is a logical extension of much older epistemologies. Sandra Harding (1993) argues that this kind of poverty-focused research (outcomes-based, distanced, and numeric) is an extension of a positivist, empirical model. It “is always, in every way socially situated. Neither knower nor the knowledge they produce are or could be impartial, disinterested, value neutral” (p. 111).

Poverty, as a way of understanding class stratification, has its theoretical roots in neo-classical, positivist thinking (Nelson, 2003). Neo-classical economic thinking

privileges reason and measurement. Embracing a modernist ethic, economics is seen as “a closed system of laws and mechanisms . . . free and can be usefully probed by our tools of mathematical theory” (Nelson, p. 1010). As a school, neo-classical thought has its roots in the Enlightenment, whose theoretical values embraced dualism, reason, clarity, detachment, and measurement. Within this frame, truth is observable; predictably, in turn, is based on these observations. By extension, knowledge is also value-free. From this theoretical position, poverty is best understood as part of a dualistic structure (poor and privileged) that is measureable (e.g., food intake locates class position) and observable (human experiences are best understood via empirical studies). Thus a dispassionate research voice when describing the lives of poor individuals is critical . . . for the researcher to be believed.

Given the ways that traditional research methods/understandings about poverty—though informative—often reduce the human experience to statistical outcomes, how can clinicians and researchers work towards understanding the complexity of being poor, while still remaining critical, in terms of social systems? I would argue that feminist economic theory provides an alternate way of framing the experiences of African American teen mothers, because its primary academic and ideological purpose is to find methodological approaches that do not recreate the socio-economic status quo (Kim, 1997).

Exploring an Old Problem From a “New” Position

Feminist economics is a school of thought that emerged, simultaneously, with feminist research methodology. In both cases, academicians (from multiple disciplines, multiple backgrounds, and mixed genders) began to critically explore the ways that

academic understandings were constructed. They realized that empirically based research is one of primary ways through which western society establishes its knowledge base. Feminist approaches explicitly identified an epistemological insistence on tightly guarded criteria that declared which ideas can and cannot be included in an academic canon. Absent in that canon were the multiple experiences and truths of women, poor people, gay people, people of color, and other populations, all of which are systematically marginalized in the construction of a knowledge base.

Sandra Harding (1999) aligns the emergence of feminist economics with that of feminist methods, pointing to places of direct overlay—both ethically and practically. She argues,

Feminist research is distinct [as a research method] in that it seeks to answer women's questions. Because they pay attention to women and their economic situation, the economic problems which feminist economists choose to study will often be different from those which mainstream economists focus on. Feminist economists ask different questions. They are interested in how the economy affects women and how women affect the economy. (Donath, 2000, p. 115)

As a researcher and clinician, I support Harding's call for a dynamic, inclusive public understanding of ideas and truths that do not adhere to dominant ideologies. Mainstream economics, for example, "with its single central story of competitive production and exchange in markets is too simple a theory" (Donath, 2000, p. 116); it marginalizes tasks often associated with women because they are not production-directed. A gender-based exclusion of non-market based tasks creates a "general invisibility of children [and parents] in mainstream economic theory" (Donath, 2000, p. 117).

Feminist economics is an explicitly value-based paradigm, whose purpose is to provide researchers and activists with an alternate set of frameworks that might be used

in the place of much more standardized understandings. Marilyn Power (2004) describes the “methodological starting points” (p. 4), helping both researchers and clinicians establish a firm theoretical base. These are values that underlie the types of research questions worthy of investigation and the interpretive frame by which the researcher begins to make sense of her data. Power (2004) summarizes the values as follows.

First, caring labor and domestic labor are vital parts of any economic system and should be incorporated into the analysis from the beginning, rather than as a shoe-horned afterthought. Second, human well-being should be a central measure of economic success, and should include a heterogeneity of needs. Third, human agency is important. Processes as well as outcomes should be examined in evaluating an economic event. This emphasis on agency means that questions of power and unequal access to power are part of the analysis from the beginning. And fourth, many researchers identifying themselves as feminist economists need to incorporate considerations of class, race-ethnicity and other factors, recognizing “the inherence of multiple standpoints in understanding women’s experiences” (Power, 2004 p. 6). The repeated reminder of the significance of multiple standpoints offers a keen and constant recognition that traditional economic research has systematically included some while excluding others in the construction of a knowledge base.

How is it possible that the experiences of certain groups are invisible while others remain at the forefront of public understanding? Susan Himmelweit (1995) points to dominant definitions of “work” that separate the worker and the product of the work, and that remain part of the foundation of mainstream academic thought. One characteristic of “work” (as it is widely thought about—both in and out of the academy) is that it is agent-

free. Specifically, as westerners, we are increasingly uninterested in the etymology of the physically produced world. In this light, the tasks inherent in being a single mother (teen or no)—often based on care—does not conform to a definition of work in which the work is separated from the worker. If the worker needs be separate from his product in order to be considered doing “work,” and the work of mothering is invisible due to her inherent *lack* of separation, then those who are engaged in relationally based activities, for all intensive purposes, do not exist in dominant economic theories. Feminist economists actively recognize that these absences provide fertile ground for socially reproductive economic policies.

Feminist economics identifies its understandings as emerging from a variety of people, from a variety of sources. Unlike dominant economic theories and theoreticians, feminist economics welcomes voices from multiple disciplines. This commitment to “intersectional scholarship” (Brewer, Conrad, & King, 2002) explicitly (via a public research agenda) recognizes the “intertwined nature of gender, race, class and caste and other influences on economic situations on individuals and groups” (p. 3). Opening these academic doors provides space for innovative research that, though potentially economic in focus, can inform economic understandings. For example, to understand the nature of poverty as it impacts African American teen mothers, intersectional research could turn to anthropologists, folklorists, ethnographers, or women’s studies scholars—all of whom utilize very different research methods from standard economists—to engage the communities in question about their understandings of struggle, need, and places of resilience. This information, in turn, can help shape the kind of work that outsiders (often

helping professionals) do. Knowing the percentage rates of attrition and poverty of teen mothers, though helpful, reveals very little.

A feminist economic agenda attempts to broaden taken-for-granted terminology, such that there is more room for the human experience, ideally leading policy makers to ask different kinds of questions about outcomes. Fukuda-Parr (1999) explores what a feminization of poverty might mean. She challenges an insistence on measurement and income as reductive, because it neglects to integrate human outcomes as part of the conceptual framework. As co-creator of the *human poverty* conceptual framework, Fukuda-Parr complicates standard definitions of poverty by recognizing that poverty “affects men and women differently . . . and it is in the deprivation of lives people lead that poverty manifests itself” (p. 100).

Fukuda-Parr draws a distinction between income poverty and human poverty:

Poverty can be defined as the denial of opportunities and choices most basic to human life—the opportunity to lead a long, healthy and creative life, and to enjoy a decent standard of living, freedom, dignity, self-esteem and respect from others. (from the 1997 United Nations *Human Development Report*, cited in Fukuda-Parr, 1999, p. 100).

In this experientially based definition, human agency and self-determination, though related to income, are very distinct from it. When Fukuda-Parr uses the term *human life*, she does so with the profound understanding that having a choice of direction is a widely shared desire and right. Statistics neglect to incorporate the ways that structural poverty and exclusive systems trap people and communities in social structures that prohibit claiming agency and satisfaction in one’s life. Fukuda-Parr (1999) argues that, for policy makers, poverty of choice can be “relevant,” particularly in terms of identified human outcomes.

Human poverty can be measured by indicators or the opportunities and choices that people have. The 1997 *Human Development Report* introduced “a composite measure, the human poverty index (HPI), a multidimensional, nonincome-based measure of human poverty” (Fakuda-Parr, 1999, p. 100). This measure covers opportunities in human life, as well as deprivations that curtail an individual’s sense of personal agency. Standing alongside more traditional poverty measures, the Human Poverty Index has the potential to engender understandings of poverty that income poverty simply cannot invoke. For clinicians working in poor communities, HPI can become a vehicle by which the eroding aspect of poverty, at the micro level, can be effectively understood. The HPI gives the client (in this case the teen mother) the opportunity to speak and hear her own voice, without risking having to manage the clinicians’ assumptions about experiences being poor. From a strength-based perspective, HPI has the potential to be a vehicle for social resistance at micro and macro levels.

Human poverty is a useful frame for understanding the lives of poor African American teen mothers, particularly if these understandings emerge from a position of intersectional scholarship. Though the 1990s saw an influx of qualitative studies (see for example, Edin and Lein, 1997; Jarret, 1994; Kozol, 1992; Wilson, 1996) that aimed “to provide an inside look at the lived experiences of poor people” (Seccombe, 2000, p. 1099), the most readily accessible research on poverty and teen mothers has relied heavily on statistical data as a way of proving the severity of poverty as a social problem. As a white practitioner, such statistical work can be dangerous, as it allows me to fill in the more human aspects that *might* underlie or inform the studies. As a privileged woman, working with data that has been produced from epistemologies of power, it is

easy to assume the human presence that has *not* been included in the work. It is with this caution in mind that I will explore some of the general empirical trends that have emerged over the past few decades.

Caught in the Search for the “Real”

There is an inherent tension in exploring the impact that poverty has on the human experience. In question is a paradigmatic balance between interpretations that use a structural lens and those that rely on personal narratives of experience. Jarret (1994) explains that “the structural perspective correctly documents the link between economic forces and family patterns. But it obscures many of the processes associated with living in poverty” (p. 30). I would argue that the hard-to-strike balance of representation often falls prey to larger (academically motivated) empirical and ideological arguments that risk muting the potential activist impact that either paradigm might elicit. And thus in critiquing research, one can get caught up in the politics of “accuracy,” losing sight of how any given piece of research has the potential to inform the direction of clinical work, on the ground. It is from this more utility-based perspective that I will explore the ways that empirical work focusing on poverty and African American teen mothers has the potential to re-direct clinical approaches. Finally, I want to be explicit about my commitment as a researcher and practitioner so as not to perpetuate discourses of “deficits.” Much of the empirical work that examines African American teen mothers has, at its core, a message of brokenness or absence. The works that I present are those that explicitly make an overt attempt to contextualize themselves within frameworks of African American value systems. Thus poverty is explored as it impedes actualizations of those local ideologies.

It is not difficult to find articles that empirically assert that having children as an African American teenager is not a self-preserving, future-oriented decision (Brewster & Padovic, 2002; McLoyd, 1990; Seecombe, 2000;). Instead, the hegemony surrounding African American teen mothers has come to be synonymous with the erosion of value-based decision-making and the massive financial exploitation by a single group. An easy scapegoat, teen mothers can quickly become the focus of broad research studies, without having any sense of how their experience will serve to maintain long standing stereotypes. The challenge for care providers, however, is being able distill the parts of empirical work that can be helpful and informative to those working with African Americans without getting trapped by sound-bite reduction of character and communities. In exploring some of the empirical history that has emerged out of the last thirty years, patterns of approach and content emerge. The research tends to fall into a two general categories: 1) the outcome driven research that explores the relationships between socio-economic environment and individual actions within communities; or 2) the long term, socioeconomic outcomes of young parents and their children. This work, although rich in statistical data, often risks reducing teen mothers to a language of personal risk or social burden. In addition, because of the nature of longitudinal studies, it is difficult to challenge conclusions. Yet it is equally unclear what to do with the knowledge base that has been established.

I want to note, however, that though numerous studies focus on African American teen mothering as a social phenomenon, most of the research on African American mothers and children—qualitative and quantitative—has been done using a demographic known as “African American Single Mothers.” The women who participate in these

studies are older than 18 years of age, and thus able to give consent to participating in the study. I raise this issue for two reasons. One, many women who are identified in studies as “single mothers” became such before they were 18 years old. Two, in the absence of ongoing participatory action research, it is very difficult to construct an understanding of African American teen mothers—neither retrospectively nor in terms of future challenges—that can inform mental health professionals how to best support them in terms of their developmental and communal needs. The dearth of research creates a kind of interpretive freedom for both researcher and practitioner, because there is a temporal gap. Thus in many of the studies cited here (particularly the qualitative ones), I question how the researchers’ conclusions might have changed if the work had been done with the mothers at an earlier juncture. For the purpose of this study, I will specify if the researcher has worked directly with teens, or if the study asks the reader to consider the validity of the conclusions from an earlier developmental juncture.

Studies about outcomes of the health and well-being of African American teen mothers and their children, as they relate to poverty, have a powerful discursive place in the research canon (Bakermans-Kranenburg et al., 2004; Cebello & McLoyd, 2002; McLoyd, 1990; Seccombe, 2000; to name just a few). Underlying assumptions hold that the combination of poverty and adolescent development put a teen mother’s young children at risk. Those areas of concern tend to be thematically consistent. Again, studies are done, primarily with adult participants, but all make a nod to the generalizability of the findings to teen mothers’ lives.

First, there is a consensus that economic hardship influences parent/child relationships. McLoyd states, both in 1990 and in 2000, that “mothers who are poor . . .

are more likely to use power-assertive techniques in disciplinary encounters . . . , [are more likely to] value obedience and are more likely to use physical punishment as a means of disciplining and controlling the child” (1990, p. 322). She adds that “in the context of poverty, the increased levels of anxiety and depression that arise for parents may serve as a catalyst for more punitive and inconsistent parenting” (McLoyd, 1990, p. 327). African American poor mothers are less likely to be impulsive in their parenting if they have some kind of social support. Yet increased poverty and life in dangerous neighborhoods diminishes the effect of such supportive relationships, thus increasing the likelihood of abrupt punishments (McLoyd, 1990). It stands to reason, then, that if a higher percentage of African Americans are poor, and if poverty tests a parent’s ability to be supportively engaged with her children, then African American mothers are at risk for injurious actions towards their children.

Second, children’s physical and emotional health and well-being are linked to levels of poverty and family stress. Seccombe (2000) reports that “children living in poverty have more socioemotional and behavioral problems . . . [and] are more likely to suffer from depression and social withdrawal, to have low self esteem” (p. 1103). Takeuchi, Williams, and Adair (1991) found that children on welfare or in families that experience (long-term) financial stress are more likely to exhibit impulsive and antisocial behavior. In a qualitative study focusing on African American children’s descriptions of how they are affected, emotionally, by poverty, Weinger (1998) found that poor children have difficulty holding onto positive self-images. These children experience poverty in terms of a broader social message of worthiness. This finding is echoed in Jonathan Kozol’s (1992) work in poor, urban neighborhoods.

Much of the statistical research examining African American (teen) mothers, though informative, risks inculcating a profound level of despair. Robin Jarret (1994) challenges the omnipresence of risk-based discourse, explaining that “the structural perspective correctly documents the link between economic forces and family patterns. But it obscures many of the processes of living in poverty” (p. 30). When speaking of “processes,” Jarret is asking “How do poor African American women, in their daily lives, respond to the condition of economic marginality?” (p.31). This reframing from outcomes to responses is significant, as mothers’ positions shift from being the people upon whom life happens, to women who—in the face of tremendous hardship—figure out how to manage. Jarret does not attempt to challenge the risks of poverty. Instead, she focuses on themes of agency. Agency does not always yield better outcomes, but it is important to make it visible, as a way of challenging traditional ways of conceiving power-driven relationships.

Examples of challenges and strategies to manage them help elucidate Jarret’s point. Finding consistent childcare is imperative if mothers are to work to support their families. Kin networks, fictive kin networks, and other-mothers can be a source of support. Meeting monthly financial needs often requires a creative patching-together of resources—including jobs, friends, kin, and the children’s father (Edin & Lein, 1997). Medical expenses, especially with children, can threaten families to the point where they will avoid getting care, independent of the risks involved. This trade-off is precisely why emergency rooms have become the equivalent of primary care offices. Finally, single parenting is, in itself, tremendously stressful. Seeking to alleviate this stress, African

American mothers often elicit help from men who may or may not be the biological father of their children.

Are these strategies “good”? Do they yield desired outcomes? Perhaps they do not—in obvious ways. But Jarret (1994) mounts the argument that standard quantitative research does not begin to delve beyond the surface. She argues for the necessity of ethnographic research, without compromising the questions of validity that such work often raises. Rather than weaken structural analysis, ethnographic work with African American single mothers can “add further support to the structural argument, as it can serve to describe in detail how economic factors impinge on family life, and the ways the poor respond to these conditions” (p.33). Echoing other feminist economists in a commitment to make research both intellectually effective and socially transformative, ethnography facilitates a more collaborative approach to the construction of a knowledge base and challenges the traditional power structures embedded in standard approaches to empirical work.

In the introductions to both of Katherine Edin’s (Edin & Lein, 1997; Edin & Kefalas, 2006) qualitative works exploring the challenges faced by single mothers, explicit statements clarify for the reader that though many of the ideas expressed by the women with whom she spoke might be affirmed by teen mothers, *she did not speak with anyone from that group*. In fact, very few researchers have done qualitative work with teen mothers; even fewer have conducted ethnographic research with these women. I could theorize about the rationale for this absence of empirical understanding. But I suspect it has a lot to do with the ways that, for many researchers, single mothers are a

socially challenging population. Teen mothers, in turn, seem to be absolute untouchables in the world of research.

The scant qualitative research devoted to experiences of teen motherhood (Brubaker & Wright, 2006; Contreras, Rhodes, & Mangelsdorf, 1995; Flanagan, 1998; Kaplan, 1997; SmithBattle, 2007; Wayland and Rawlins, 1997) focuses primarily on relationships. Be it developing a sense of oneself in relation to one's child, the changing nature of one's relationships in the community, or the enormous relational shifts that are inevitable within the nuclear family, teen mothers are in a challenging position of learning to take care—of themselves and of others.

The ethnographic, qualitative studies (Brubaker and Wright, 2006; Flanagan, 1998; SmithBattle, 2007; Wayland and Rawlins, 1997) provide the reader with opportunities to understand the exceedingly challenging transformation that occurs when an adolescent steps into this new life phase. These young women describe being tested by ongoing demands, feeling grateful for support from kin, or feeling responsible for disappointing those same family members. They describe what it feels like to not go out with friends, to lose friends who do not understand this new life phase, and to make new friends who have made similar choices. But they also describe falling in love with their babies. These teen mothers envision a life for themselves that is about re-directing their future. Taking the responsibility of being a mother seriously, they often talk about creating worlds for their child that they never had. A baby, for many of them, represents possibility.

In Bell Kaplan's (1997) ethnography, however, the young mothers with whom she spends time reveal their intimate relationship with the structural aspects of raising a

child. For De Vonay, a seventeen-year-old mother of a young baby, tensions with her family become unmanageable and she moves into a housing project. Kaplan describes feeling uncomfortable about “the teen mother’s unstable and unsuitable housing arrangements” (p. 64). A counselor tells her that one of the major challenges that teen mothers’ face is finding housing. Poverty, for De Vonay, is about constant trade-offs, which she makes in order to try and provide for her child.

Kaplan’s (1997) research occurred prior to welfare reform, and thus all the young mothers with whom she worked felt they had two options for providing basic necessities: welfare or prostitution. All of the mothers interviewed by Kaplan astutely understand the overt and tacit messages, explicitly intended for them, about going on welfare. They use words like “degrading,” “like your life is no longer your own.” Being on welfare becomes the constant monkey on these young women’s backs. Welfare is an omnipresent, public status that projects your life in front of the public gaze.

Young mother Irene Logan describes moments when the public-ness of need becomes almost painful.

Other people’s reaction to me was the worst. When you’re standing in line to buy groceries and the looks of other people staring at you. When you have food stamps and pay for your groceries or when you’re cashing a check. It would be a really big hassle. “Is this check stolen?” “Is this your check?” (cited in Kaplan, 1997, p.137)

The forced display of one’s private life is not something that emerges in research about teen mothers—particularly when that scrutinizing gaze is due to being poor. The young women in Kaplan’s (1997) study struggle with ways to maintain some sense of dignity—for themselves and for their children—when they regularly have to disclose how close they come to desperation.

None of the teen mothers with whom Kaplan worked expressed a desire to remain on welfare any longer than necessary. They described long-term and short-term plans to create some reliable financial and emotional structure in their lives. But Kaplan complicates the story of good intentions and commitments to the future. She describes how interfacing with adults—within agencies intended to provide support—becomes so unmanageable or alienating for these mothers that many of them end up drifting away, child in tow, and relying on other ways to make ends meet month to month. Long-term visions quickly fade as the demands of “making the rent” or even providing the most basic staples of daily life move to the fore. Kaplan’s teens do not move out of the poor neighborhoods in which she had spent time. Instead, the trapping nature of being poor makes itself known via the very real experiences of never being able to do more than just get by.

I would argue that Kaplan’s work, like that of a number of other ethnographers (e.g., Burton, 1997; Jarrett, 1994), cannot easily be reduced to a quick analysis. Her choice of ethnography as a representational mode gives much more room for the young mothers to speak directly. As is often the case with long-term participant observation or action research, one must engage with *all* aspects of the human being. This often means that contradictions will emerge in the research. African American teen mothers face tensions that pull them in opposite directions. And though we—as researchers and clinicians—may want them to move in one direction, they often move in another. Both researcher and reader must manage any feelings of disappointment that might emerge when participants whom they have come to respect make decisions that seem problematic. Kaplan’s work—one of the only full-length books devoted to understanding

African American teen mothers—is a cautionary reminder to neither vilify nor glorify any one group. Our challenge is to balance our own disappointment with a respect for the magnitude of the structural battles that these young women are required to fight.

What Might Happen if You Didn't Have to Climb That Particular Mountain?

Arline Geronimus is spearheading a campaign to publically re-conceptualize dominant understandings about African American teen mothers. Having been an active member of the research community, Geronimus (1991, 1996, 1997, 2003, 2004) has directly challenged the ways in which African American teen motherhood has been constructed as a response to a Eurocentric idea of family and primary caregivers. Geronimus (2003, 2004) particularly focuses on the prevalent insistence that the problem with teen mothers is their age—that they are having children too early. And whereas Geronimus does not completely challenge the difficulty inherent in having a baby while still in school, she forces the question of where the “problem” actually lies. Is it with poor African American teen mothers? Or is it with a society that doesn't seem to have space for these particular young women? Geronimus (1991, 1996, 1997, 2003, 2004) has written extensively on precisely this question, taking an “alternate view” of African American teen mothers and their supposed financial and moral burden on American society. She is a helpful reminder, at the end of an exploration on poverty and “childbearing” (her term), that consensus about what constitutes a “problem” is often more tenuous than one might think. Geronimus (2003) summarizes her opinions about teen childbearing when she quotes Bridgette Jordan (1997) as writing, “the power of authoritative knowledge is not that it is correct but that it counts” (p. 58).

Whose knowledge about African American teen mothers counts? Perhaps it would be germane to identify the question that prompts the need for the knowledge base at all. The often unstated, but very much implied, query from researchers and clinicians is: “Why do these girls get pregnant so young? Don’t they realize that they will just become one more welfare statistic?” Geronimus’s work responds to the hegemonic notion that African American teen mothers are both selfish and unthinking. She approaches this challenge from two angles: the life cycles of the urban poor; and the values that many African American communities place upon being a mother.

In her article, “What Teen Mothers Know” (1996), Geronimus argues that the widely accepted understandings of health, well-being, and aging are based on a White, middle class norm; and that African American women are far more at risk of chronic health problems, at much earlier ages, than their White counterparts. By extension, the physical risks often associated with teen childbearing (such as low birth weight or infant mortality) are actually far *more* of a risk for African American mothers who are only slightly older. “Among African Americans, fifteen to nineteen-year old mothers experience lower rates of adverse [birth] outcomes than mothers in their twenties” (Geronimus, 1996, p. 324). Geronimus attributes this age-inverted pregnancy risk to the dangers inherent in living in low-income areas for protracted periods. Thus, “patterns of fertility timing correspond to maternal age patterns of infant health risk (with women more likely to have first births at the age associated with the lowest infant health risks in their group)” (1996, p. 325). Geronimus’s emphasis on life cycle differences for poor African Americans re-frames these young women’s decisions of early childbearing from

ones of impulsivity and shortsightedness to ones that astutely address what may lie ahead for many of them.

Providing a place for teen mothers' voices, Geronimus's (1996) work presents a paradigm rarely seen in academic studies. The young women with whom she worked challenge current and dominant understandings of what constitutes "getting old."

Some people wait until they are 35. I don't think they should 'cause you only got a few more years, you know.

A woman should stop having children by her late thirties because she can raise the child until it get 'bout my age [16], you know, and if she get sick or something the child'll be almost grown at least . Be able to be on its own if something happened to the parent. (Otherwise) by the time you get fifty you'll have a ten year old child and if something to you, somebody would have to take care of the child.

My 34 year old sister is dying of cancer. Good thing her youngest child is 17, and she seen her grown up. My 28-30-year-old sisters got the high blood sugar. She has hole in her lung and her arm paralyzed. Good thing she had Consuela long ago. (Geronimus, 1996, p. 332)

These young women's awareness of the early onset of illness, dangerous neighborhoods, and shortened life spans direct the ways that they understand the world in which they live. Delaying having children may be adaptive for a demographic whose life cycle is (likely) both secure and predictable. But, as Geronimus (2003) and these women remind us, "early fertility-timing patterns may constitute adaptive practices for African American residents of high poverty urban areas, in no small measure because they contend with structural constraints that shorten healthy life expectancy" (p. 881).

What would it mean for researchers, clinicians, and policy makers to see teen pregnancy as a practical response to social systems beyond these young women's control? How would it change our conceptualization of teen mothers? Geronimus argues

that we might be forced to address the corrosive levels of poverty as a way of providing personal and familial options to these young women.

In the next chapter, I explore how the social construction of the “teen mother as social problem” allows clinicians to use attachment theory as a distancing mechanism. By insisting on a single caregiver paradigm as the only way to understand teen mothers’ relationships with their children, mental health professionals erase age-old, community-based approaches to raising children. It is important to recognize that ongoing poverty in many African American communities has challenged these communities’ deeply embedded value system about motherhood and the joint processes of taking care of one’s own (Brewster & Padavic, 2002). Nonetheless, mental health professionals must recognize these underlying values of motherhood and care (in spite of poverty’s corrosive impact) in order to approach clinical work with African Americans with some semblance of cultural competence.

CHAPTER VI

DISCUSSION

The discussion that follows will focus on the ways in which a tacit emphasis on individualism, separation, and individuation buttress clinical understandings of human attachment—even when workers are engaging communities whose epistemologies and value systems are sustained by a communal ethic. I argue that attachment theory (as it is most typically utilized by mental health providers) risks perpetuating stereotypes and maintaining a fundamental misunderstanding of family life within African American communities. I will assert that it is logistically simpler for clinicians to understand African American children in terms of relational absences than it is for them to acknowledge and understand the ways that pervasive “misconceptions of African American [teen] single mothers and their families are deeply entrenched” (Dickerson, 1994, p. ix). Rather than conceptualizing the African American family as a complex and distinct demographic directed by a distinct, yet dynamic, set of historically based cultural values, clinicians define them in terms of ongoing sets of characterological absences. In the mental health profession, attachment theory has become a tool that often prevents clinicians from crafting a more consonant understanding about this particular group of families. Consequently, they tend to conflate the ongoing challenges of limited financial resources with a belief in relational absences.

Extending a feminist economic paradigm, I point to the ways in which poverty—while often recognized as impacting the wellbeing of African American clients—actually undermines African American communities’ commitment to live according to their own value systems. These systems—and particularly those dealing with children’s care—diverge from dominant understandings of parenting, children, and families. Because these differences remain invisible to many (white) clinicians, so too does the corrosive impact that poverty has on historically based systems of care for young children. The history of African American kin networks departs from dominant understandings of effective childcare. Thus most white people are unaware of the impact that entrenched poverty has had on traditional African American approaches to taking care of their children.

This chapter concludes with an exploration of clinical possibilities and responsibilities for conducting culturally consonant work with African Americans. Specifically, I foreground the ways that clinical training neglects a comprehensive, experientially based understandings of the structural and social-emotional realities of poverty. I also argue for a different approach to creating the knowledge base from which so much of mental health practice emerges.

Analysis

Attachment theory, as a clinical tool and a guide for both research and therapeutic engagement, is most often presented as a frame through which one can understand the nature of early childhood relationships with caregivers. Its theoretical guides (Bowlby, Ainsworth and Main) argued that early caregiver relationships set an emotional and behavioral process in motion. Ideally, a young child feels the ongoing support of her

caregiver, making her more likely to move out into the world with a solid sense of self. Those children who are forced to manage less-than-ideal caregiving relationships develop a variety of defense mechanisms to compensate for the support and safety they would find in a more available parent. Attachment theory is grounded in an evolutionary paradigm, implying its innateness and universality. Given this sense of universal applicability, clinical communities have come to use attachment theory as a way of evaluating who is or is not a good caregiver (though this use is rarely admitted). The theory's wide acceptance by both researchers and clinicians makes it difficult to challenge its use—even when it contributes to a destabilizing critique of disenfranchised communities.

What might a culturally consonant theory of attachment look like if one were attempting to understand (and perhaps evaluate) attachment behaviors of African American teen mothers and their children? How might one go about studying the nature of this relationship? Jackson (1999) attempts to answer this question, as she explains the nature of her own research.

An emic approach to African-American infant attachment dictates delineation of the sociocultural structure as it pertains to child care, how this structure relates to group subsistence resources and constraints, and what African Americans value in relationships that are social-emotional outcomes of their caregiving efforts. (p. 92)

Jackson asserts that in order to formulate a trustworthy analytic approach (one that, when tested, could be triangulated or validated by those from within the community), researchers and practitioners must analytically address African Americans' social identity, history, and position within both micro and macro structures. Further, the values of the communities in question must direct the ways that researchers construct their

conclusions, such that the communities find their conclusions both critically reflective and useful.

When focusing on teen parents and their relationships with their children, Patricia Hill Collins (1999) distills the process of conceptualizing African American attachment patterns. She outlines four areas that differentiate African American views of childrearing: 1) children are raised within women-centered care networks; 2) providing economic support is part of the definition of mothering; 3) children are raised by a host of biological and non-biological mothers, creating a community of “kin and non-kin othermothers who share the responsibility of childcare” (Bliwise, 1999, p. 48); and 4) motherhood is considered a symbol of power.

An Afrocentric ideology that guides caregivers balances an insistence on self-reliance with a recognition that raising children does not occur “within the confines of a private, nuclear family household” (Collins, 2000, p. 43). And though strict gender segregation is less common in African American than in white households, motherhood is “for most African people symbolic of creativity and continuity” (Christian, 1985, p. 214). Parenting is not only a personal emergence for mother and child, but also (often) an act of resistance, a gesture that challenges a dominant white agenda intent on making African Americans invisible, with the mother declaring “I am here” (Edin & Kefalas, 2006).

If, as Collins (2000) and Jackson (1999) argue, accurate research about the nature of African American teen mothers’ relationships with their young children must emerge from a sociocultural, value-driven, historical perspective, then many of the markers found in standard attachment-driven research (even when conducted cross-culturally) are

challenged. In this re-framing, such taken-for-granted “liabilities” as teen motherhood or single-parent status—while publically constructed as places of vulnerability—are not necessarily plagued by an overlay of dysfunction. A child in the strange situation who seems unmoved by his mother’s absence or return, and who instead behaves with affective ease, is not labeled as having an insecure attachment. Instead, this response could easily suggest a child’s healthy experiences with multiple caregivers, reflecting a history of managing in a variety of contexts, secure in the knowledge that the community is looking out for the child’s well-being.

Research on embedded, multigenerational poverty (with its focus on risks and outcomes) often reduces public understandings of personal agency within economically marginalized communities. The methods used to construct understandings of poverty typically preclude revelations of intelligence, personal tenacity, survival, or resilience. The human story, as an indicator of how poverty is *lived* (and not merely *studied*), is not seen as necessary data. Instead, longitudinal, quantitative studies render individuals invisible, making them the stuff of statistics. Reminding policy-makers of the ongoing risks to health and wellbeing for those who live in geographically disenfranchised areas, these studies’ ominous statistics point to shorter life spans, increased risks of gendered violence, and chronic health problems in early childhood. Individuals appear only as factors in economic patterns and contributors to the ongoing demand for “limited” resources. These studies do *not* present poverty as a systemic enactment of ongoing social oppression. They do *not* present poverty as the intersection of race/ethnicity and gender. Rather, they suggest that the poor are poor because of their own character flaws. African American teen mothers, most of whom are poor, carry the hegemonic burden that

makes them personally responsible not only for having a child outside of the dominant culture's "normative" family timeline, but also for being poor.

Synthesis

African American teen mothers exist in a social location where cultural and structural explanations collide. A complex history of values and behaviors that have emerged over hundreds of years (and that are still experienced in African American communities) is often overshadowed by the far simpler language of economic risk. Public discourse and many mental health communities still reduce African American teen mothers to a pat characterization, despite their history of social resistance, sustained by values that function to uphold the collective. This disjuncture is a pointed example of the ways that dominant understandings can erase the cultural and political nuances of a community. Rather than being seen as relational members of a broader group, African American teen mothers are instead isolated and designated as a "vulnerable population." Their age, combined with the statistical likelihood that they are poor, make it easy to label them a "social problem," because adolescent "childbearing is commonly believed to cause long term socioeconomic disadvantages for mothers and their children" (Geronimus & Korenman, 1992, p. 1187). This massive over-simplification is due, in part, to the fact that over the past thirty years African American teen mothers have shouldered much of the blame for the intensification of urban and rural poverty. Research that might challenge this hegemonic claim on identity (or that might inform attachment trends) is scant, in large part because "human development researchers have not systematically examined the meanings, patterns, rules and behaviors compromising development for ethnic/racial minority groups growing up in high risk environments"

(Burton, 1997, p. 208). What is missing in this research is “a fine grained assessment of context, culture and everyday understandings of developmental [and relational] processes” (p. 209). Instead, longitudinal data on risk and negative outcomes abounds, buttressing an ever-expanding structural analysis of life in poor neighborhoods.

Although mental health professionals are loath to draw direct and consistent connections between embedded poverty and ongoing stresses in family relationships, I would argue that there is a causative relationship. The language of attachment—as one of the more popular family relations paradigms currently in use—is presented as free from any social context or social stressor. Specifically, attachment theory makes no explicit connection between vulnerable caregiving relationships and ongoing economic oppression. Though clinicians will recognize poverty as a generalized area of vulnerability, they pay little attention to the ways that, for individual groups, ongoing material and systemic deprivation erode pre-existing cultural structures. These “structures” are the stuff of family routines, gendered understandings, and community identities—the foundations of a group’s understanding of itself in a wider sociopolitical context. Economic research—as it is currently conducted—allows clinicians to continue to behave with a kind of blind eye to the ways that communities’ desires to care for themselves are being de-stabilized. Instead, clinicians assume that manifestations of relational vulnerabilities indicate age-old absences in interpersonal ability.

As discussed above, clinicians often use attachment theory as an analytic tool for evaluating the nature of primary caregiving relationships. Presented as a universalistic approach, it “unwittingly imposes cultural norms and values of the dominant culture while claiming to be culture free” (Swenson, 1998, p. 531). Nonetheless, attachment

theory has tremendous potential to inform clinicians about the ways that communities and families help children feel grounded and secure. Its lack of socially critical framing, however, challenges its utility when working with individuals from socially and economically marginalized communities. As long as clinicians continue to evaluate caregiving without considering its particular cultural framing, those who are marginalized will continue to be seen in terms of what they are relationally lacking, rather than in terms of how large social structures are challenging relational vitality. Individuals who have had children and are raising families outside of norms established by the dominant culture are the ones who will be most at risk for being evaluated as creating dysfunctional care-giving attachments with their children.

Strengths and Weaknesses

There is a certain irony in advocating further qualitative studies as the most effective way to understand a human phenomenon (such as African American teen pregnancy) while extant qualitative work on such matters is so sparse. Though there has been a slow postmodern turn towards ethnography as an essential tool for understanding communities (from an emic perspective), the studies are slow in coming. Interestingly, only a handful of researchers (including Burton, Jarrett, Kaplan, and Pillow) consistently integrate the voices of teen mothers into their studies. The more prevalent practice entails describing research and outcomes without ever directly foregrounding the voices of those who have shared their lived experiences with the researcher.

Any theoretical study that relies on the research of others falls prey to being part of an ever-restricted set of ideas. In this study, I focused almost exclusively on data that emerged from research focused on attachment and poverty. Surprisingly, qualitative

studies that linked either of those theories with African American teens were few in number. Yet when I relaxed my insistence on adhering to language that has emerged out of a set of dominant paradigms, and chose instead to use language more consonant with African American communities, I “discovered” qualitative studies and theoretical analyses that provided a far deeper understanding of the nuances of African American families than I had previously found. Instead of searching for studies of attachment theory, I began looking for work on “kinship networks.” And rather than fixating on the risks of poverty, I began looking for studies that foregrounded acts of resistance in poor neighborhoods. But this re-framing happened late in the study.

Adhering to a dominant discourse about families ultimately kept me bound in a set of frames that I was simultaneously trying to deconstruct. Perhaps, as a white woman, I did not respond to the experience of discursive familiarity as a reminder of my own my own subjectivity. Rather, I remained in the same analytic sandbox. I would argue that understanding the complexities of African American teen mothers should begin from a position of cultural consonance, what Dickerson (1994, p. 7) calls a “centrist” position in which a knowledge base about a particular group is constructed from within the group, rather than from outside by an outside observer.

Implications for Social Work

In an ideal world, social workers would be tooled with theories and modalities that facilitated the work they do with those in need. Theories could be grounded in organized principles that allowed clinicians to tailor the content of the clinical agenda to the individual in the office. A commitment to culturally consonant practice would guide the clinical encounter, rather than an unconsidered reliance on theories that present

themselves as applying to all clients with equal effectiveness. But we do not live in an ideal world.

Working with African American teen mothers foregrounds the value-based nature of social work. Dilworth-Anderson, Burton, and Turner (1993) define values as “temporal abstraction of generalized principles to which most individuals of a specific subgroup emotionally relate” (p. 238). Values are ideas that help consolidate multiple experiences into an order that allows an individual, at a particular historical moment, to locate herself within a larger group. In terms of utility,

They provide a standard for judging actions and goals and can be generalized and defined as value systems which serve as frameworks through which individuals approach life. (p. 238)

Values are guides that help individuals know how to respond to and interact within an ever-changing world. They mitigate existential angst by providing a way of making sense of personal experiences. They also buttress our understandings of ourselves in relation to others.

This study argues that attachment theory is an extension of a value-driven approach to providing effective, socially just work within African American communities. Although attachment theory holds a powerful appeal for many practitioners, it most certainly did not emerge from the communities it is intended to inform. And though many now argue that the current work on attachment theory has cross-cultural utility, one would be hard-pressed, in standard social work practice, to find a model that rescues the theoretical core from its ideological foundations. Definitions of what constitutes a healthy family—and a healthy child—continue to be based on dominant social constructions.

Where does this leave the average social worker? I would argue that, as a profession, we are in desperate need of research and theories that emerge from (and align with) the communities with whom we work. Practically speaking, developing such a knowledge base will require widening the circle of whom is considered a legitimate contributor to essential, community-based understandings. It will require ethnography that grounds itself in an ethic of social justice and shared epistemological power. It will require collective and ongoing analyses of the ways that communities manage against tremendous systemic odds. Perhaps most importantly, culturally consonant research must emerge from a position of *what exists within communities*, rather than from *what is lacking*. Until clinicians have this kind of a knowledge base at their disposal, I would argue that we risk increasing the complexities that our clients face, rather than helping to ease those challenges.

Conclusion

Earlier in this study, I presented the story of Elijah—a young, African American boy whose teenage mother had left him with Social Services, while keeping his infant sister. In my early work with Elijah, I used attachment theory as a way of understanding the nature of the trauma he had faced. This study has led me to re-think my own clinical explanation. I still think that Elijah's struggles are bound up with a complicated attachment history. But my understandings are not nearly as linked with his mother's actions as they initially had been.

Early in Elijah's life, his mother moved away from *her* family and neighborhood. She quickly entered the shelter system, establishing multiple relationships that were (at least in part) determined by her economic vulnerability. Any community and family ties

that might have informed Elijah's experience of himself as a young child ended abruptly. His mother was now his primary (and potentially sole) caregiver. Elijah's struggles were a product of his loss of *many* potential caregivers, and not just his mother's challenged levels of attention.

My white identity—and my comfort with standard dominant theories—made it simple to evaluate Elijah's story in terms of a single caregiver model. Perhaps if I had asked of myself different sets of questions—ones that were situated in Elijah's community rather than in my own assumptions about family—I might have been able to walk a clinical path more in line with the values that girded his experience as the African American child of a teen mother.

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