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**Caring for Teenage Mothers and Their Children:
Narratives of Self and Ethics of Intergenerational Caregiving**

Copyright 1992

Lee SmithBattle

Dedicated to the memory of Joe Battle.

The memory of your goodness, faith and love is a blessing.

From the beginning of this study, I have given my very best to this work. I am grateful to my family members and boyfriends who have supported and challenged me to hear the truth about my own understanding.

Finally, I did not have to give up my family's loving attention with which I have always had the most faith in the text as a qualitative researcher. He has supported me in this manuscript.

Dr. Cathy Gilliss' dedication to me to pursue doctoral education and her progress and interest in my study has been an inspiration.

Dr. Claire Brindis brought her expertise to this study. Her comments have helped me refine some of the implications.

A cadre of fellow students who have weathered the demands of graduate school has been the best support. Others include Kit Ches.

Acknowledgements

From the beginning of this study, I was inspired by many who generously gave their very best to this work. I am especially indebted to the young mothers, their family members and boyfriends whose candor, persistence, humor and trust coaxed and challenged me to hear "how it is" in their own terms, within the limits of my own understanding.

Fortunately, I did not have to face the limits of my own understanding alone. The loving attention with which Dr. Patricia Benner read numerous drafts expressed utmost faith in the text as a repository of understanding and in me as a fledgling interpretive researcher. Her gift of understanding is woven into the pages of this manuscript.

Dr. Cathy Gilliss' dedication to family nursing practice and research encouraged me to pursue doctoral education at UCSF where she wisely guided my academic progress and interest in family nursing research. Her support in every phase of this study has been an important source of encouragement.

Dr. Claire Brindis brought her years of expertise in adolescent pregnancy and parenting to this study. Her contributions to policy and program planning helped me refine some of the implications of this work.

A circle of fellow students who shared an interest in interpretive methods helped me weather the demands of an academic program through sad times. Vickie Leonard has been the best of friends from our first doctoral course together. Others include Kit Chesla, Nancy Doolittle, Annemarie Kesselring, Sara

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and Knopf, Inc.

Weiss, Barbara Habermann-Little, Karen Plager and Pat Hooper.

Thanks are also extended to those who put me in contact with families: they include Sheryl Parker, Carolee Nicholson and Diane Quinn of San Mateo Public Health Nursing and two teachers, Merren Carlson of Redwood City High School and Roberta McCue of Peninsula High School.

I also gratefully acknowledge Karen Allen for her expert transcription of interviews. Her deft grasp of participants' dialogue in situations that were far from ideal for transcribing purposes shines through in the excerpts appearing in the following pages.

Finally, for their unwavering confidence in me--my parents and my sister; my public health nursing mentors Edna Dell Weinel and Margie Diekemper; and many, many friends who exemplify, in acts of friendship and love, the goodness of the human spirit. No one exemplified that spirit more than my husband whose gift for creating community amidst seemingly hopeless circumstances offers a shining example of what we might aspire to do and to be.

This study was made possible by the financial support from several sources. I gratefully acknowledge the Fahs-Beck Fund for Research and Experimentation; the Century Club, UCSF School of Nursing; the Graduate Division, UCSF; the Alpha Eta Chapter of Sigma Theta Tau and the National Center for Nursing Research for a National Research Service Award (NR1F31NR06266).

Langston Hughes' poem, "Dream Deferred", is reprinted by permission of Alfred A. Knopf, Inc.

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CARING FOR TEENAGE MOTHERS AND THEIR CHILDREN:
NARRATIVES OF SELF AND
ETHICS OF INTERGENERATIONAL CAREGIVING

Lee SmithBattle

This interpretive phenomenological study of teenage mothering examined the teenager's transition to mothering as shaped by the family's caregiving practices and the mother's participation in a defining community. The study design consisted of multiple joint and separate interviews of teenage mothers and family members and observations of caregiving practices over a three month period beginning when the teenager's infant was 8 to 10 months of age. Transcriptions of interviews and fieldnotes were treated as a meaningful text. Sixteen teenagers and 23 family members participated in the study.

Teenagers' understanding of self and experience of the future articulated the possibilities and impossibilities of their social worlds. For the most disadvantaged teenagers, having a baby epitomized the fantasy of escaping a desolate future where mothering was often burdensome, and at times, impossible. Others began to experience a future by reorganizing their lives around the identity of mothering as they struggled to develop a responsive self in a social world that remained precarious and unreliable in supporting the mother's emerging moral voice. The future of a third group of mothers was not irrevocably jeopardized by mothering in large part because their social worlds contained opportunities and resources that supported mothering and plans for continued education.

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The family's relational practices prefigured the young mother's responsiveness to her child. Earlier adolescent-parent power struggles extended into the new and emotionally charged arena of caring for the baby in families demonstrating an ethic of exclusion, coercion and oppositional care. Leaping in and taking over the care of the baby by grandparents recapitulated the family's disconnection and contributed to the mother's withdrawal from care. Leaving home in despair and anger, some surrendered the baby to grandparents while others became solo mothers.

Families that demonstrated an ethic of responsiveness expressed the good of caring for baby and mother in the way the grandparent(s): (a) attended to the baby and the mother without taking over, (b) positively regarded the young mother's capabilities, (c) approached conflicts through dialogue, and (d) shared caregiving responsibilities in a highly fluid manner. The grandparent did not leap in to make the mother dependent but "leaped ahead", enabling her to become responsively engaged with her baby.

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Summary

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Chapter 1

Introduction

"Remember only this one thing," said Badger. "The stories people tell have a way of taking care of them. If stories come to you, care for them. And learn to give them away where they are needed. Sometimes a person needs a story more than food to stay alive. This is why we put these stories in each other's memory. This is how people care for themselves. One day you will be good storytellers. Never forget these obligations" (Lopez, 1990, p. 48).

The research you are about to read takes the above charge--to care for stories and share them where they are needed--as a serious endeavor with implications for how we understand, and respond, to teenage mothering. Since the 1970's, teenage mothers have become an increasingly visible part of the U.S. social landscape: they are the subject of newspaper stories and T.V. talk shows; they figure prominently in discussions of welfare policies and costs; and the entire subject engenders heated debates among policy-makers and researchers (see Furstenberg, 1991, 1992; Geronimus, 1991, 1992; Hulbert, 1990). The prevailing view of teenage parenting emphasizes individual failures, misconceived choices or decisions-by-default, truncated lives, deficits and deviance from norms, "babies raising babies." For all the visibility of teenage mothers, their personal stories and the stories of their families go largely unrecorded.

In the course of this study, teenage mothers and their family members entrusted their stories to me, sometimes explicitly expressing the hope that their experience might broaden understanding about the difficulties, constraints, resources and possibilities of teenage mothering. With that hope in mind, this

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The Emergence of Teen

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The Emergence of Teenage Parenting as a Social Problem

Historically and in some parts of the world today, childbearing during adolescence remains a common, non-problematic feature of social life with well-established cultural traditions for guiding young mothers in the skills of childrearing (Kitzinger, 1978). Within the radically different social and economic contexts of industrialized countries, teenage pregnancy is considered highly burdensome and fraught with dire consequences for the individuals and families involved. That our social system is disrupted by teenage pregnancy is highlighted in a Time cover story stating that "teen pregnancies are corroding America's social fabric" (Stengel, 1985, p. 78), a social fabric that is torn apart by polarizing debates on sex education, contraception and abortion for minors (as well as adults), parental rights, and welfare costs. These issues in turn reflect deeply unsettled national issues of sexuality, race, class and gender.

Before the 1960's, premarital sexual activity and unintended pregnancies among teenagers, both Black and White, remained largely concealed by "shotgun" marriages. In fact, by the late 1950's, a quarter of the marriages occurring to women under age 20 were presumably hastened by a premarital pregnancy (Furstenberg, Brooks-Gunn & Morgan, 1987). During the ensuing two decades, the nature of teenage pregnancy changed dramatically, catching the attention of policy-makers, researchers and the general public.

The emergence of teen pregnancy and parenting as a social problem has a

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rather curious history. Paradoxically, the issue was framed as a national "epidemic" after adolescent birthrates began to decline in the late 60's and early 70's (Vinovskis, 1988). According to Furstenberg (1991), several demographic and social trends galvanized public and academic interest. First, although birthrates were falling for 15 to 19 year olds, the absolute numbers of births to teenagers were increasing as a result of the huge baby boom cohort that was coming into adolescence in the 60's and 70's. In addition, the larger size of the adolescent cohort relative to older women of childbearing age meant that a disproportionate share of births were occurring to teenagers.

Births to teenagers were also noticed for a second reason. Not only was sexual activity initiated at younger and younger ages, but when a premarital pregnancy resulted, teenagers no longer opted to "legitimize" the pregnancy through a hasty marriage. This trend first became apparent among Black teenagers during the 1960's, but the same pattern eventually began to emerge among White teenagers as well. Although Black and Hispanic teens continue to conceive and bear children in disproportionate numbers compared to their White counterparts, the racial gap continues to narrow (Furstenberg, 1991).

While birth rates for 15 to 17 year olds increased by 6 to 9 percent in 1988, these rates remain lower than 1970 levels (see Flick, 1991). Rates among teens younger than 15, however, rose during the 1980's (Hayes, 1987). Moreover, the picture has become more complicated by the use of illicit drugs during pregnancy and the threat of transmitting the HIV virus among sexually active teenagers.

A landmark study by Jones and colleagues (1985) shows the U.S. to be an international anomaly, having the highest rates of teen pregnancy, abortion and birth among several Western industrialized countries. These differences occur in spite of comparable rates of sexual activity among teenagers of the countries studied. In reviewing extensive cross-national data comparing the U.S. with five comparable Western countries, Jones and colleagues attribute higher fertility rates to two distinctive U.S. features. First, policies of other countries emphasize sexual responsibility as opposed to abstinence and back up such policies with comprehensive sex education and access to free or low-cost contraception and abortion. In contrast, cultural and political ambivalence regarding premarital sexuality in the U.S. translates into personal and social barriers that undermine contraceptive use, thereby resulting in higher rates of abortion and childbearing among U. S. teens. Second, in examining the much wider disparity between the rich and the poor in the U.S. compared to other countries, the researchers conclude that extensive U.S. poverty contributes to higher fertility and birth rates by restricting opportunities for education and employment among poor and minority youth. This comparative study addresses some of the political and social constraints that contribute to teen pregnancy and the adverse effects of parenting in the U.S.

Shifting Cultural Understandings and the Role of Science

The emergence of teenage pregnancy as a social problem is generally ascribed to objectively defined demographic and social trends with little attention

for how the scientific enterprise itself has played a tremendous role in shaping our understanding. Informed by the scholarship of Foucault, Arney and Bergen (1984b) describe how the visibility of teen parenting was in part created by a scientific discourse that aimed to discover the "facts" of teenage pregnancy. By refuting the notion that social science plays a neutral role in the people it studies, they ask the probing question: how did teenage pregnancy as a moral problem become redefined as a scientific-technical one? In addressing this question, they reveal how human science creates the "truth" it claims to have discovered. Arney and Bergen summarize their cogent argument below:

In broad strokes our claim is that pregnant adolescents used to be a moral problem. Now they are a technical problem. They have not lost their problematical character, but a moral problem invokes a different kind of solution than does a technical problem. Moral problems create oppositions to the natural order of things and invite punishment and practices of exclusion. Technical problems are deviations from a natural order. They are not excluded or punished for their lack of conformity. They are, instead, subjected to technologies of correction and normalization designed to get them to conform to their true nature, the truth of which is known by experts (p. 11).

Their argument proceeds by illuminating how the moral order of shame and blame excludes while the scientific-technical order, aligned with disciplinary, normalizing practices, encroaches into all aspects of modern life, subjecting all peoples and practices to normative criteria determined by science to promote health and normalcy, thereby eliminating meaningful differences. It is in this sense that modern forms of power are inclusive, in Arney and Bergen's terms, or totalizing, in Heideggerian terms (Heidegger, 1977).

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Arney and Bergen illustrate their argument through example. Hester Prynne of the Scarlet Letter, for example, recalls an historical era where transgression of moral standards was unequivocally met with overt power that condemned and excluded the immoral to live as an outcast. Citing popular and public health literature of the 1940's and 50's, they show that a moral discourse continued to frame an understanding of teenage sexuality; as a result, high rates of premarital pregnancy following WWII met with moral condemnation (which could be avoided through marriage) and did not require a scientific explanation and a search for causes.

A moral law removes a phenomenon to a place where the existence of the phenomenon is known but where the details of the phenomenon can be ignored. Knowledge of the immoral is complete once we know that it is wrong. Details become titillating, suggestive, occasionally seductive, but they remain forbidden. On the other hand, a phenomenon that is a [scientific] technical problem does not simply invite knowledge of its details; a technical problem compels analysis and requires knowledge of its fine structure (Arney & Bergen, 1984b, p. 15).

According to Arney and Bergen, the emerging scientific scrutiny directed at pregnant teens required the teenager's visibility, which they trace during the late 60's and 70's. The first picture of a teenage mother appeared in a national magazine in 1966, although with identifying features masked; the first fully visible face of a pregnant teen appeared five years later in Life magazine. No longer objects of moral condemnation that placed them out of sight, pregnant teens were becoming visible and available for the scientific gaze. Indeed, the influential publication of Eleven Million Teenagers (Alan Guttmacher Institute, 1976),

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published in the same year as the Life photographs manifests a shift that understands teen pregnancy less as a moral than a social problem that calls for scientific explanation.

Rains' (1971) ethnographic study of a maternity home captures the era when the moral understanding of pregnant teens began to recede in favor of scientific views. The pregnant teen was no longer viewed as a sexual miscreant but a "girl in trouble" who had simply made a mistake. Her study offers rather dramatic evidence for Arney and Bergen's argument by showing how maternity homes adopted a morally neutral position through social and interpretive practices that offered a nonpromiscuous and respectable understanding of those seeking refuge during their pregnancies. In providing a moral reprieve from censure by their home community, the professional staff, through organizational and counseling practices, imparted an understanding of the pregnancy as psychologically motivated--"the manifestation of other, deeper, and nonsexual emotional needs and problems" (p. 93). This explanation led the teenager to understand her past in terms of her motivations and desires; she was then reintegrated (usually upon relinquishing her child for adoption) into society with a self-understanding that would (presumably) help her stay clear of a second offense.

Rains' comparative study of the practices of maternity homes serving middle-class White teens and a school-based program established for Black teens who continued to live at home points out marked racial distinctions in familial

and societal responses to teen pregnancy during the late 60's. The invisibility of teenage sexuality among the middle-class through the creation of hasty marriages or adoptions contributed to the myth that teenage pregnancy was primarily a Black problem suggesting their moral inferiority. But as noted earlier (see p. 3), as "unwed mothering" began to cross racial and class lines in the 70's and 80's, teen pregnancy could no longer be deemed a problem confined to Blacks.

Foucault's (1980) The History of Sexuality shows how the modern understanding of sexuality (and the normalizing practices essential to it) creates a vision of the deep self whose nature is discovered by scientists. In the case of teenage pregnancy, punitive, exclusionary practices of an earlier era are replaced with therapeutic, normalizing practices which rehabilitate previously shunned girls by aligning them with their own deep nature. Rains also provides compelling evidence for Foucault's discovery that modern individuals become self-normalizing subjects (see Dreyfus & Rabinow, 1982) in observing how residents of the maternity home articulated the psychological interpretations amongst themselves:

...the girls themselves could and did serve as interpreters of the House-sponsored view of unwed mothers to each other in their numerous, often serious, everyday discussions. In this way, conversion to a psychiatric version of their situation was expressed, indeed enforced, by the girls themselves, particularly in conversation with newcomers to the House (p. 91).

Moral and psychiatric understandings of teen pregnancy continue to coexist although social-scientific explanations have become more widespread and wield more power in the policy-making arena (see Furstenberg, 1991). The procedures of this new form do not create deep interior selves but objectified persons that

are scrutinized for their constituent elements. Through scientific practices of unitizing and generalizing (Guignon, 1983), social scientists objectify and isolate the teens' behaviors, thoughts, feelings, attitudes and features of their social context from the complex interrelationships in which they are embedded and then reconfigure these "brute" facts, via statistical techniques, into a model that aims to explain and predict some aspect of teen pregnancy or parenting. In this way, scientific experts purport to discover the objective "truth" or structure of the problem along with its variations and deviations from the norm. Thus, a moral discourse on sin or a psychiatric explanation that gives rise to a deep self yields to a scientific-technical language of problems to be solved by the "saving power of science" (Parry, 1991).

The modern belief that science can solve human problems solely through technical means has gained such tremendous authority that scientific norms increasingly encroach into all aspects of our bodily and social practices, from birth to death, (Arney & Bergen, 1984a; Borgman, 1984; Heidegger, 1977; O'Neill, 1985; Schwartz, 1986, 1990; Shils, 1981). This scientific criterial view is indispensable to the normalizing, disciplinary practices of biopower, Foucault's term for "the tendency to bring norms, allegedly based on science, into every aspect of human life for ever greater enhancement and control" (Dreyfus, 1987a, p. 320). This new ordering of human beings for the sake of greater efficiency, health, productivity or better functioning is more insidious than the premodern forms of power where punitive and exclusionary practices were direct and visible.

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Modern power operates through inclusion, not exclusion. Power that illuminates, analyzes and grasps its object is more effective than power that leaves its object alone, even though 'alone' means life in a darkened space beyond the limits of the accepted and the acceptable. Modern power erases moral opposition and redefines them as differentiated, encapsulated units within the limits of the social. The scientific discourse about the individual invents the individual as an object to be measured and managed in a social space that no longer has a boundary since it incorporates everything in the name of seeking 'scientific truth' (Arney & Bergen, 1984b, p. 127).

Scientific criterial norms abound in the research on teenage parenting.

Although a more thorough critique of how scientific norms inform and constrain our understanding of teenage mothering appears in chapter 2, a brief example may help to clarify this argument. Current research, in presuming a normative path to adulthood, portrays teenage mothering as an aberration of the normal life-course trajectory. The "sin" that modern parenting teenagers commit lies in their failure to rationally choose among alternatives to become a productive, successful adult. This extremely individualistic notion of the self, where choosing one's self and the direction of one's life is viewed as an ultimate value, overlooks how goals and purposes are not strictly chosen on the basis of rational calculation but are given on the basis of one's engaged participation in the activities of one's defining community. The methodological individualism of scientific practices, by denying the role of local and cultural contexts in shaping pathways to becoming an adult, ends up treating teenage mothering as a "syndrome":

This syndrome includes failure to fulfill the functions of adolescence, failure to remain in school, failure to limit family size, to establish a vocation and to be self-supporting, failure to have healthy infants, and failure to have children who reach their full potential (Klein,

(p. 151).

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1978, p. 1151).

Syndromes compel diagnosis and treatment of individuals and conceal the role that social institutions play in negative outcomes. Programs serving teenage mothers, to the extent that they take up scientific norms for development, assume that the worst effects of teen pregnancies can be controlled through training teenagers to become self-sufficient with little regard for the situated possibilities available to teenagers. The unfortunate result is that teenagers are further blamed when short-term interventions fail to demonstrate positive long-lasting results (see Fine, 1988). In addition, moral systems of blame, shame and exclusion and the control paradigm of biopower, as well as procedural ethical discourse on rights and justice, fail to bring into public debate discussions of the common good and the good life that might transform our understanding and response to teenage parenting.

In summary, normalizing science presumes that the "truth" of teenage pregnancy exists independent of socio-historical contexts and prior to scientific practices. The specialized knowledge and practices of scientists are thereby privileged over the everyday experience and understandings of the people it studies. In this study, I am not concerned with producing a scientific explanation of teenage mothering nor do I assume that the actions and lives of young mothers are best explained by invoking a level of scientific description considered superior to the teenager's ordinary understanding of being a teenage mother (Parry, 1991). Because I am interested in recovering the historical and situated ground from

which young mothers take up or fail to take up mothering, I adopt an interpretive framework that denies any neutral ground exists for studying human behavior. This framework further assumes that human activities are purposeful and meaningful, open to mystery and contingency, and do not follow lawlike necessity (Williams, 1987). An interpretive level of explanation that focuses on teen and family narratives seeks to provide an inside-out perspective of the constituent role that personal meanings, family practices, and socio-cultural contexts play in shaping what is possible and impossible for teenage mothers to be and to do. Because "narratives are not laws" (Schwartz, 1990, p. 15), the data chapters read more like short stories than a scientific report, for which I make no apology, if in the end, the account contributes to an understanding of concerns, meanings, possibilities, resources and constraints in the lives of these teenage mothers and their families.

Family Study of Teenage Mothering

This study recovers the historical and social ground of teenage mothering by shifting attention to the teenager as member and participant of a family in a socio-cultural context. It extends a previous study (Smith, 1983a; 1983b) which described three family patterns of incorporating a young mother and child into the family household in an economically diverse sample of White and Black families. More recent family studies of exclusively Black inner-city populations have focused on patterns of grandmother involvement in caregiving (Apfel & Seitz, 1991; Sandven & Resnick, 1990). All three studies describe marked similarities in

patterns of family involvement: some families completely assume the care of the teenager's child; others share caregiving with the young mother; and in some cases, the child is cared for exclusively by the teen mother. This study explores in more detail the commonalities and differences in the meanings, concerns, difficulties and coping skills that develop among families with different forms of caregiving. I am particularly interested in understanding how family caregiving rituals, traditions and coping practices are shaped by, and shape, the teenager's care of the baby.

Family Meanings

This study draws on Heideggerian phenomenology (Benner, 1985; Benner & Wrubel, 1989; Dreyfus, 1991; Guignon, 1983; Heidegger, 1962; Leonard, 1989; Taylor, 1985) for an understanding of what it means to be a person and family. First and foremost, individuals and families are assumed to dwell in a meaningful, already interpreted world the basis of which is given to us a priori in our cultural and linguistic practices. Simply put, the culture expresses in its practices what it is to be a human being; in the process of participating in social practices, we become constituted by the background meanings and concerns embodied in practices. These meanings circumscribe the kind of person we can become, the kind of projects we can take up, the way we can think about things, and the kind of emotions we can experience. Dreyfus' (1987b) explication of this phenomenological understanding is well worth quoting:

A culture's understanding of being creates what Heidegger calls a "clearing" (Lichtung) in which entities can show up

for us. Maurice Merleau-Ponty, a follower of Heidegger... compares this clearing to the illumination in a room. The illumination allows us to perceive objects but is not itself an object toward which the eye can be directed. He argues that this clearing is correlated with our bodily skills and thus with the bodily stance we take toward people and things. Each person not only incorporates his culture's understanding of human beings and objects, but also his subculture's and family's variations on these social practices. Thus each person comes to have or to be his own embodied understanding of what counts as real, which is of course, not private but is a variation on the shared public world (p. xix).

Because we are constituted by family and cultural practices, we are not radically free to just choose whatever suits us. Precisely because things matter to us on the basis of these background meanings, our behavior is not reducible to discrete elements, making any objective account of purposeful human activity illusory. Behaviors simply do not exist as discrete elements, unformed by meanings and context. We do not experience our world as neutral matter consisting of "brute data" (Borgman, 1984; Taylor, 1985) but as meaningful since we are engaged, embodied participants in and members of a social world.

Practices are therefore inherently meaningful and social in that people take up the common meanings, concerns, and skills implicit in cultural practices and extend them into a particular situation. Practices (as opposed to empirical behaviors studied by scientists) are not individually derived (although individuals appropriate them in personal ways) but are constituted by the community of practitioners, a community with its own lore, traditions, history and conflicts in interpretation that are worked out in social practices. Practices are further

distinguished by their moral content (MacIntyre, 1981); a particular practice--such as mothering, nursing or farming--articulates a common good that lives out certain notions of the good, concerns and self-understandings.

A family develops shared understandings of what matters and what counts as real as a result of sharing a life together with shared experiences and a common history. These meanings do not originate in the family but are variations on cultural meanings that are articulated and particularized in the family's traditions, rituals, relations and projects. Children grow up in this medium of shared understandings as they are socialized into the bodily and social practices of the family and culture. Families live these meanings in their shared history and their everyday activities.

Although the grounds for what is possible is provided by the culture and subculture, how any particular family responds, for example, to an adolescent daughter becoming pregnant, reflects their particular situation, their history and concerns. Their response and subsequent coping reveals their situational understanding. Parents do not respond to the pregnancy of their daughter, no matter what age, as an "objective" fact; rather it is full of significance for them. The significance issues pull out certain aspects of the situation rather than others and will open up certain possibilities while closing off others. For example, what it means to be a grandparent when a fifteen year old daughter gives birth and the possibilities inherent in that situation may differ greatly from the situation faced by a grandparent whose daughter gives birth at 25 or 35 years of age.

That we live through shared meanings as members and participants of a family and a culture does not mitigate contentious disagreement. As Taylor (1985) notes, even the rejection of shared meanings is shaped by the very background meanings that are being rejected. Shared meanings make disagreement possible, since disagreement requires agreement over what can be discussed or show up as an issue. Incommensurability, not disagreement, occurs when no common meanings are evident.

Family meanings are not equivalent to a cultural template or belief system that family members incorporate mentally in an unambiguous manner. The character of a template or belief system is static, monological and cognitive and therefore misses how meanings are dialogical, temporal and embodied. Meanings are social and shared and prior to conscious reflection; they are evident in and constitutive of family relationships and practices, providing the background for personally meaningful ways of relating, feeling, thinking, and being. Although meanings are all-pervasive and organize experience, meanings are not static. Individuals and families are open to new meanings available in the situation; the birth and care of a child is just one example of a family transition that reorganizes the family's world, creating new practices and new understandings.

Meanings are not equivalent to the decontextualized elements of formal theory. They are not objects that can be studied objectively or captured theoretically. Families are so thoroughly immersed in and constituted by meanings that family members would have difficulty pointing them out to a

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researcher. However, these understandings of the family's lived world can be described through narratives that reveal concerns, meanings and projects and therefore can be interpreted; in this study, phenomenological perspectives on family caregiving rituals and coping practices provide a framework for describing family meanings.

Family rituals and traditions. Personal and family meanings are accessed in this study by interpreting caregiving routines, traditions and coping practices of young mothers and their families. Family rituals include the most common and repetitious of family events such as mealtime and bedtime routines, as well as the more dramatic and festive occasions surrounding the celebration of holidays and birthdays. Much of family life revolves around these shared and habitual activities that hardly seem noteworthy. Yet these ongoing repetitive activities are the background within which human beings grow and develop, appropriating the social and bodily skills and habits of a particular family and culture along with the understandings of what it is to be a person, a male or female, a family member. The repetitive and social nature of ritual becomes the taken-for-granted, binding way for acting that fosters and preserves the family's identity and continuity (Bossard & Boll, 1950; Bennett & Wolin, 1984).

The binding and transparent nature of family rituals show up as a new couple is faced with renegotiating--in their shared life together--rituals first learned in separate families of origin. Misunderstandings and conflict that occur show the compelling grip that family traditions have on ways of acting that serve

as a resource for developing the couple's distinctively new family culture with its own set of meaningful distinctions about family life, distinctions which are further modified in response to family transitions and broader cultural changes. For example, the birth of a first child disrupts established couple rituals and leads to new caregiving activities, meanings and family relations. Although caregiving rituals may develop through trial and error initially, they also draw on, by acceptance or rejection, the parent's legacy from childhood and culturally accepted ways of caring for children.

The pervasiveness and significance of family rituals historically and across the family life cycle was addressed in a seminal study by Bossard and Boll (1950).

The breadth and richness of their data led them to conclude:

The more one succeeds in getting on the inside of families, the more one sees them not as mere units of interacting personalities, but as having each its own distinctive ways of living. These constitute the family culture, and it is one of the signal advances in the recent study of the family that we have come to realize that it, like every social institution, is not only a structure and a process of interaction between different personalities, but has also a content of ideas, sentiments, habits, values and the like (pp. 191-192).

In great detail, these sociologists described how rituals reflect the family's class membership as well as the demands of a particular stage in the family life cycle. They were impressed by how rituals serve to integrate a family and forge a common identity among its members by deepening participation in the common life of a family. As "the hard core of family life" (p. 18), Bossard and Boll suggested that rituals "may be the one best starting point for the study of family culture patterns" (p. 192). The power of rituals for understanding selected aspects

of family life has not been lost on other family researchers (Bennett and Wolin, 1984; Keltner, Keltner & Farren, 1990). Most relevant to this study is the research of Boyce and colleagues (1983) who detailed the numerous rituals enacted by families with young children as well as the writing of Dombro and Wallach (1988) who show, via narratives of ordinary family life, the importance of family rituals in the lives of young children.

Family rituals are purposive, express commitments to each other and the group, are socially binding and meaningful of the family's practical and social reality. They give a depth and integrity to family life and are often laden with emotion. For Elizur and Minuchin (1989), the rituals of daily life are "the connective tissue" of the family. In gathering the family together, rituals promote the family's common life and articulate to family and non-family members alike distinctions of worth and value about what it means to be a family. It is this aspect of rituals that render them quintessential caring practices with moral content. For example, a family meal reunites family members from worlds outside the family to affirm, through sharing of food and conversation, the intrinsic value of the family's collective life. When asked to describe what is entailed in feeding a family, women often articulate moral understandings that shape the way they prepare a meal and feed the family (DeVault, 1987).

In this study, attention to family caregiving rituals enables me to study: 1). how families are actually involved and participate in the everyday care of the child; 2). how the grandparents' traditions of childcare provide a background

context for the young mother's learning to become a mother; and 3). how family rituals are in turn recreated in the family's present situation.

Stress and coping. Family stress and coping activities provide the second means of accessing family meanings and draws upon the work of Lazarus and Folkman (1984) and Benner and Wrubel (1989). The phenomenology of stress and coping described by these researchers presume that the experience of stress and ways of coping are always highly context and meaning-dependent. For example, they have shown that what is experienced as stressful by an individual follows from what is salient for that person in light of their history, personal concerns and cultural background (Benner, 1984b; Lazarus & Folkman, 1984; Wrubel, 1985). This interpretive aspect, termed appraisal in Lazarus and Folkman's writings, and perceptual grasp in Benner and Wrubel's work, introduces a transactional, constitutive perspective since the question is always, what is salient for a particular person in the situation, rather than what are the full range of objective stressors, hardships or demands that may or may not be experienced. The role of *perceptual grasp* guarantees that the person-context relationship is transactional *since the* situation is always interpreted and organized in terms of its meaning and *significance* for the person involved. Similarly, coping is integral to the experience and *understanding* of the stress and consequently can transform the original *understanding* of the situation.

A phenomenological view of family stress and coping is compatible with the *understanding* of family I described earlier. The family's shared meanings and

concerns provide the very grounds for what family members experience as stressful. Coping assumes that family background meanings and concerns shape what is experienced as a stressful situation and delimit what is possible coping for a particular family. Coping is not limited to what is effective for the family to do but is understood as what families actually do in the situation, including familiar coping strategies as well as new skills and meanings that are possible for the family to learn in the situation. New meanings and new skills are possible, particularly in "strong" stressful situations, because the demands of the situation pull the person/family to act in new ways and to develop new understandings.

Relatively little research attention has been directed to understanding how families experience, appraise, and cope with a daughter's parenting and how the family's coping in turn shapes the daughter's care of her child. The extent to which family rituals are disrupted by the care of a young mother and child, how their appraisal of their daughter's pregnancy and parenting changes over time, and how family meanings set up possibilities for coping remain unexamined.

Purpose of the Study

This study examines personal and family understandings related to caring for a young mother and her child as they are expressed in actual caregiving practices and rituals, and in stress and coping incidents. This study seeks to reveal **how** families are involved and the qualitative (lived) meanings that make different ways of involvement possible. These meanings are neither linear or measurable but can be accessed and interpreted through an in- depth analysis of

family childcare practices and specific stress and coping incidents. A study of family meanings can reveal from the family's perspective what they construe as difficult in caring for a young mother and child and the coping that is possible within the parameters of their family understandings and is preliminary to studying the outcomes (for both young mother and child) that are possible in different family situations. The initial questions that motivated the study focused on the development of caregiving practices with an interest for how the family's involvement shapes and is shaped by the family's traditions and the young mother's caregiving and coping practices:

1. How are families involved in caring for teenage mothers and their children? How do family caregiving rituals shape the teenager's transition to mothering, and how does the teenager's caregiving in turn shape family practices?

Additional questions that emerged in the process of interpretation include:

2. To what extent and in what ways does the teenager's understanding of self change as a mother? For example, does she understand her life as restricted and foreclosed by mothering? Does she see her life opened up?

3. In what ways does the teenage mother's membership and participation in her defining community shape the way that mothering is learned and experienced?

Introduction to Chapters

The normalizing impetus of scientific research leads to the study of maternal behaviors and knowledge in isolation from personal history, meanings,

relationships, family practices and socio-cultural contexts. As a result, empirical-rational research misconstrues mothering as individually derived rather than historically and socially embedded. A critique of empirical-rational approaches is described in the next chapter.

This study departs from scientific normalizing procedures, which easily capture deficits and deviations of young mothers from an ideal or normative grid, in favor of an interpretive approach which situates the teenager's constraints and possibilities for mothering within family and community contexts. Chapter three presents the method of interpretation and the specific procedures I used for collecting and analyzing narratives of family caregiving and coping.

The stories of five families from the perspective of the participating grandparent(s) and teenage mother are presented in chapters four through eight. These stories were selected because they instantiate paradigmatic forms of family involvement in caring for the teenage mother and child. The stories themselves address the shortcomings, limits, suffering and constraints experienced by young mothers as well as possibilities and strengths that generally gain little attention in empirical-rational research.

The next three chapters move to a comparative approach in order to spell out in more detail the commonalities and variations in young mothers' experiences. Chapter 9 focuses on how the teenager's understanding of self changes in the situation of mothering. Chapter 10 examines how the teenager's activities and skills are shaped by the family's caregiving practices. Chapter 11 is

devoted to explicating how the teenager's participation in a defining community shapes her transition to mothering.

In the following chapters, the teenager's child is the index person for designating family relationships. Mother (M) refers to the teenage mother, grandparent (GM for grandmother, GF for grandfather) refers to the maternal grandparents of the teen's child, and father (F) refers to the father of the baby, unless otherwise noted. Names have been changed to protect confidentiality.

Conclusion

This study seeks to restore the voices and stories of teenage mothers and their families to the debate on teenage mothering so that we might better understand, in human terms, the difficulties, conflicts, notions of the good, concerns, and the possibilities for learning and growth that shape their lives and actions. My hope is that their stories may cultivate possibilities for engaging teenage mothers, not through practices of normalization, but through acts of understanding.

Chapter 2

The Study of Teenage Mothering

The clinical and research literature on teenage pregnancy and parenting has mushroomed in the past two decades to such an extent that separate headings of the subject now appear in indexes to the literature of different disciplines. For example, "pregnancy during adolescence" became a separate heading in the International Nursing Index in 1979 and "adolescent mothers" and "adolescent fathers" first appeared in Psychological Abstracts in 1985. Rather than undertaking a broad review of the voluminous literature in this field, this chapter will focus more narrowly on two areas of research--the consequences of teen parenting for the mother's subsequent life course and the competence, knowledge and skills of young mothers. The review will highlight how current scientific approaches capture the deficits and failures of teen mothering and promote a formal, technological understanding of the life course and parenting. (For scholarly reviews that have addressed conceptual and methodological strengths and limitations of published studies, see Chilman, 1980; Elster, Lamb & McAnarney, 1983; Flick, 1986; Furstenberg, Brooks-Gunn & Chase-Lansdale, 1989; and volumes edited by Hofferth & Hayes, 1987 and Humenick, Wilkerson & Paul, 1991). Research that addresses how the transition to parenthood for teens is shaped by family responses and subcultural patterns is then reviewed.

Adolescent Development

Prior to the late nineteenth century, children entered adulthood at young

ages, stepping into roles and identities often prescribed at birth. However, the social changes accompanying industrialization, including the spread of universal public education, created adolescence as a distinctive phase of the life cycle wherein identity itself became an issue and at times a turbulent project (Skolnick, 1991).

Erik Erikson's (1950) well-known theory of life-course development describes the essential task of adolescence as finding one's identity through a process of separation and individuation from parents. Within this life stage, the temporary "moratorium" from adult responsibilities provides opportunities for experimenting with social roles and relationships that eventually yields a separate identity. Only upon successful negotiation of the crisis of identity does one have the maturity and interpersonal resources to confront the central developmental challenge of adulthood--intimacy.

Erikson's theory has received some empirical support but much of the research has been conducted with samples of middle class Caucasian boys (McDermott et al, 1983); as researchers have begun to examine the female experience of adolescence, themes of separation are often found to be less salient than the experience of reweaving connections (Apter, 1990; McDermott et al., 1983) often with an emphasis on responsiveness and care for the self and the other (Gilligan, Lyons & Hanmer, 1989). These authors note that when maturity is equated with independence and distinct ego boundaries, the experience of those for whom interdependence and responsiveness figure more centrally in their

concerns and practices are deemed less mature, reflecting and preserving cultural values of independence and self-sufficiency.

Erikson's theory is often cited in the literature to highlight how mothering during adolescence jeopardizes identity formation for the teen (Holt & Johnson, 1991; Poole, 1987; Sadler & Catrone, 1983) and makes for a vulnerable high-risk situation for the child (Yoos, 1987; Young, 1988). Numerous authors conjecture that the dependency needs of pregnancy complicate the teenager's physical and psychological separation from her parents, particularly her mother, and that ensuing maternal responsibilities necessarily limit experiences considered necessary to the development of vocational pursuits and a mature sexual identity. In addition, the teenager's level of egocentrism is believed to limit the level of abstract and rational thought desirable for parental reasoning (Sadler & Catrone, 1983; Sugar, 1979; Yoos, 1987). In this conception, the formal tasks of adolescence and motherhood are considered antithetical. As Poole (1987) states: "[The teenage mother's] struggle for identity is complicated because motherhood leaves little time for discovering who she is as a young woman" (p. 272). Where the predefined goal of identity is described in the cultural idiom of autonomy, the young mother's development is inevitably considered compromised, even though traditionally, identity for young women has more often been achieved through relationships with the maternal relationship often primary (Nock, 1987; Rubin, 1976; Shtarkshall, 1987). Formal, transcendent notions of identity and development overlook how the daughter's first relationship with her mother

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fosters less distinct self-other boundaries (Chodorow, 1978) associated with a more relational way of being in the world (Whitbeck, 1983) that coheres with mothering practices of "attentive love" (Ruddick, 1983). Furthermore, those adhering to formal notions of adolescent development disregard how the timing of adolescence varies for different groups of teenagers, reflecting local and societal conditions related to the educational system and entry into the labor force. For example, Burton (1990) points out that for Black impoverished teens, adolescence begins and ends earlier than for more advantaged teens. Although early mothering is not necessarily considered desirable in poor Black communities, it is often accepted as an inevitable and important rite of passage to adulthood for young girls (Ladner, 1971; Stack, 1974) who often describe their experience as fostering maturity and a sense of responsibility (Gabriel & McAnarney, 1983; Williams, 1991).

Consequences of Teen Parenting on Subsequent Life-course

Campbell's (1968) often-quoted pessimistic pronouncement claimed that giving birth as a teenager effectively prescribed 90 percent of the teen's "life script". Campbell added to his bleak prediction:

Her life chances are few and most of them are bad. Had she been able to delay the first child, her prospects might have been quite different, assuming that she would have had opportunities to continue her education, improve her vocational skills, find a job, marry someone she wanted to marry, and have a child when she and her husband were ready for it (p. 238).

Subsequent research largely confirmed Campbell's statement, showing that the young mother was less likely to complete high school, to have less stable

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marriages and earn less income than those who delayed childbearing until their 20's (Alan Guttmacher Institute, 1981; Card & Wise, 1978; Furstenberg, 1976; Moore & Waite, 1977; Mott & Marsiglio, 1985). Early research in this area was largely atheoretical, while more recent research implicitly or explicitly draws upon the life-course perspective (Baltes & Brim, 1979; Elder, 1978) wherein deviations from the normative timing of life events place individuals out of step with peers and institutions so that detrimental effects on the subsequent life-course result.

More recent studies investigating the effect of an early birth on the mother's subsequent life course have begun to challenge the dismal outcomes of teen mothering by showing that age at first birth plays a much less significant role on the teen's future than originally believed. Compelling evidence comes from a landmark 17-year longitudinal study, which charted the life-course of predominately poor, Black, inner-city Baltimore mothers who gave birth as teenagers in the 1960's (Furstenberg et al., 1987). The subjects of this remarkable study, who were in their thirties at the time of follow-up, showed great variation in fertility, education, living situations, employment and marital patterns. These women did remarkably better over time as a group than our prevailing cultural stereotypes would suggest; the majority had completed high school and were employed, and most had limited their family size to two or three children. Those who remained sole heads of their households, however, did less well in the long run, being dependent on their own earning ability without the economic support of a spouse. Another 20-year longitudinal study (Horwitz, Klerman, Kuo & Jekel,

1991) came to similar conclusions, although many of their respondents reported significant levels of depression and dissatisfaction with their lives. Both longitudinal studies demonstrated that young mothers who had received early intervention services were doing better than those who had not. Similarly, participants in a one-year comprehensive program for teen mothers were found to be doing better economically five years later compared to a comparison group (Polit, 1989).

These studies offer encouraging evidence that teenagers' lives are not thoroughly determined by an early pregnancy, even among fairly disadvantaged populations. However, the Baltimore study also showed that teen mothers would have done better in terms of educational, marital and economic careers if they had delayed childbearing. Furstenberg and colleagues' conclusion--that an early birth, in and of itself, contributes to increased social and economic disadvantage--stems from comparing the life course of Baltimore mothers with metropolitan Black women who deferred childbearing until their 20's.

Geronimus (1991, 1992), however, takes issue with the causal connection between young age at first birth and negative outcomes drawn by Furstenberg and colleagues and points out that the results of the Baltimore study presume that the national sample of Black metropolitan women who gave birth after age 20 most likely differed in important ways from the inner-city former teens. To tease out the potentially confounding factors of family and neighborhood background characteristics, Geronimus and Korenman (cited in Geronimus, 1991, 1992)

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designed a study of sister pairs, where one sister gave birth before age 20 and one did not, using a national longitudinal sample. They found that the timing of the pregnancy had negligible effect on the long-term socioeconomic status of early childbearers.

Geronimus argues that the background conditions of poverty preceding pregnancy largely ensure that one will remain poor, regardless of an early pregnancy so that poor women have little to lose if they become pregnant as teenagers. She refers to the notion of "cultural rationality" to suggest how early fertility among disadvantaged populations is adaptive and consistent with the possibilities available to them. On this point, Geronimus is articulating (she cites Clifford Geertz whose work is located in the interpretive tradition) what Heideggerian phenomenologists refer to as "practical rationality" (Benner & Wrubel, 1989; Dreyfus, 1991) where one does what it makes sense to do in similar situations based on the meanings, concerns and purposes that are constituted by one's membership and participation in a family, community and culture. Within the interpretive tradition, much of what people do does not require explicit decision-making or rational calculation but reflects the pre-reflective and embodied grasp of situations that we have on the basis of being socialized into shared understandings of coping and living in the world; even explicit decisions that come up in considerations regarding personal reproductive behavior reflect much that is already taken-for-granted about a shared world. Children become teenagers with a familiarity of the possibilities for completing school, for

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This view explains the divergent perceptions of the consequences of teen parenting among Black teenage mothers, their parents, and school personnel in a study conducted by Henderson (1980). School staff believed young mothers would suffer extensive and long-term consequences for having a baby during adolescence, while young mothers and their parents viewed the consequences as short-term and fairly limited. These differences reflect teens' and families' experience and practical reasoning in a world where limited opportunities for education, job training and employment exist across the board for minority and disadvantaged youth in contrast to school personnel who judge the consequences of parenting as an outsider, being unfamiliar with the world of disadvantaged teenagers. Under these circumstances, becoming a mother, from the teenager's and family's perspective, does not "risk the future". These findings suggest that when social constraints become so pervasive, alternative possibilities and varied configurations in the life course become extremely narrow; those living in the midst of such circumstances know the situation from the inside while those standing outside the situation, particularly in a culture which extols individualism, are more likely to offer individualistic explanations that cast blame on those whose life-course diverges from societal norms while denying the contribution of social conditions that thwart alternative possibilities in the life-course.

Geronimus critiques the Baltimore study on the basis of methodological shortcomings enlisting other evidence. However, the theoretical foundations of the Baltimore study can also be challenged as a misguided attempt to search for lawfulness where none exists. In attempting to make predictions about the life course from one event, a mechanistic and atemporal model of the life course where life events are treated as a succession of events that impinge on each person in the same way, irregardless of the personal, family and cultural meanings of the events, is assumed. The life-course is viewed as being comprised of "isolable events, existing in and of themselves, which exert causal influence on other events which are logically distinct" (Freeman, 1984, p. 6). Time is understood as a linear chronology of events which have no meaning for the person and therefore do not constitute the person's past, present or future in any meaningful way. That mothering for a specific teenager may be experienced in ways that encourage her to continue in school cannot be captured on this view, just as the considerable social constraints for continued schooling for many teen mothers cannot be fully acknowledged in mechanistic models of the life course. Given these limitations and because the configuration of life events for a person is only intelligible in a narrative description that attends to personal and historical time in a socio-cultural context (Benner & Wrubel, 1989; Freeman, 1984), an interpretive approach to the life-course deserves more attention in the study of teen mothers.

Geronimus and Korenman's findings have sparked an important and at

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times acrimonious debate on the relationships between teen pregnancy and parenting to social disadvantage, a debate that may have important repercussions on future funding and social policy in this area (see Furstenberg, 1991, 1992; Geronimus, 1991, 1992; Hulbert, 1990). What bears emphasis in this politically charged debate is the contribution of the research of both "camps" to a less deterministic view of teenage mothering. Becoming a mother at a young age does not lead to irrevocably fixed lives, although severe poverty, racism and the associated conditions of violence, drugs, poor education and lack of employment opportunities certainly place limits on life-course possibilities. However, we should not be misled to believe that mothers who "succeed" do so because of individual traits or characteristics, just as we should not "give up" on those more disadvantaged teens who "fail" to make a "recovery" in later life. Either scenario obscures how the "timing of motherhood is constitutive of both the mothering experience and of a woman's life-span development" (Leonard, 1987, p. 12) that can only be revealed by situating her experience in light of her own personal history and socio-cultural context.

Lastly, many of the studies on the long-term consequences of an early birth draw attention to the most disadvantaged teenagers who become mothers with the fewest social resources; although their life chances are not appreciably disadvantaged by an early birth, their lives and the lives of their children are severely constrained by poverty and racism. Concluding that programs serving the most disadvantaged teens are unimportant because they do not deter the

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disadvantages of teen parenting is a wrong-headed conclusion to reach from Geronimus' findings (see Geronimus, 1992; Hulbert, 1990). If anything, research that demonstrates the considerable constraints facing impoverished teen mothers warrants increased funding of comprehensive programs that are relevant to their lives and circumstances coupled with demands for social and economic reforms that renew hope and broaden opportunities.

Empirical-Rational Foundations of Parenting Research

Concerns and questions about the competence of young mothers to nurture and care for their children have led numerous researchers to investigate their behaviors, attitudes and knowledge. Since several reviews of this literature exist (Baldwin & Cain, 1980; Brooks-Gunn & Furstenberg, 1986; Elster, McAnarney & Lamb, 1983; Hofferth, 1987), the following sections will critique this research for its overly cognitive and rational views of parental knowledge and behavioral views of parenting "skill" which ignore the moral purposes and practical know-how of mothering that is historical, culturally based, concrete, and situated in a specific mother-child relationship.

Empiricism and Maternal Behavior

In the empiricist paradigm, human actions are reduced to discrete behaviors or sets of behaviors that are not much more than physical movements (i.e. touching of infant, visual behavior, verbalization, feeding behaviors, teaching behaviors). These uninterpreted behaviors are stripped of the mother's moral and practical understanding of the situation and her baby. Although aspects of the

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young mother and the environment are included in accounts to explain her behavior or some other outcome variable, these also are objectified and decontextualized into atomistic elements that are then reconfigured into a mechanistic model for the goal of explanation and prediction. Explanatory and predictive knowledge is thereby upheld as the form of legitimate knowledge at the expense of practical everyday understanding.

The goal of many of these studies is limited to cataloguing young mothers' decontextualized behaviors, to comparing the behaviors of young mothers to older mothers, and/or to explaining differences in maternal behaviors based on objectified elements. Not surprising, the studies coming from this tradition portray young mothers' behavioral repertoire as deficient in many areas compared to older mothers. For example, studies have found young mothers to be less verbal (Field, Widmayer, Stringer & Ignatoff, 1980; Roosa, Fitzgerald & Carlson, 1982), less responsive to their infants (Coll, Hoffman, Van Houten & Oh, 1987; Jones, Green & Kraus, 1980; King & Fullard, 1982), more punitive to their infants (Coll et al., 1987) and less competent in handling their child's irritating behavior (Mercer, 1986) compared to older mothers. They tend to restrict and punish their children (Coll et al, 1987), provide less cognitive, social and emotional stimulation (Ruff, 1987), and use less competent teaching strategies than older mothers (Levine, Coll & Oh, 1985). However, many of these differences are not substantiated across studies; when differences between younger and older mothers (i.e. verbalization) are consistently found, the magnitude of difference remains

quite small. The meaning of these differences (i.e. regarding less verbalization by young mothers) or the commonalities between younger and older mothers of similar cultural background and socioeconomic status (McAnarney, Lawrence, Aten & Iker, 1984; Philliber & Graham, 1981; Stevens, 1988) are never addressed.

The behavioral paradigm has no way of accounting for commonalities or differences between mothers of varying ages and classes except in terms of the interaction of mechanical forces, since this view cannot capture the ways persons are constituted by family and cultural traditions that entail shared understandings of mothering. It is never suggested in these studies that the mothering practices of teen mothers fit into a meaningful set of background practices that are adaptive to particular economic conditions or the extent to which these practices which have traditionally been a resource for young parents (Stack, 1974; Heath, 1983) are increasingly eroded by the isolation, bureaucratic intrusion, and struggle to survive amidst poverty and racism (Heath, 1989).

Other research describes how the more authoritarian attitudes of young mothers are common to certain subcultures which stress the authoritative role of parents in setting standards for their children, in contrast to the more "progressive", democratic beliefs of middle class parents who emphasize self-directing values for children (Ogbu, 1981; Schaefer, 1987). The fact that middle class parents tend to talk more to their children in turn reflects the press for independence and achievement in children (Schaefer, 1987). By espousing middle-class standards as the ideal, the viability of practices among different ethnic and

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social classes and the possibilities they embody are denied. For instance, Heath's (1983) eloquent study tracing language socialization of children among lower-class White and Black communities show how language skills are deeply intertwined with subcultural patterns and relations to worlds of work and family. An empiricist account of the parents' or children's language would necessarily overlook the embeddedness of language with the world of those Heath studied, just as teachers of the children in the communities she studied routinely perceived the Black children's language as deficient.

In delimiting mothering to discrete behaviors that can be objectively and reliably measured, the empiricist approach leads to defining "competent" mothering according to formal criteria or standards which are formulated without regard for actual childcare situations, the personal and cultural concerns implicit in what mothers do, and social or economic circumstances. The study of decontextualized behaviors establishes an "ideal" of mothering which consists of formal, normative criteria for mothering (based on either the presence of positive characteristics, the absence of negative characteristics, or a score based on a statistical average), where non-normative behaviors are interpreted as deficits to be overcome. Such a criterial view of mothering promulgates a technological understanding of mothering where mothering becomes solely an efficient means to producing the child as product. Such mothering has no intrinsic value or meaningful connection to the child or the community and the everyday routines of bathing, holding, diapering are not a site of pleasure but only an opportunity for

promoting the child's motor, cognitive and emotional development.

The historicity of maternal knowledge and skill does not and cannot show up in empiricist research. Not only are the mother's behaviors treated as individually derived, there is no inherent relationship between the mother's behaviors and her particular baby, her personal history and her membership in a social class, ethnic group or historical cohort. Controlling for socioeconomic status or ethnicity with statistical methods to explain an outcome variable does not make the mother's behavior intelligible. As Dreyfus (1991) argues, a person does not experience class or ethnicity as objective facts about themselves. Rather, bodily practices and meanings common to a subculture or social class are constitutive of the body and the body lives these meanings. When social class or ethnicity are handled as objective variables, lived meanings are passed over.

MacIntyre's (1981) critique of the science that emerges from empiricist foundations is especially cautionary:

There is no such thing as 'behavior' to be identified prior to and independently of intentions, beliefs and setting. Hence the project of a science of behavior takes on a mysterious and somewhat *outré* character. It is not that such a science is impossible; but there is nothing for it to be but a science of uninterpreted physical movement such as B.F. Skinner aspires to (p. 208).

And as Dreyfus (1991) notes:

...the behavior in question is not meaningless physical movements of some object, but the directed, significant, concerned comportment of human beings going about their business in a meaningful social world (p. 147).

The Rationalist Tradition and Maternal Knowledge

Whereas the behavioral paradigm takes up the objective study of discrete behaviors (what parents do) and disregards the common meanings and context that shape parental activity, the rationalist mode of inquiry is interested in the conceptual knowledge or reasoning ability that lies behind what parents do. In the rational paradigm, mothering skills are assumed to require conceptual, theoretical knowledge or rely on formal rules that derive from cognitive structures (see Newberger, 1980). This tradition assumes that knowledge of the world is built up by acquiring generalizations (i.e. abstract knowledge) and applying that knowledge to particular situations. In studies of mothers, the kind of knowledge that shows up on this view is abstract, formal knowledge of children and the maternal role, devoid of moral content and lacking in the skillful know-how that is expressed in concrete situations. The influence of the rationalist tradition in the research in teenage childrearing is evident in the sheer number of studies that investigate the young mother's knowledge of child development (Becker, 1987; Field et al., 1980; Gullo, 1985; Parks & Smeriglio, 1983; Reis, 1988; Schilmoeller & Baranowski, 1985; Vukelich & Kliman, 1985). The presumption behind these studies is that the lack of formal knowledge of children and parenting makes for less competent parenting and places children at risk for developmental delay (Elster et al., 1983; Whitman, Borkowski, Shellenbach & Nath, 1987). The practical, embodied knowledge that the mother develops in caring for her own baby is imperceptible on this view and goes unacknowledged as legitimate

knowledge.

Conflicting findings regarding young mothers' formal knowledge abound. DeLissovoy (1973) and Jarrett (1982) found that young mothers have unrealistically early expectations of child development norms. Epstein (1980) and Miller (1983) reported the converse, that young mothers underestimate children's development. In both studies, young mothers' knowledge of physical care of the infant and of the baby's perceptual and motor development was consistent with child development norms but knowledge of infant's social and cognitive development was underestimated by several months. Epstein concludes that young mothers' failure to attribute language or cognitive skills to their infants might correspond to parental behavior that is less stimulating of early development.

Results have also been inconsistent when comparing formal knowledge of young mothers to older mothers. Several studies (Becker, 1987; Field et al., 1980; Roosa & Vaughn, 1984) indicate that young mothers knowledge of child development is inferior to that of older mothers while others have found no significant differences (Parks & Smeriglio, 1983; Schilmoeller & Baranowski, 1985) and two other studies (Roosa & Vaughn, 1984; Vukelich & Kliman, 1985) noted that both young and older mothers scored poorly on measures of child development knowledge.

An innovative design by Stevens (1984a) compared the knowledge of young Black teenagers to their own mothers among teens who were parents and those

who were not. He found that teen mothers scored significantly better on two measures of child development than non-parenting teens. Also, mothers of teens knew significantly more about infant development than the younger generation. However, a significant correlation on knowledge scores for younger and older generations was found only in the teen-parent families, suggesting that the presence of the infant provided the experience to become familiar with what children typically do at different ages.

Much less is known about the relationship between mother's formal knowledge and actual parenting behavior and subsequent impact on the child's developmental course. In an intervention study that provided parent training to young mothers and their premature infants, Field and associates (1980) found that young mothers in the treatment group improved their scores on child development and face-to-face interactions relative to the control groups. However, infant developmental outcomes did not differ for control and intervention infants.

Several others studies have attempted to investigate the mother's formal knowledge of the relationships between specific caregiving practices and child development (Parks & Smeriglio, 1983, 1986; Stevens, 1984b). This approach represents a highly scientific, technologic approach to mothering, presuming that childcare practices can be made fully explicit and effectively prescribed in a one-to-one correspondence with the child's developmental level. That such a rational view of mothering arises at this time is no accident; when productivity and efficiency are cherished cultural values, skillful maternal know-how that is learned

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At this point, little is known about how formal knowledge actually shapes maternal practices, but Margolis' (1984) historical analysis of mothering in the U.S. in this century testifies to the growing role of scientific "experts" in shaping understanding of the maternal role and of child development. Formal knowledge of child development and the care of children in managerial terms is often the exclusive focus of parenting books, discounting notions of the good and personal concerns and meanings inherent in caring practices. Teenage parents may be somewhat less influenced by technological understandings of parenting, since they rely much more on their own mothers for childcare information in contrast to older, middle-class mothers who more often look to professionals, books and magazines for childcare guidance (Miller, 1983; Schilmoeller & Baranowski, 1985; Vukelich & Kliman, 1985).

Cognitive models of parenting. Sigel (1985) notes that parent-child research over the last forty years has increasingly emphasized cognitive processes and, implicitly, information processing models. Cognitive structural theories of parenting epitomize this direction (Newberger, 1980) and have been utilized to investigate teen mothering (Flick & McSweeney, 1985a, 1985b). Cognitive structuralists in general believe that personal knowledge of the social world is built up by abstracting principles and rules from experience, in effect generating theories about how the world works. Before acting, a person relies upon symbols and rules that are provided by the relevant cognitive structures, similar to the way

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Action is mediated by cognitive processes such as reasoning, categorization, and evaluation, and cognition is necessarily involved behind and before action in the creation of meaning and the determination of truth. Action itself is essentially rational....Situations are evaluated by the application of rules and principles, and the outcome of this process of appraisal determines the action to be performed (p. 1085).

Cognitive theories of parenting do not require that parents have conscious access to the rules and principles of the underlying cognitive structure, just as a person competently uses the computer without any knowledge of the programming language with its fixed routines for handling input. In similar ways, cognitive theory postulates that parents act on the basis of logical and rational procedures that are organized in a formal, transparent and unambiguous manner in the mind, but it is not expected that parents could express the abstract rules behind their thinking. This stance makes it appear as if mothers are a stable system of formal categories for understanding, in a situation that is clear, explicit and fixed. It ignores the ways in which mothering is open, ongoing and ultimately guided by moral values and concerns which may be in conflict or severely constrained by poverty for some teenage mothers or by the corporate work world that shapes the career mother's experience (Leonard, 1991).

Cognitive structural theories generally depict an invariant developmental course where less mature stages of reasoning become transformed into more complex and mature ways of reasoning with the acquisition of new knowledge.

Parents in the first stage act in the here and now without the benefit of complex reasoning; they are considered to have an impoverished theoretical account of children and parenting (Newberger, 1980; Sameroff & Feil, 1985). Parents at higher stages consider a greater wealth of information with increasing detachment and reflection, the assumption being that detached, complex, and conceptual reasoning translates directly into practice and provides a more nurturing and enlightened parenting. However, these models fail to explain how such reasoning is translated into actual practice. As Packer (1985) points out, a cognitive stage may reflect a person's capacity for formal and rational understanding but may not be predictive of the person's actual performance since performance is intimately related to practical know-how that is always situated.

Moreover, cognitive models overlook the role of the context in shaping knowledge, the actual content and value of the beliefs, and the role of the body as the ground for knowing anything at all (Dreyfus, 1979; Keating & MacLean, 1988). In arguing that all knowledge of parenting is mediated through universal structures, the content of the beliefs (which would be private and idiosyncratic on this view) is ignored for what is universally held, the logical structure behind the beliefs. Second, the context is not immediately grasped as meaningful for the person since all experience is mediated through the relevant structure. Since all knowledge is assumed to be cognitive, the computer becomes the metaphor for human knowing, making the body irrelevant. Since a computer has no way of attending to what is relevant in a particular situation, it must be programmed with

specific rules for handling context-free data. In contrast, embodied beings, with their capacity for finely-tuned pattern recognition, have a direct grasp of what is relevant and significant in a situation and can discern subtle cues that foretell change in the situation (Benner, 1984a; Benner & Wrubel, 1989; Dreyfus, 1979, 1991; Dreyfus & Dreyfus, 1986).

Mothering does not consist of a set of fixed routines, as presumed in cognitive structural theories of development; what mothers do is neither clear, unambiguous or clearly determined. The flexible grasp that is exhibited in mothers' coping with diverse and rapidly changing situations reflects the practical knowledge that develops over time in knowing her own child. This practical knowledge is largely pre-reflective, reflecting the mother's direct and immediate grasp of the situation, as shaped by the personal and cultural meanings and concerns, and the embodied capacities of mother and child. The emotional content of mothering, which has only a cue or disruption function in information processing models, is taken seriously for revealing how the mother grasps her situation and what matters to her.

As Dreyfus (1979, 1986) points out, attempts at formalization of human activities such as mothering are misguided since human activities are not governed by rules and procedures. Rather, human activities occur in a pragmatic context that is readily grasped. Patterns are nevertheless evident in human activities as a result of the bodily skills and social practices that members and participants of a culture or practice share.

Cultural bias and clinical implications. Conceiving of maternal knowledge in cognitivistic terms places greater weight on mothers' fund of abstract knowledge, rationality, and reflectiveness than on practical know-how. This view of maternal reasoning purports to reflect empirical truths that are independent of historical time and culture. What often goes unacknowledged is the cultural bias inherent in such views of maternal knowledge. Scientific accounts of maternal rationality are not so much empirical truths as they are culturally accepted standards. They tell us something about cultural prejudices and values; in rationalist conceptions of mothering, what is promoted as the ideal is that mothers (and fathers) adopt primarily a reflective stance and act rationally and logically with explicit awareness of all the multiplicity of factors that impinge on childcare situations. Understanding parenting this way may introduce its own difficulties, evident in the research of John and Elizabeth Newson (1968). They found that those middle-class British parents who understood parenting as a reasoned relationship inevitably became frustrated with the reality of caring for young children who did not follow rules and were not predictable, rational beings. Moreover, the claim for universality made by structuralists contributes to a deficit view of mothering by young mothers since such theoretical screens easily discern the lack of cognitive readiness for parenting, the lack of abstract knowledge, and the lack of development of young mothers, when development is cast in cognitivist terms.

Bernstein (1986) cautions us to be wary of scientific claims that argue for

the universal validity of our own historically situated cultural ideals. Judging mothering according to formal criteria tells us more about the scientific view of mothering than the mother's own understanding, although the mother's understanding may be influenced by the scientific criterial view, particularly as norms for maternal competence are dispersed through normalizing practices.

A widespread assumption of the clinical literature on teen mothers is that teaching formal knowledge and training in appropriate parenting behavior will promote the teen's competence as a parent. By failing to address the practical skills and know-how that emerge over time in caring for a particular child on the background of family practices and socioeconomic contexts, clinicians, whose understandings of parenting are shaped by different contexts (Gabriel & McAnarney, 1983; Morgan & Barden, 1985), may impose an alien set of practices and beliefs that inadvertently promote detachment between parents and children (Johnston, 1980; Kitzinger, 1978). This may account for the serendipitous finding that Field and associates (1980) report from an intervention study designed to promote young Black mothers' stimulation of their infants. They found that young mothers who received instruction in stimulating their infants exhibited significantly higher blood pressure readings (blood pressure remained in the normotensive range) than subjects in the control groups. The authors speculate that teaching middle-class childrearing styles of stimulating interactions to this lower-income Black sample may have contributed to maternal anxiety.

Interventions that ignore, devalue or are inconsistent with parents' practical

reasoning may make the transition to mothering more rather than less difficult as the intervention itself becomes something to cope with. In addition, the scientific-technical approach blinds the clinician to the constraints and possibilities that exist in the situation that are intimately tied to the young mother's personal concerns, the way that her family is involved, and what she is coping with in the community where she lives.

Research Related to Family Involvement

Research regarding family involvement with teen mothers has generally sought to identify the extent and kind of family support available to young mothers and their children through the use of questionnaires and surveys. Studies of exclusively Black teens show extensive family support in the postpartum period (Panzarine, 1986) with continuing childcare and economic assistance available to those who remain in the family household (Furstenberg and Crawford, 1978). The pattern of shared childcare observed by Panzarine (1986) in the baby's first month develops into an "apprenticeship system" that provides guidance to the young mother and buffers her from the full responsibilities of childcare (Furstenberg, 1980).

Several studies report greater family support available to Black teen mothers compared to White (Mayfield, 1986; Mayfield-Brown, 1989; Thompson, 1986) or Hispanic teens (Unger & Wandersman, 1988). Greater family support among Black teens is associated with less reported stress following the birth of a child (Frodi et al., 1984; Thompson, 1986,) and the greater likelihood of continuing

school (Furstenberg & Crawford, 1994).
Findings regarding ethnic differences in grandmothers' involvement in low-income Black families which suggest that grandmothers are more likely than grandfathers to be involved in their grandchildren's lives, particularly in the area of child care, where family boundaries are often blurred. This is especially true in families where family boundaries are based on marital ties, and where grandmothers are central to the daily lives of their grandchildren (Furstenberg & Crawford, 1994; Sack, 1974; Young, 1970; Furstenberg & Bengtson, 1985; Laditka & Bengtson, 1985). The role of the Black grandmother in the family is a topic of ethnographic research, at least in part because of the high satisfaction with the competence of grandmothers in caring for young children amidst hard economic conditions. In many extended family households, the grandmother's role is particularly important. In these families, the daughter's relationship with her grandmother is often characterized as another "cross-generational" relationship. There are significant differences in family structure and family responsibilities between grandmothers and grandfathers, and these differences may become less pronounced in the context of marriage.

The positive impact of grandmothers on the lives of their grandchildren has been documented in a number of studies. Grandmothers' involvement has been found to result in more positive outcomes for their grandchildren, including higher academic achievement and better social adjustment.

in school (Furstenberg & Crawford, 1978; Mayfield, 1986) compared to White teens. Findings regarding ethnic differences are consistent with the literature on low-income Black families which document the importance of an extended family pattern where family boundaries are more elastic, where less emphasis is often placed on marital ties, and where female traditions of kin-keeping and shared childcare are central to the daily functioning of the domestic network (Dougherty, 1978; Stack, 1974; Young, 1970; Wilson, 1986). However, more recent studies (Burton & Bengtson, 1985; Ladner & Gourdine, 1984) note that the traditional role of the Black grandmother may be more tenuous than described in earlier ethnographic research, at least among young Black grandmothers who express dissatisfaction with the competing demands of caring for grandchildren and their own young children amidst harsh economic realities that undermine social support among extended family households. Within the impoverished living conditions of these families, the daughter's pregnancy was sometimes viewed by the grandmother as another "cross to bear" (Ladner & Gourdine, 1984). Nevertheless, ethnic differences in family support are notable, reflecting different cultural meanings and family responses to single parenting. These differences, however, may become less pronounced as White teens increasingly opt to raise a child outside of marriage.

The positive impact of family support on teen's parenting practices and child outcomes have been described in several studies. Childcare assistance from grandparents resulted in more skillful parenting practices (Stevens, 1988); less

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restrictive childcare practices by the teen (King & Fullard, 1982); a shared parenting style with more verbal stimulation by the young mother (Epstein, 1980); and infants who were more securely attached (Frodi et al., 1984). Teenagers with grandmother assistance reported less stress (Colletta & Lee, 1983) and children of teen mothers who lived with the grandmother adapted better to first grade than those who lived in mother-only families (Kellam, Ensminger & Turner, 1977). However, Cooley & Unger (1991) reported that grandmother presence in the home was negatively related to maternal responsiveness and child development outcomes while grandmother assistance with childcare enhanced child outcomes by allowing the teen to continue her education. Free (1988) and Epstein (1980) found that too little or too much assistance with childcare on the part of the grandparent made it more difficult for the young mother to develop responsive caregiving, while Zuckerman, Winsmore and Alpert (1979) reported that young mothers expressed more insecurity about their role when caregiving was shared with another person.

Living at home in an extended family household does not necessarily confer problem-free family support. King and Fullard (1982) found that some young mothers benefitted a great deal from emotional, financial and childcare support provided by their families, whereas other young mothers reported conflict over raising their child in the family's household. Several qualitative studies have examined patterns of family/grandmother involvement in caregiving (Apfel & Seitz, 1991; Free, 1988; Poole & Hoffman, 1981; Sandven & Resnick, 1990; Smith,

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1983a, 1983b). Although there are some variations in the typologies presented in these studies, all describe qualitatively different forms of family involvement; in some families, the grandmother is centrally involved in sharing or supplementing caregiving with the young mother; in others, mothering rests exclusively with the teenager or with the grandparent. These studies point to the importance of family involvement in understanding the young mother's transition to mothering but do not themselves address how personal and family meanings and concerns shape the teenager's and family's experience, coping and caregiving practices.

Conclusion

Our current and generally pejorative understanding of teenage mothering is correlative with the ways we have learned to theorize, abstract and generalize about parenting and development. In empirical-rational research, mothering shows up as a set of techniques guided by formal and abstract knowledge. Normative views of competence promote a technological understanding of parenting aligned with the normalizing press of modernity where mothers and children are just another resource to be developed into high-quality products (see Borgman, 1984; Lasch, 1977; Heidegger, 1977). Such views necessarily pass over the practical knowledge that is prefigured by the teen's relation to her baby and involvement in her world as well as notions of the good embodied in a specific mother-child relationship.

In the wake of studies that challenge the monolithic view of adolescent mothers as incompetent and invariably at high-risk for parenting difficulties and

developmental failures, several
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jectories (Bathoiz & Gol, 1986; Roosa
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ily derived from notions of the good that are
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derstanding of the possibilities of young mothering
requires a re-examination of the behaviors and formal tasks of
mothering. Our current understandings of teen
mothers' meanings, purposes, and actions are
shaped by current social conceptions of
motherhood.

Our current understandings of teen
motherhood rather than understandings of
technical solutions aimed at "treating"
the course with a differentiated approach
are inappropriate. This approach
normalizing procedures to get
the negative effects of their first
experience to develop technical fixes aimed
at behavior that will ensure their
children's health and development.

developmental failures, several authors note the need to capture the competence of those young mothers who score high on parenting measures and who follow the more normative life-course trajectory (Baranowski, Schilmoeller & Higgins, 1990; Buchholz & Gol, 1986; Roosa & Vaughn, 1984). Although I concur that new understandings of teen mothering are needed, I believe that competence based solely on formal criteria necessarily overlooks the mother's situated understanding and notions of the good that are fused with and organized by the family and social worlds she inhabits. A new understanding that articulates the constraints and possibilities of young mothering would move us away from studying objectified behaviors and formal tasks of mothering and identity to focus instead on the young mothers' meanings, purposes and concerns and how they are promoted or imperiled by current social contexts.

Our current understanding of young mothers correlates with an idiom of control rather than understanding and supports a rather narrow set of scientific-technical solutions aimed at "training" young mothers to get back on the correct life course with a differentiated self and instrumental skills to mother appropriately. This approach inevitably leads to attempts to rehabilitate with normalizing procedures to get them back on a correct trajectory so as to lessen the negative effects of their first pregnancy. This perspective presumes that we can develop technical fixes aimed at having individuals come to certain beliefs or behavior that will ensure their or their children's health and development, but where health and development operate in a vacuum. In the end, emphasizing

behavioral changes as a solution to young mothers' difficulties can become an even greater source of oppression and denies what should be first and foremost-- the social commitment to create health policies and social welfare practices and institutions which assume that children and teenagers of all races and classes are worthy of our care and attention.

Chapter 3

Method

Sue: O.K. You're a nurse and I guess you guys go by statistics or something--the way it's supposed to be versus the way it is. I've dealt with people--social workers and stuff, and they look at the book, these rules, the rule-book--they don't look at the way it really is.

I: Tell me what is the matter with that.

Sue: Because they treat you in the way of how it's supposed to be. They don't treat you the way it is. And I think that's important, because the advice might not be helpful, it may not be right. Let's say one person comes from a broken home and this other person comes from a nice two parent family, and you tell him to go left--the way it's supposed to be. But it's not like that, he has to go between right and left, so if you give him that advice to go left, he may feel that it's not the right advice or she's putting me down without looking at the way it is. (pilot interview)

This 16 year old mother of a one month old infant reminds us to "look at the way it is", not from an outsider perspective divorced from the real lives of teenage mothers--"the way it's supposed to be"--but from an inside-out understanding of the practical possibilities and courses of action available to teenage mothers in the concrete realities of their everyday lives. Her words convey an important grasp of the need for situated knowledge, for the kind of practical acumen and moral regard for the other that depends upon knowing a person and the salient particulars of a life that are achieved through necessities, demands, resources, possibilities, constraints and dialogue. Understanding a person in this way is the very basis of clinical judgement and sets up care that is relevant to the meanings, concerns and practical circumstances of that person

(Benner & Wrubel, 1989; Tanner, Benner, Chesla & Gordon, in press). But it also turns out that understanding a population defined by a common experience, such as teenage mothering, requires an understanding of particular persons who instantiate possibilities for coping that reside within the experience on the background of personal history, culturally meaningful practices and real life situations.

In this chapter, I tell the story of gathering and interpreting the stories that appear in the following chapters, providing a retrospective account of how I immersed myself in this research project. The project itself involved learning the power and validity of narratives for revealing the understanding that resides within participants' experience that is so often sacrificed for experience-distant theoretical terms (Geertz, 1979). Deterred at the outset from employing an approach that seemed overly pathologizing, I was drawn to Heidegger's (1962) explication of human being as a richer horizon for "hearing" and describing teenage mothering and the family practices that shape young mother's activities in experiential terms. I hope that providing details of my initial understanding (fore-structure) that guided the study and the decisions I made as the research evolved will prepare the reader to enter the narratives that I helped to create and was intent on understanding.

The Fore-structure of Understanding

The strong phenomenological claim that human activities articulate a pre-understanding that holds for researchers and research participants alike has

pedagogical methodological significance. Rather than invoking a neutral, objective position, she makes her initial presuppositions explicit as possible. This foregrounds the phenomenon (accessed through her) and refined in the course of inquiry.

The fore-structure for this inquiry was that of a community health nurse, with its orientation to the literature, with its emphasis on the individual, and therefore rejected the character of research as individually derived and socially enacted within the traditions of social sciences and communities. My research strengthened my interest in exploring the teenager's experience of mothering, and how it shapes family practices and practices of care, I reasoned, and how young mothers learn from it. I was motivated by the idea that teenage mothering is often dealt with through medical treatment and remedial

special methodological significance for how an interpretive researcher plans a study. Rather than invoking a presuppositionless, God-like stance in order to establish an objective position, the hermeneutic tradition instructs the researcher to make her initial presuppositions, concerns and interests motivating the study as explicit as possible. This fore-structure reveals a provisional understanding of the phenomenon (accessed through a text analogue) that is subsequently challenged and refined in the course of interpretation.

The fore-structure for this study developed from my familiarity, as a community health nurse, with teen mothers whose outcomes were more diverse than the literature, with its emphasis on deficits and failures, suggested. I therefore rejected the characteristic ways of understanding teen mothers and their activities as individually derived in favor of understanding how teenage mothering is socially enacted within the traditions, practices and resources of particular families and communities. My previous research (Smith, 1983a, 1983b) strengthened my interest in examining how family practices and relations shape the teenager's experience of mothering, and how the teenager's care of the infant in turn shapes family practices. An account of the family's everyday traditions and practices of care, I reasoned, would recover the historical and situated ground from which young mothers learn the practical and relational skills of mothering. Finally, I was motivated by the very practical concern for how the problem of teenage mothering is often described within a technological paradigm of control where treatment and remediation supercedes practices of social justice and

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Concretely, this fore-structure set up the initial lines of inquiry which served as an opening for other more inchoate interests and questions to emerge as I "listened" to the research participants tell their stories and later as I analyzed the text.

Developing Understanding and the Tact of Listening

Vision is a spectator; hearing is participation.
(John Dewey, 1927, p. 218-219)

Methodological and theoretical screens that shape considerations regarding what research questions and data are "valid" and how data is to be collected, collapsed and statistically modeled presuppose that "one knows in advance what is to be investigated" (Kvale, 1983, p. 193). The Heideggerian maxim "to return to the phenomenon itself" critiques this approach and directs the researcher to begin within the hermeneutic circle of understanding, which offers the very grounds for understanding ourselves and others (Dreyfus, 1991). Specifically, this enjoins the researcher to articulate her fore-structure in advance so that it can then be challenged, refined, and corrected through a rigorous process of "listening" to the phenomenon, rather than succumbing to the temptation to produce an account in line with one's pre-conceptions or conventional standards of decontextualized, formal knowledge.

Special effort must be taken in interpretive research so that the content of the phenomenon (usually accessed through a text-analogue) is not overshadowed by methods that are determined beforehand. The text is allowed to set forth its

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own claims as the researcher's early questions and provisional understanding are clarified, challenged and overturned with each rereading of the text. Because the content of the text matters in interpretive work, it is allowed to speak to the researcher in its own terms rather than being subjected to predetermined methodological procedures and analyzed according to prespecified categories. In this particular study, initially vague lines of inquiry that were unarticulated in my original research proposal emerged as significant questions as teenagers and family members described their experience during in-depth interviews. These interviews always took narrative form as I asked for stories about specific incidents, events and situations. The emergence of new lines of inquiry demonstrates concretely how the research process is inherently circular and engaged: my initial fore-structure, sensitive to family meanings and practices, provided initial access to certain aspects of teenage mothering which was pushed forward and strengthened as I first "heard" and then more deliberately "listened for" previously inarticulated aspects of the teenager's experience. As I became more sensitive to recurring themes in the teenager's interviews, other significant lines of inquiry emerged and called for interpretation. Had I not "listened" to these emerging themes, had I assumed a detached stance that limited the participants' accounts to my initial presuppositions and concerns, if I had not been challenged and supported to "hear" incipient aspects of the text, then this work would have been less complete and less faithful to the text and the overall guiding concern that I present the experiences of teenage mothering in the mothers' and

own terms.

families' own terms.

Narrative Understanding

I have already suggested that the process of "listening" is methodologically crucial to interpretive research. Mishler (1986) describes how the interpretive researcher's approach to interviewing diverges in style and form from standard interviewing techniques that are executed in a uniform manner in order to compare cases according to a normative structure. The detached style of the interview and the power of the researcher to exclusively define legitimate questions and responses that is typical of survey research or content analysis has the practical effect of discouraging contextualized, narrative accounts. Standardized interviews with predetermined and highly focused lines of questioning curtail the necessary dialogue, restricting the work of understanding that is the goal of interpretive research.

Since the Enlightenment, formal and abstract reasoning has been elevated as legitimate knowledge at the expense of practical rationality; stories are accordingly dismissed as prescientific and are therefore suppressed in interviews and disregarded as a methodological tool (Mishler, 1986). Yet stories remain an indispensable source for understanding ourselves and others. Consider the ways that reading or listening to a story opens up the world of the narrator replete with the concerns, possibilities, intentions, options, contradictions, and impossibilities given in that person's world. The first-person rendering of a story provides an inside-out perspective essential to understanding the terms in which the narrator

understands his or her life, reveals the temporality of lived experience, and contextualize the activities and contextualize the stories necessarily overlook, sometimes, by revealing the contexts in which meanings are lived out on the ground within a socio-cultural tradition. The significance of the fact that our lives are embedded and constituted by

Stories are habitations. We do not merely conjure worlds. We do not merely inhabit a world. Stories inform our lives and our culture. We live through our stories, race and place. It is through our stories that is especially true for each of us, locations with which we are partially tellable.

Stories and narrative understandings of the world in which young mothers live. The study thoroughly organized this study to explore narratives of their experience and to provide personal accounts of the everyday lived experience and life events. Study conclusions are contextual and historically grounded rather than distorted.

understands his or her life, revealing the person's self-understandings, the temporality of lived experience, and the background conditions that situate activities and contextualize the self. Moreover, narratives recover what formal theories necessarily overlook, how we are inherently social and historical beings. Stories, by revealing the context within which narrators act, demonstrate that meanings are lived out on the background of shared understandings that develop within a socio-cultural tradition. Mair (cited in Howard, 1991, p. 195) grasps the significance of the fact that our stories (and our actions) are always socially embedded and constituted by traditions which precede us:

Stories are habitations. We live in and through stories. They conjure worlds. We do not know the world other than as story world. Stories inform life. We inhabit the great stories of our culture. We live through stories. We are lived by the stories of our race and place. It is this enveloping and constituting function of stories that is especially important to sense more fully. We are, each of us, locations where the stories of our place and time become partially tellable.

Stories and narrative understanding are indispensable for understanding the terms in which young mothers understand their own lives, and have therefore thoroughly organized this study. Research participants were encouraged to tell narratives of their experience so that meaning in context could be captured from personal accounts of the everyday world (Mishler, 1979). No effort was made to abstract experience and life events from their contextual and narrative dependence. Study conclusions are largely embedded in the stories themselves where contextual and historical relations of families and communities are preserved rather than distorted in the form of abstract generalizations. In the

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Interviewing as Method

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Interviewing as Method

In interpretive research, the participant's perspective is paramount and elicited through a style of active listening that encourages detailed narratives of lived experience. In contrast to fixed, standardized interviews which guarantee minimal responses amenable to discrete coding, interview protocols in interpretive research serve as flexible guides that encourage a dialogue. Probing, clarifying questions grow out of the conversation between interviewer and interviewee, helping the interviewee to elaborate a detailed narrative account of what she or he actually did, thought and felt about specific situations as they evolved and with enough detail so that the context of the situation is fully described. Specifically, this means that participants taught me, through dialogue, what questions were even relevant to ask. For example, my interview guides did not include focused questions regarding survival and fighting until such themes emerged as significant in the social world of one family. Relevant, clarifying questions changed from family to family and only emerged as I better understood each family's world. In addition, initial interpretations were shared with participants and served as an important strategy for clarifying my emerging understanding.

The work of understanding is furthered by a dialogical relationship rather than a formal, passive relationship between researcher and researched. The interviewee is granted the position of acknowledged expert by virtue of his or her

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practical knowledge of experience. Elevating the teenage mother to a position of authority regarding her experience of mothering was particularly crucial given that teenagers' voices are sometimes silenced in situations that privilege adult authority and knowledge (Gilligan, Lyons & Hanmer, 1989). Indeed, some of the teenagers initially responded to my questions in a deferent manner, understanding the interview more as a request for "answers" than for stories. Eventually the informal, conversational style of interviewing encouraged most participants to tell detailed stories. However, interviews with two participants (one white grandmother and one black teenager) were rather halting and incomplete. Particularly for the teenager, the interview context may have recalled other situations where adults were generally disinterested in or belittled her experience; it is also possible that the desperate circumstances of her life may have been too difficult to disclose to an interested stranger like myself who was far removed, by virtue of age, race and social background, from her daily experience. A different interviewer may have developed better rapport and fostered a more elaborate discussion, but a third explanation is also plausible and presumes that speaking one's voice depends upon an expectation of being heard, that one's personal perspective matters to others and is worthy of response. For both participants, the web of powerlessness and contradictions revealed in their personal and social circumstances dampened their voices and sense of agency. The reader is referred to chapters 4 and 7 where their narratives are presented.

Concerns regarding participants' candor and social desirability are

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potentially problematic in a study where participants may already feel stigmatized by the wider social consensus condemning teenage mothering. These problems are reduced by planning a study that is naturalistic and in the home, where rapport is developed over several interviews, and where participants are urged to describe specific situations in great detail. Inconsistencies that arise during an interview may reveal changes in participant self-understanding or misunderstanding on the part of the interviewer; in any case, clarifying questions bring additional details to the participants' account that resolve the meaning of what at first seemed inconsistent or clarify that the inconsistency is an accurate reflection in the understanding and everyday lives of the participants. In this particular study, the inclusion of family members for joint and separate interviews introduces an additional perspective for clarifying and refining an emerging interpretation of the teenager's experience and creates an opportunity to observe how the teenager is interpreting the social context.

This kind of interviewing runs the risk of asking leading questions that inadvertently shape participants' responses away from their own understanding. I was certainly guilty of this at times and attempted to provide, during follow-up interviews, other opportunities for participants to describe situations from their own perspectives. During analysis, I also paid attention to the effect questions had on responses and disregarded those responses (following leading questions) when they were incompatible with the person's self-presentation and understanding. In the interpretive chapters that follow, I include the questions

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and remarks I made during interviews so the reader can judge the extent to which I might have biased participants' accounts. However, I do not claim that participation in the study, per se, did not shape participants' self-understandings for such a naive position would deny that new possibilities are opened up, for the researched as well as the researcher, in the process of seeking understanding.

Emancipatory thrust of narrative understanding. Research practices that presuppose participants' narrative competence and practical understanding and that actively solicit accounts of lived experience have potentially positive and emancipatory effects for participants (Kvale, 1983; Kaplan, 1982; Mishler, 1986; Polkinghorne, 1988). Through the process of telling their story, people are often empowered to find and respond to their own voice (Parry, 1991), particularly when the research interview focuses on participants' activities and experiences which are so ordinary and pervasive (or devalued in the culture) to draw little attention. For many of the participants in this study, describing their pleasures, difficulties and concerns as a mother or grandparent gave voice to what had previously been implicit and unnoticed, with the result that their practical understanding of their situation was sometimes deepened and clarified. This in itself can be therapeutic and empowering. The inherent link between an interviewing method that encourages narratives and empowers respondents is spelled out by Mishler (1986) below:

...attempts to restructure the interviewee-interviewer relationship so as to empower respondents are designed to encourage them to find and speak in their own 'voices'. It is not surprising that when the interview situation is opened up in this way, when the balance of

power is shifted, respondents are likely to tell 'stories'. In sum, interviewing practices that empower respondents also produce narrative accounts. There is, however, an additional implication of empowerment. Through their narratives people may be moved beyond the text to the possibilities of action. That is, to be empowered is not only to speak in one's own voice and to tell one's own story, but to apply the understanding arrived at to action in accord with one's own interests (p. 118-119).

An interpretive research approach makes it possible for the interviewer and interviewee to mutually participate in a search for understanding that can lead to new understandings for both; it is necessary for obtaining valid and "thick" accounts that serve as the text for later interpretation; and, in this study, the approach naturally led to a respectful, responsive relationship and dialogue built on trust. My developing friendship with the families led me in a few instances to make phone calls on the behalf of a teenager, and in one instance, I helped arrange and accompanied a teen to a family planning appointment. Two years later, I continue to have regular contact with two families as a "friend" or "older sister" who encourages a younger sibling. I have sporadic contact through phone calls or visits with several others. Some might argue that my involvement during and after the study lacks objectivity, but such a position was neither possible, desirable nor compatible with the aims of the study. I agree with Oakley (1981) who argues for a shift in recognizing "that personal involvement is more than dangerous bias--it is the condition under which people come to know each other and to admit others into their lives (p. 31)."

Specific Procedures

Recruiting Participants

Young mothers were recruited indirectly from School-Age Mother programs in the San Francisco Bay Area. Past and current students were informed of the study by letter. They were invited to participate if they were 18 years of age or younger at the time they gave birth to their first child, if the child was between 8 and 10 months of age, and if they had regular contact with their family. Although all family members and the father of the baby were invited to participate, the study criteria required that at least one parent (or parent figure) participate in the study with the teenage mother. Approximately 70 letters were mailed. Mothers interested in the study returned a postcard to me, indicating their interest. A telephone call to the teenager was made to review eligibility criteria. After speaking with family members who expressed an interest in participating, an initial visit was scheduled.

During the initial visit, I described the study and what they could expect to occur if they chose to participate. I informed them that voluntary participation meant that they could decide at that point not to participate just as they could withdraw at any time or refuse to answer any question. I described the measures I would take to protect confidentiality. Teen mothers and family members then signed separate consent forms. Recruitment occurred over an 18 month period until a sample size of sixteen families had completed the study protocol. For their participation, the young mother received fifty dollars at the completion of the

study. Other family members were not reimbursed. Although I had some initial misgivings that offering financial reimbursement might defray the voluntary nature of their participation, I also felt compelled to offer something in return, in appreciation of their considerable time and effort. Although the money may have contributed to their initial interest, its effect on their continued participation seemed negligible.

Participating Families

Ten white and six African-American teen mothers completed this study. In addition, three fathers of the babies and 20 family members participated, including 15 maternal grandmothers, 3 maternal grandfathers, 1 paternal grandfather, and 1 teenaged uncle of the baby. (Three additional families completed the first interview only; they are not included in the following sample description and their interviews were not analyzed). The following table depicts the participating families in the study according to family member participation and ethnicity:

Table 1
Participating Family Members Per Family by Ethnicity

	<u>White</u>	<u>Black</u>
Mother and grandmother	4*	6
Mother, grandmother and father of baby	2	
Mother, grandmother and grandfather	2	
Mother, sibling, grandmother, grandfather	1**	
<hr/>		
Total	10	6

*young mother identifies self as black, raised in white adoptive home

**young mother white, paternal family Hawaiian/Filipino

Teen mothers ranged in
mean age was 16 years of age
mean age was 43. The three
age. Eight babies were girls

At the time of the study
lived tremendously among the
the family of origin in a household
was as many as thirteen; of these
one was headed by the grandmother
grandmother and her partner
one case within a large extended
arrangements for three teenagers

Household income
amounts of income were
obtained was difficult to compare
income across households
(four) reflected the diversity
majority of families was
in welfare and two families
living with the baby's mother
income was supplemented by
and friends receive

Teen mothers ranged in age from 14 to 18 years of age at time of delivery; mean age was 16 years of age. Grandmothers ranged in age from 37 to 53 years; mean age was 43. The three participating grandfathers were 43, 45, and 52 years of age. Eight babies were girls and eight were boys. Four infants were biracial.

At the time of the study, family structure and household membership varied tremendously among the teen mothers. Eleven mothers lived at home with the family of origin in a household that included as few as three family members or as many as thirteen; of these families, three were headed by the grandmother, one was headed by the great-grandmother, and the remaining nine were headed by grandmother and her partner. Four teens lived with the father of the baby (in one case within a large extended family) and one teen lived with friends. Living arrangements for three teens changed over the course of the study period.

Household income, particularly in large households where sources and amounts of income were varied and changed significantly during the few months I visited, was difficult to categorize in any meaningful way. The great range in income across households (from 10,800 for a family of five to 70,000 for a family of four) reflected the diversity of this sample. The major source of income for the majority of families was employment. Exceptions included one family dependent on welfare and two families receiving unemployment benefits. The four teens living with the baby's father were supported by his employment; in two cases, his income was supplemented by the mother's part-time work. The one teen living with friends received SSI benefits due to her father's death.

Six of the participating grandmothers were married to the teenager's father while nine were divorced or had remarried. Four grandmothers had not completed high school; six had high school degrees (or its equivalent), and six had education beyond high school. As for the educational background of the teen mothers, five had dropped out of school, six were currently enrolled in high school or a GED program, and five had completed high school or gained an equivalent degree. Two high school graduates were attending a community college or technical program.

In summary, this sample of sixteen families was diverse with respect to ethnic background, household composition, family structure, educational attainment and socioeconomic status. Such a diverse sample made it likely that important contrasts (as well as unexpected similarities) would occur between cases, advancing an interpretation of family practices.

Data Collection

This naturalistic study included multiple in-depth interviews of family members separately and together and participant observation of young mothers and their families involved in routine childcare activities over a three month period. Because my initial interest focused on describing family practices of caring for the teen mother and child that were fairly well-established, families were inducted into the study when the infant was eight to ten months of age. Six interviews were conducted over a three month period and three additional visits were scheduled on a monthly basis for participant observation of the family's

childcare practices. The sche

(See appendix for interview g

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Third month:

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childcare practices. The schedule for data collection is presented in Table 2.

(See appendix for interview guides.)

Table 2

Schedule for Data Collection

<u>First month of study:</u>	Infant at 8-10 months of age
	Human subjects procedures
	A Family Routines Interview (family group)
	B Recent Family Events (family group)
	C Coping Interview (young mother)
	D Young Mother Interview
	Participant Observation
<u>Second month:</u>	E Family History Interview (grandparent)
	F Family Demographic Questionnaire (grandparent)
	G Coping Interview (family members)
	C Coping Interview (young mother)
	Participant Observation
<u>Third month:</u>	G Coping Interview (family members)
	A Review changes in Family Routines
	C Coping Interview (young mother)
	Participant Observation

During the first month of the study, I elicited narrative descriptions of childcare routines and practices in the family's current situation of caring for the teenager's child and in the grandparents' early experience as a parent guided by the Family Routines Interview (adapted from research on family routines conducted by Bennett & Wolin, 1984; and Boyce et al, 1983). This line of questioning gathered specific stories about daily routines (such as putting the baby to sleep) where I probed for concrete details about what family members actually did throughout the day in caring for the baby. Points of contrast, similarity and change over time were also elicited by asking the grandparent to relate her early

experience as a parent in caring for her children. The Recent Family Events interview, (Smith, 1983a), provided the framework for asking participating family members and the teenage mother to describe the decisions, events and emotions surrounding the teenager's pregnancy, birth, and family transitions in caring for mother and infant. In encouraging the family to tell their story, I elicited shared and differing perspectives of family members along with details about hopes, concerns, expectations and difficulties that arose and how they were coped with.

A subsequent visit was scheduled with the young mother for completing two interviews. The Young Mother Interview asked the teenager to describe her pregnancy along with the feelings and decisions that were made and her early months as a mother. The first of three Coping Interviews, (adapted from the research of Lazarus and Cohen, 1977), asked her to describe recent situations as a mother which she considered difficult, demanding and/or rewarding. Careful probing helped to elaborate in a detailed manner the context of each coping episode and what she actually thought, felt and did. Clarifying questions were used so that what was at stake for her in a particular episode and the concerns and demands that solicited her were made clear. This is in part achieved by conducting the interview in a dialogical manner, providing ample opportunity for the person to clarify the meaning of a particular response.

During the second month of the study, the Family History Interview (adapted from the work of Bennett & Wolin, 1984) was conducted with the grandparent(s). This interview elicited the grandparents' history of growing up

and raising a family. Although some questions favored fairly brief, factual responses, others provided the opportunity for describing critical instances in growing up or in being a parent that I considered crucial for understanding the family relations and practices of caring for teenager and infant. A Coping Interview was also completed with participating family members where they selected and described recent episodes they considered stressful, demanding, and/or satisfying in caring for the teenager and/or her baby. As in all interviews, participants were urged to describe situations in concrete detail and discouraged from talking in generalities. A separate Coping Interview was conducted with the teenage mother for stories of pleasure and difficulty in being a mother that had occurred during the last month.

During the third month of the study, Coping Interviews were again conducted separately with the young mother and participating family members. The final family interview elicited changes in family routines that had occurred during the study period. This last interview also provided an opportunity to share my emerging interpretation of the family's practices with the family. Their responses often led me to ask additional questions that advanced and clarified my early interpretation. All interviews were tape recorded and transcribed verbatim.

In addition to the six interviews, I participant-observed in the home on a monthly basis at a maximum of five hours per month during the study period. The purpose of observing the young mother's and family's care of the baby was to validate or clarify interview data or suggest other relevant questions to be

explored in subsequent interviews. My original intent was to follow the infant's activities in order to observe the family's pattern of interaction and involvement in caring for the baby, but the extent I was able to follow this plan depended ultimately on each family situation. Visits with smaller families where all family members had agreed to participate served my purpose quite well and tended to be highly informal: at times, I became involved in whatever the grandmother or teenager was doing, such as folding the laundry or playing with the baby, while we chatted. Being able to closely observe the family's involvement in care was more complicated among large households. Although most family members eventually became comfortable with my presence in the family's common area, I did not follow the baby when taken to other rooms by family members who had not agreed to participate in the study. This limitation was somewhat offset by the fact that I had visited as many as nine times with each family so that I had numerous opportunities to observe family members' interaction with the baby, although always in common areas. Brief field notes were written during or immediately after visits and typed in more detail later.

Interpretive Analysis: The Primacy of Content over Method

Interpretation does not proceed in a linear and step-like predetermined manner but involves a circular process that unfolds as the researcher's provisional understanding of the text gains in depth from multiple readings and analysis. Only from a retrospective position am I able to describe the strategies and stages of analysis and writing as they unfolded in this specific project:

1. Each whole family case (including transcriptions of all interviews and field notes) were read while listening to interview tapes for the dual purpose of correcting the transcript and getting a sense of the whole case. This initial reading was important for noting first impressions about the family's experience, including critical transitions in caring for the baby, self-descriptions of mothering and grandmothering, and the development of childcare routines. This phase raised numerous questions as narrative descriptions of family childcare and coping activities provided contrasts and similarities between whole cases and between differing perspectives of the young mother and family member. Recurring themes relating to family practices and relations were identified in this first phase and modified with successive readings.

2. The second stage of analysis involved an in-depth analysis of whole cases where I read more carefully for family relationships, history and traditions of parenting, self-described changes in understanding, and patterns of coping in order to flush out what appeared as significant themes in the text. Once I was satisfied that the themes captured major dimensions of the text, I reread each transcript, and using a word processing program, moved blocks of text under thematic headings with interpretive notes. This approach provided a means for condensing each case into a family interpretive profile complete with sufficient narrative text to make for easy retrieval during future analysis and writing.

Attention to specific cases during this stage lent itself to identifying paradigmatic cases of family practices in caring for mother and child. Paradigm

cases represent an important interpretive strategy since they point out strong instances of particular meanings or patterns which can then be recognized in similar but less vivid examples that instantiate similar patterns before it is clear what the salient similarities and differences are among cases (Benner, 1985).

Attention to the whole case allows a researcher to identify and describe meanings without objectifying the person or the situation as meaningful configurations residing within the case become clear.

3. Several initial false starts in writing, where I produced pale accounts shorn of the participants' background familiarity and world, led me to the crucial decision to present in great detail those family stories that instantiated paradigmatic forms of family involvement. This presentation strategy was best suited to capturing the diversity of the participants' worlds with the meanings and relations internal to their worlds kept intact. My early experience-distant account of their lives gave way to letting their voices and experience speak directly, revealing the highly textured conditions of possibility that persistently escape disengaged reasoning and writing.

That the writing process itself is an indispensable aspect of the interpretive method (Van Manen, 1990) was demonstrated anew, with each case, as the writing of each story forced me to grapple with interpretive questions regarding focus, organization, and editing of the original material. As I immersed myself in the writing of each case, the meanings, concerns, self-understandings implicit in the participants' projects as mother/grandparent became clarified and refined. For

example, in chapter 4, the meaning of survival became essential to understanding the family's experience, while the story presented in chapter 7 was eventually organized by the young mother's changes and threats to a new identity once it became clear that reconstructing a new identity around mothering had been the focus of her interviews. In the process of writing each case, I would "hear" and notice new distinctions and points of contrast and similarities that brought fresh insight to previously interpreted cases. Thus, each paradigm case and narrative cast new distinctions, patterns and questions on the other cases. Flushing out these distinctions more thoroughly inevitably required that I return to previously written chapters to revise again and again, as my understanding changed.

The scaffolding of each family story around the family's or teenager's focal concerns, purposes, identities and narrative themes made it possible to condense a large amount of text into a condensed family story. Other editing decisions were also required at this stage and were made with the dual concern that the writing remain faithful to the participants' situated understanding and that the stories be readable. With the first concern in mind, I made a firm decision to present the stories in the language of the participants with little editing, hoping to capture for the reader what I recall so vividly in first interviewing and then rereading the transcripts: the force and power of their stories that disclosed the social reality of their lives. Their language was at times dramatic, feisty, coarse, eloquent, chilling, timid or flat, and sometimes intended to amuse, correct or instruct. When a participant's voice was characteristically timorous and subdued, or feisty and

dramatic, her language ushered me into different worlds of personal experience, preserving the unity between language, emotions, meanings and one's engagement in the world. Therefore, I rarely changed participants' words into standard forms of written English although in a few instances I included my own words in brackets to clarify the meaning of their words. I deleted repetitious phrases (like the phrase "you know") only in instances where phrases were repeated numerous times and did not seem to elaborate the speaker's meaning. In the interest of space, I also condensed long excerpts by omitting phrases or sentences where they did not elaborate the main theme of that particular excerpt, always marking such deletions from the excerpt. [See Blauner (1987) and Devault (1990) for illuminating discussions on editing qualitative interview data]. In committing their stories to paper largely unedited, I also included my interview questions and comments so that the reader could follow the dialogue and evaluate how I shaped interviewee's responses as an active listener.

4. The interpretation and writing of the five paradigm cases brought additional lines of inquiry to the forefront for interpretation. These issues were incipient and therefore largely unarticulated in the fore-structure I brought to the study, but important distinctions in the young mothers' narratives forcefully declared themselves during the detailed analysis of specific cases. As I was confronted by exemplars in the text, as I gained feedback from those reading drafts of early chapters, and as I read other studies and texts, initially vague lines of inquiry became more explicit and open to interpretation. For example, analysis

of the case presented in chapter 7 raised many questions about the teenager's changing understanding of self and the formation of identity. This new line of inquiry brought a new perspective to the text that recommended new ways of hearing the teenager's stories and a return to the complete data set. In this new reading of the text, I again systematically searched for important similarities, contrasts and changes in self-understanding along with the turning points, obstacles, conflicts and resources for becoming the mother one wanted to be. As exemplars stood out in the text, I returned to the task of writing by laying out the qualitatively different meanings implicit in the stories. This interpretation appears in chapter 9. Chapter 10 evolved in the same circular manner as I focused on the practical and moral significance of community for shaping the teenage mother's transition to mothering.

Evaluating an Interpretive Study

The objectivity and detachment of positivistic science privileges formal, decontextualized knowledge at the expense of ordinary understanding that is experienced directly in daily activities. For example, researchers often conclude that teenagers face a cascade of negative consequences from early childbearing without validating such conclusions with teenage mothers to see if they understand their lives in this way, as restricted and foreclosed by mothering (Henderson, 1980). This example highlights the concern that the validity and rigor of interpretive study must be evaluated according to standards compatible with the nature of understanding rather than in accord with the correspondence theory of

truth which claims a reality independent of our lived experience. Since there are no external validity criteria from which to determine the "objective" truth of an interpretation, how, then, does one judge an interpretive study? Packer and Addison (1989) suggest four alternate approaches: (a) Does the account answer the concern that initially motivated the study? (b) Is the account plausible? (c) Does it fit or make sense of other material that we are aware of? (d) Does the interpretation have the power to change practice?

My initial concern was to disclose the social embeddedness of teenage mothering so as to show how their "room for maneuver" (a Heideggerian term that refers to what it makes sense to do in a particular situation, see Dreyfus, 1991, p. 190) is always context dependent. My intent was not to gloss over or romanticize the difficulties that young mothers face but to situate their difficulties and conflicts within the personal meanings, traditions, practices, resources and constraints of particular families and communities. A corollary interest was to discover what highly deterministic accounts of young mothering necessarily pass over--the possibilities and practices of commitment that some teenage mothers discover in becoming a mother. Ultimately, a convincing interpretation of teenage mothering makes sense of the ways that teenage mothers understand their experience.

An interpretation is only as good as the sensitivity of the researcher and her ability to engage in a dialogue with the text. Those about to read the following pages participate in the process of judging the extent to which the

following account does better justice to the lives of teenage mothers and their families than empirical-rational accounts which evaluate mothering activities strictly according to formal, evaluative criteria. As the reader enters the hermeneutic circle via the participants' stories and my interpretations, he or she is encouraged to consider how teenage mothering might be redefined in ways respectful of the meanings, obstacles, contradictions, options and possibilities that their stories disclose; how the practices of educators, social workers, and health workers might be more effectively shaped by their stories; and how their words may help to animate practices of commitment that "hear" mothers as participants worthy of membership rather than as subjects of a technological gaze and a paradigm of control.

Summary We can spin only what we hear, because we hear, as well as we hear (Daly, 1978, p. 424).

Interpretive research is an unusually supple yet disciplined approach that is ground in who we are as finite and historical beings with possibilities for understanding and misunderstanding ourselves and others. Since understanding always depends on context, an atemporal, acultural transcendent foundation for understanding is impossible to achieve. Interpretive researchers make no claim that a given interpretation produces knowledge that is certain or universal for the pretense of certainty and universality misconstrues who and what we are-- historical and social beings situated in the world. Although an interpretation is necessarily partial and relative, we are not left with absolute relativism where any one interpretation is as valid as any other. Rather, the meaning of the text can be

argued and contested showing some interpretations to be more persuasive than others. Finally, an interpretation is never final or complete but "is always open and anticipatory. We are always understanding and interpreting in light of our anticipatory prejudgments and prejudices, which are themselves changing in the course of history" (Bernstein, 1985, p. 139). That is to say that we can never break out of the hermeneutic circle by seeking a "privileged" stance from which to validate our interpretation, because understanding is always temporal and contextual. As Gadamer (1975) points out, we cannot escape our "horizon" of temporal understanding by resorting to the "myth of objectivity", but what we can achieve is a "fusion of horizons" where the claims of the text itself enlarge and enrich our initial understanding. This particular research project succeeds in broadening our understanding of teenage mothering to the extent that the following stories move us away from the language, distance and stigma of normalizing science and closer to a dialogue that hears and heeds their words. That, of course, has everything to do with how we "hear" them.

Chapter 4

Mothering in the Midst of Danger

(M)e and my sisters, we could have got turned out on drugs because it's coming at us every which way, you know, but we just chose another route. We didn't do nothing with our lives, but we also chose not to get off into drugs, you see....them the only two choices you have....I started going to bingo when I was 17 years old because that's where it stopped dead. I started going to bingo and that has been my life. Bingo. (Josie, 37 year old grandmother)

In this brief excerpt, Josie's words usher the reader into a world of limited possibilities, of constricted time, of pervasive danger. She tells the story of a family and community where girls and boys often reach adolescence without hope and without a future. Josie intimately knows the narrow possibilities of this world: she had her first child at age 17 and her daughter, Tamika, gave birth to Angel at age 15. Their family story illustrates the pattern of adversarial care as lived out in the midst of danger. I introduce Josie's narrative by describing the community that is home for five of the six African-American families who participated in this study, since in the words of Mair (cited in Howard, 1991, p. 127): "We are, each of us, locations where the stories of our place and time become partially tellable."

The Community Story

Driving to New City (population of 18,000) for my first interview, I was struck by how it is divided in two by the interstate freeway system. The significance of this fact became apparent when I learned more about the city's history and the ways in which the widening of the freeway in the 1950's

contributed to dramatic shifts in the city's ethnic composition (Burrowes, undated). Although Southern Blacks had been migrating to the area in the 1940's, the freeway's expansion contributed to an exodus of White families as white-owned businesses, located along both sides of the original highway, were forced to relocate. As Southern Blacks moved into the area, white families began to leave in substantial numbers so that by the late 1970's, the community had become predominantly Black. Today, the majority of African-American residents live in the eastern part of the city in apartment buildings or private homes. Whites comprise twenty percent of the population and tend to live on the west side of the freeway.

The 1960's gave rise to community help organizations with the influx of federal dollars for the "War on Poverty". The Civil Rights movement and the increased economic power of minority business leaders contributed to efforts to incorporate the city. In spite of bitter opposition by White absentee landlords, the city was finally incorporated in 1983. This initial success was followed a year later by rent freeze legislation which stopped absentee landlords from annexing their parcels of land to neighboring cities, where land values were higher.

Gaining a measure of political power has not dramatically altered the daily lives of the city's minority population; residents share the plight of minorities elsewhere with respect to higher rates of morbidity and mortality, increased unemployment, crime, and lack of access to quality education. Infant mortality and the number of low birth weight infants is twice that of the county at large

(Community Development Institute Report 83-1, 1983). Unemployment is high, in fact higher than official employment statistics document. Moreover, many employed people are underemployed. According to 1980 census figures, fifty-four percent of households have an income less than 15,000 dollars; the income of half of these is substantially less (under \$7,499).

The likelihood of graduating from high school is also bleak. One teenager, in showing me her eighth grade graduation picture, described how graduation from middle school is prized because so often it is the last the family will celebrate. 1980 census data document that 36% of adults over age 25 do not have a high school diploma.

When teenagers become pregnant, they can continue in regular high school or enroll at a School Age Mother Program. Babies attend the nursery annexed to the classroom until five months of age. At that point, unless there is a family member at home willing and able to care for the baby, teen mothers drop out of school. All five of the participating teen mothers attended a school-based program for young mothers; three had dropped out of school by the time the baby reached five months of age.

This city has the highest crime rate in the county; twenty-five percent of the adult male population are imprisoned at any one point in time. With only one exception, the young men involved with the teenage mothers were using or selling drugs; most had a criminal record. The only exception was a 21 year old boyfriend who worked full time and attended a community college. He also

expected to be sent to jail for possession of drugs when the borrowed car he was driving was stopped by the police and cocaine was found.

The pervasiveness of drugs, crime and poverty shows itself in boarded-up buildings, impenetrable-looking industrial-type fences surrounding some homes, and empty playgrounds off limit to children because they have become the site for drug deals and gang warfare. Prominently displayed hand-painted signs declaring "Summer is for chilling; Not for killing" or "Up with hope; Down with dope" are testimony to the danger of living in what has become an urban war-zone.

New City is an economically depressed area with limited commercial and industrial development, in stark contrast with the affluent and predominantly White surrounding communities. In spite of pervasive poverty, the city has a decidedly different climate from inner-city areas dominated by high-rise public housing complexes. Although little of the city's early farming history has survived, its small-town character persists. Although apartment buildings exist (they are concentrated on either side of the freeway and are relatively small in size), 60% of the population live in single family homes tucked away on small country lanes off the main thoroughfares. Large tracts of open land still exist but are threatened by commercial development. Voices opposing the kind of commercial development that fails to address community needs are engendering a much needed debate about the future character of the city (Burrowes, undated).

In spite of the threats of random violence and the impoverishment of many families, neighborhood life is by no means destitute. People know one another

from having long established ties to their homes, churches and neighborhoods. In every home I visited, patterns of visiting among neighbors and extended family were common, and children were watched over by neighbors. These connections have made it incumbent on some to take heroic stands to report drug deals or get crack houses condemned. The most impoverished families contend with the harshest realities in providing for children and safeguarding them from violence, as we see in the story of Josie and her family.

Family Background

In driving up to the family's home to meet them for the first time, I noticed the absence of a fence that might enclose or set the household apart, if only symbolically, from drugs and crime. As I was to learn later, this small detail was by no means irrelevant to understanding the family's relationship to the surrounding drug culture and violence. Upon knocking at the door, I was greeted by Josie and her daughter, Tamika. Over numerous visits, I was to meet many other members of this large extended family whose members reside in one of four households.

This particular household consists of 10 family members, including Josie's mother, her sister and her sister's nine-year old twin daughters, Josie, her three youngest children and granddaughter. Tamika, Josie's oldest daughter, gave birth to Josie's first grandchild, Angel, at age 15. Josie's nine year old daughter and six year old son live with her, while her oldest son, a 20 year old, lives with his girlfriend, but visits frequently with his baby, as do many other nieces, nephews,

aunts, boyfriends and fathers of children. For example, Angel's father is no **longer** Tamika's boyfriend, yet he visits frequently with Josie's boyfriend, since **they** are close friends. Josie's father also visits daily, even though he and Josie's **mother** divorced 20 years ago. In fact, when he had a heart attack a few years **back**, he moved back into the household to recuperate, cared for by his ex-wife **and** three daughters.

Understanding this household as a separate unit would misrepresent how **the** activities of family members are intimately intertwined amongst four **households**, much as Stack (1974) describes domestic networks in All Our Kin. In **analyzing** the patterns of domestic swapping and shared childcare arrangements **among** several households in the Black community she studied, Stack persuasively **demonstrates** the interdependence and cooperation of kin that gets covered over **when** families are judged according to the middle-class nuclear family ideal. As **many** have argued (Ladner, 1971, Stack, 1974, Valentine, 1978) the imposition of **social** science norms which derive from and uphold the middle-class family ideal **find** only deficiencies and pathology among minority and disadvantaged families. **The** very language of "disorganized" families and "broken homes" testifies to this **bias** and at the same time disavows the grim structural and material constraints of **living** in poverty.

Josie's family life testifies to the resilient webs of family obligation and **reciprocity**. People are afforded the means of survival by depending upon others **for** help with food, a place to live, assistance with childcare and fostering of a

child if a mother is unable to do so. Josie and her children have in fact lived in **different** households, sometimes with cousins, aunties, and once in another state **with** a niece's in-laws.

The domestic web shows itself in the family's daily visiting patterns.

Visiting occurs throughout the day and most often takes place (in this household) **in the** family den (which converts into sleeping quarters for Josie and her children **in the** evening). People gather here to learn about last night's Bingo, watch TV **or learn** the latest community news. As information is shared back and forth, **people** also learn about preparations being made for dinner in each household. **The** movement between households at dinner time is described below by Josie:

Gm: My auntie will pull up over here, and we'll say, "What you cooking for dinner?" She'll say, "I might go home and fry me some pork steaks." "Oh, that sounds good. I think I'll come over your house later on and eat some pork steaks." "Fine." If my brother or sister come over, "What you cooking?" "I ain't gonna cook tonight. I made a whole cake." "Well I'll come over and get me some of that then." Then I have an auntie who lives across the ramp and she cooks all the time and we go over there and eat. Just always happening like that.

Josie and her sister share the responsibility for cooking dinner in this **home**; they routinely cook very large meals since everyone is offered dinner who **happens** to drop by, which may easily comprise 20 people. Those who are known **to be** using drugs are offered a meal, although Josie's mother keeps them out of **the** kitchen for fear they may steal her dishes.

Sharing of information often consists of the grim details of drug-related **violence**. At one of my visits, several women and teenagers, with babies and

children playing in their midst, talked of the gang fight that occurred the previous **weekend**. At least one person had been fatally stabbed and several people **arrested**. This was the first but not the last story I was to hear of indiscriminate **shootings**, rapes and deaths from AIDS or drugs. On subsequent visits, I was also **to hear** of many serious brawls, most often waged by Josie and her sisters, over **men**. During the study, Josie's oldest son was kidnapped at gunpoint, and the **lives** of Tamika and Angel were seriously threatened at least once.

It is almost inconceivable that Josie could and would engage in a physical **fight**. Less than five feet tall and weighing no more than 86 pounds, her almost **fragile** appearance is quite at odds with her forceful presence. Her feisty manner **also** belies her serious health problems. Diagnosed with lupus two years ago, she **suffers** from arthritis and chronic anemia. Although lupus is probably most **responsible** for her serious health problems, she attributes her poor health to a **contaminated** blood transfusion received in 1978. Although for a while she feared **that** she might have AIDS, her blood tests have remained negative. However, she **remains** at high risk for contracting the virus because of unsafe sex practices with **men** known to use drugs.

Josie is an engaging storyteller. In lively conversation and with earnest **candor** she describes her life as a mother and grandmother. I am sometimes **surprised** by her candor although as she explains, she enjoys telling the story of **her** life to someone who doesn't already know about her problems. Part of her **flair** for storytelling comes from her survival-honed language and her unique way

of punctuating dramatic moments with the phrase "you see what I'm saying". She prides herself on her quick and caustic tongue as a deliberate means of surviving in the midst of danger. She's adept at intimidating "without using my fists.

Because I can take a word that somebody say to me and reverse it". However, she's not averse to fighting with her fists.

As a single mother, Josie has supported her children either on welfare or by working on low-paying assembly lines. Either way it's been a constant struggle to make ends meet. During the study, she received 900 dollars a month in welfare to support her family of five. (Upon the birth of her grandchild, her welfare check increased a minimal amount to support an additional child; in the state of California, teenage mothers who remain in the family residence are not eligible for a separate subsidy.) She gives some of this money to her mother to help with household expenses. Without a car, Josie inevitably ends up shopping at a corner store where groceries are more expensive and of poorer quality than in grocery chains located in surrounding communities. Supplying pencils for her younger children to take to school because of recent shortfalls in the school budget also figures into her expenses. Even if she is fortunate enough to pay her bills, there are inevitably unanticipated expenses including those resulting from scams, theft or late welfare checks. The most vivid example were the costs she incurred from buying a used car. Josie bought the car knowing that it needed a lot of repairs, but before she had the money to fix it, the battery was stolen. Then, without the funds to take the car to a reputable mechanic, she gave a

considerable amount of money to someone who made off with the money.

Inoperable, the car sat in the driveway for months.

Unanticipated expenses also include "loaning" cash (if one has it) knowing beforehand that it is unlikely to be returned, although such "favors" are returned when one is in a crunch oneself. Loaning and repaying are a common feature of one's obligations to the domestic network (Stack, 1974). For example, if Josie is short on cash before her next check arrives, she may ask her boyfriend or her son to give her money.

Once Tamika began receiving her own AFDC check (by claiming to have moved out of the household), Josie also began to rely on Tamika as a source of funds. To safeguard this source of funds, she watched Tamika carefully around the first and the fifteenth of each month (when welfare checks arrive) to prevent her from giving away her money to anyone in her social circle who asked for it. She is annoyed with Tamika for giving away her money without regard for her own responsibilities to her child and to her own mother. As a shrewd woman who sizes up situations of exploitation and manipulation, Josie berates Tamika for being a "fool" precisely because her daughter is so easily manipulated and exploited by those who have nothing to offer her in return. In Josie's estimation, Tamika is giving to those who are unlikely to feel obligated in return.

Sharing resources does not substantially increase family income, but it does allow one to get by from month to month. Josie's seeming nonchalance about money reflects the brute fact that she is always penniless by the end of the month.

Gm: Money ain't going to make me and it ain't going to break me, you know. I can't die with no money, so it ain't no big thing to have it. Cause once I have it, it's gone anyway."

Even if she was fortunate to have extra cash after paying bills, any surplus would be quickly redistributed among the domestic network, since someone is always in need. As Stack (1974) points out, "(w)hat is seen by some interpreters as disinterest in delayed gratification is actually a rational evaluation of need (p. 128)."

Josie, like other welfare-dependent families, harbors hopes that getting a job will provide a more adequate income to support her family and live independently:

Gm: Uh, I look at the point that right now I'm ready to work. I'm eager. I'm ready to work. This feeling don't last too long, you know. But right now I'm ready, I'm willing. And I say, "God if I get me a job right now and get off a welfare, that's what I want to do.

Hopes of getting ahead through employment have not been borne out with experience; previous low-paying jobs have not brought economic security or upward mobility. Moreover, she holds no illusions that unskilled work will provide any intrinsic satisfaction:

Gm: As far as me doing assembly, that bores me. I don't like nobody standing over me telling me, you know, how fast to do it, and what to do and stuff.

Given the boredom and degradation of unskilled labor, the value of work is strictly economic. Asked about the benefits and difficulties of working, she responds frankly: "the benefit I guess would be the money, and the problem was waiting all week to get it...."

During the study, Josie took a night job for a short time packaging photos in a photo lab. She quit after two months since she was required to lift 40 pound bags (she weighs 86 pounds) and because she could not adequately supervise her six year old son. This was the first job that seriously interfered with being a mother.

Gm: (I)t was just this last job that I couldn't deal with because I noticed something keep me from coming out of it to help my kids, doing homework and stuff, that bugs me, because my youngest was making a lot of mistakes, you know, in his homework and stuff. It wasn't getting corrected....He was going to school with lint in his hair, wasn't combing his hair, you know, and nothing like that. And I see him, I pass by him in the morning, and I see him going to school and I say, look at my child's hair.... All I could concentrate on was sleep. I didn't like it.

Josie contrasts the difficulties of being a single mother with the more positive experience she had of growing up in a two-parent family. As the youngest of three girls, she recalls how adult supervision was always available since her parents worked different shifts.

Gm: Oh, we was brought up very good, very well. We always had my mother and father in the home. And one was gone to work the other one stayed home with us. We was never, you know, left with two parents going to work at the same time.

In contrast to her father's sustained involvement in her life, Josie laments how men these days are unlikely to help in raising children:

Gm: I tried to stress to my kids. Anybody could be a daddy, but it takes a hell of a lot to be a father. Cause I got a father. My father's real good. He always taking care of us, even after him and my mom separated and divorced, he still kept us in his life. He didn't go and start a new family and forget about us.

She also evaluates her own upbringing positively since neither parent resorted to

physical punishment:

Gm: (E)verybody would describe their parents in the best way they could, you know, but for me, mine stand out because we never got whipped. My father didn't believe in whipping us. If he did, he take us in the room and beat the bed. My mom knew it. She was more the corporal punishment, you know--"Get in that room. Get out there and start doing yard work." But it was never, we never got whipped. And then if my mom's brothers or sisters, or even my dad's brothers or sisters whipped us, my dad just go berserk. He didn't believe in it. No one was allowed to whip his precious kids.

As Josie and her sisters were growing up, much of the family's life revolved around the Baptist church. At age 15, Josie grew tired of spending all her time at church away from school friends. Telling her parents that she was attending another church, she began spending weekends with friends. Away from the strict supervision of her parents and the church, she eventually became pregnant:

Gm: The day I got pregnant when I was 16, my childhood it stopped....I wasn't an adult when I had my babies, I was still a child. See what I'm saying? But I got pushed into that world because they figure since you're having a baby, you're considered an adult now, but you still had those teenage wants and needs, and I had those. I still wanted to run the streets, but I knew I couldn't because I had a baby. My parents were so strict on me, I knew I couldn't push my baby off on them and just run the streets.

Although she had help from kin in caring for her children, the ultimate responsibility was hers. In fact, Josie has had to take a very strong stand to raise her first two children. As she tells the story, she was urged by professionals to institutionalize her first-born child upon entering school because he was developmentally disabled and prone to violence.

Gm: My oldest son, he uh, he has dyslexia, and he has, they consider him severely mentally retarded, and my mother and I fought to keep him in the home. Because we felt that we could

help him more than putting him in an institution. And everybody in the house had a shift with him. From my dad, my mom, my two sisters, my auntie. Everybody had their own shift with him.

She concedes that coping with her first-born "was the hardest time I've had with my kids" but "if I had to trade it again, I think I would do it the same way."

Looking at a picture of a man and his son participating in Special Olympics prompts her to comment about her experience:

Gm: I tell anybody, if I had any money, my money would go to the Special Olympic. I'm sorry, that's where my money would go to....(My son) was in the Special Olympics quite a few times, and uh, I was looking at this man and I say, I know what he's going through. I've been there....That's the greatest thing that ever happened to me, you know, and I'm sure it is to him cause it's called "Dad's Dedication." Well, mine could have been a "Mom's Dedication" cause I hung in there with that boy, all the way to where he is today, right now I still hang in there with him.

Her oldest child's "drug problem" has overshadowed all other family difficulties, including the pregnancy of her daughter. When she first suspected that he was involved in drugs and confronted him about money missing from her purse, he denied it. Since that time, he has been imprisoned once for dealing.

Josie fears constantly that he will be killed on the street:

Gm: I wasn't proud of it that he was selling drugs, you know, but there's nothing I can do--that's his life....At first I felt in my heart, I felt bad because I couldn't stop it and I knew that he was somewhere I never been in his frame of mind--I know how he thinks, he cannot survive. Somebody would end up killing him.... Oh, it got to the point where I couldn't even sleep, eat, and then I had lost so much weight, and then I finally just, uh, just had to sit down and had a talk one day and accepted in my heart that I just have to accept it, you know. That this is the route he chose and I can't do nothing for it cause I'm not going to get out there and take no bullet for him. And I prayed to my God and He gave me my answer, and then at night I get into bed now and I sleep just as

hard, but as first I was jittery. Every time I hear the police, "Oh, God, that's (my son)" I get out and ride the streets, 3:00, 4:00 and when I'm getting out there....Riding, looking for him. Not knowing where I'm going, going all in drug infested areas, everywhere drugs hang out, I'm riding, looking.

I: And what were you hoping to do then?

Gm: Drag him home. Oh, he would have came with me, he would have came, he would a seen me, and he would have came. I knew that, but it just got to the point where I said, "Forget this." You know I got other kids to live for. I can't just live for one child....You know, you still worry. You still going to have that worry, but your heart is at ease cause you know there's nothing you can do about it. If it happens, you just have to accept it. And I'm willing to accept it.

Her second child, Tamika, has presented other challenges. When her son was five years old, Josie became pregnant "on her honeymoon--the biggest mistake of my life." She divorced her husband quickly, but his parents wanted custody of Tamika since she was "light-skinned". Without the financial resources to hire her own lawyer, the paternal grandparents were granted legal guardianship. With the help of legal assistance four years later, Josie was granted joint custody with the paternal grandparents. Josie shrewdly circumvented the joint custody arrangement by enrolling Tamika in a full-year preschool program (since she was to have custody during the school year). Having fought for and eventually won custody of her own child, she concedes that her relationship with her daughter has always been tenuous "because I didn't raise her."

For reasons described at greater length later, Josie declares that both of her older children are "lost, that they won't survive." In a grim unembittered fashion, she says:

Gm: There's no chance. They lost. They gone....It's just no remorse, it's no feeling, it's just, you know--you know they're lost. There's nothing that can be done about it.

Josie places greater hope for her younger children, but only if she is able to move away so as to avoid what her children are exposed to day after day:

Gm: I want to raise my two little ones [elsewhere] because I believe that, I see potential in them. I see something that--they can accomplish something, you see what I'm saying. Which they can't do it here because it's too many stumbles and too many obstacles for them to go around. Where in [another northwestern city] I see that [my daughter] is a straight A student....My son was walking around the other day talking about, he's 7 years old, walking around, a dope fiend laying in the street with a pipe in his mouth. You know, this is the kind of stuff you growing up with, right. Didn't I say, listen to this--how much is that doggie in the window--I say, you guys don't know nothing like that. You all walk around here talking--yeah, well, I F___ this, beaten this, humping this stuff. I say, oh, no, uh-uh. I just don't like it. You hear too much of this stuff on the radio about a dope fiend getting shot down or the broad was a dope fiend and she's stuffing dope but she's a whore, she's--I'm sick of it.

Her dreams for her children are shaped by the standards and possibilities available in her social world:

Gm: I want (my son and daughter) to grow up to be better kids. I mean, I don't want them to become just your average Black kid, you see what I'm saying? New City hasn't produced anything. Not nothing. You don't have no basketball players come from here, you don't have no football player, no nothing has been produced [here] to benefit anything. If it is, maybe it's a quiet airline stewardess....It's like uh, you hear most parents say, I'll move heaven and hell to get my kids out of here.

Josie does not subscribe to the widespread belief that people, on their own initiative, can overcome all the obstacles of living in poverty. Children are not only raised by their parents but by the wider social world including the schools, the media, peers, and the streets:

Gm: Anybody can be whatever they want to be, but you've got to have somebody back you. I'm backing my kids, but I need somebody backing me. You see what I'm saying? That we don't have down here. We don't have no relay races for the kids. We don't have no parade for the kids. We have to go out of town to do all that. And it's just not here. So why should I leave my kids here to suffer? See what I'm saying. They're not going to be nothing, they're not going to do nothing cause they see everybody else doing the same thing. It's like keeping up with the Jones'. Nobody's trying to get out. Nobody. So I figure I'll move my kids out.

Josie realizes that what is possible for her children is limited, not solely by personal limitations, but by the perverse situational constraints which corrupt aspirations and hope. Given this context, Josie has done her best; she has survived desperate situations. She will teach her children to survive. Hers is a story of survival.

Survival: "Only the Strong Survive"

Josie and her children must reckon daily with the adversity and violence that permeate their lives. She must reckon with trying to make ends meet and watching her children go hungry if she fails. She vividly recalls being stranded with her children in another northwestern city. Without any money and with little food, this experience serves as a marker of her tenacity:

Gm: It taught me that I can do anything that I want to do. I don't know about my kids but it taught me that I can do it. If I had to get out there and survive for my kids to make a living, I know I can do it. That's right. I know I'm going to do something to bring home something for my kids. I'm not going to stoop as low as sell this or sell my body. Nothing like that. But I'll get it some way.

As becomes even more apparent in other instances described below, Josie's self-understanding as a survivor offers her a coherent way of coping with

misfortune, a set of practices to avoid or confront the poverty and violence that permeate her life, and a way of judging her own and others' moral worth according to one's ability to survive. In a world where making ends meet is so capricious, where one's relationships can turn exploitive, one learns the set of practices and self-understandings that make it possible to survive. For example, in moving to another state in the hope of improving her family's life, she stayed temporarily with a niece's relatives. After spending her money to help pay for rent and food expenses, she was told that she would have to leave because they were expecting company. Without any money to make her way back home, she ended up shuffling her children between different shelters until the welfare department authorized travel funds to send the family back to California.

Gm: [It took sheer] guts. Because I was walking every day for a whole solid two weeks, I walked to the welfare office at 6:00 in the morning! In the snow! And in the rain! And in that cold... (B)ut that's where that mother instinct came in. Because I knew I had to do something for my kids. I couldn't stay there. I could have survived off the streets but they couldn't. I had to have a place for them to stay, you know, and something for them to eat.

Although the family eventually returned home, this critical incident in Josie's personal history reinforces the importance of teaching her children to survive:

Gm: Because once you been there, you say, "God that was really frightful cause I didn't know how I survived. I don't know how I let my kids go through it." But once they go through it, they'll say theyself, "God we had some hard times back in [that city]. Sometime my mama didn't even have cigarette money. You know, my mama didn't even have this for us." They know what it's like. It's hard on you and it's hard on them but it teaches them. It teaches them that they have to survive. We have to be strong to

survive out there. You have to.

An ethos of survival figures into how she conducts herself in social settings and how she appraises situations as threatening or non-threatening:

Gm: But it's the way you carry yourself. When I go to another--like if I go to a party in Oakland, I'm sayin, hey I'm going to Oakland womens, you know, I know how to carry myself against Oakland women. I got--I can't go up there and be tough, you know, I got to be, "Hi, my name is Josie, what's your name?" You know, cause I'm a likeable person, you see, and I'm not going to get into no hassle with nobody. I'm going to avoid it at all cost, you know, I'll probably even back down if somebody comes and say, "You know, I don't like yous giving eyes at my man." "Not me, I don't even know your man. I'm not even from here." See? I'm avoiding it at all costs. Now if I go up there with my sisters, and all my cousins, and I know, I know for a fact they're going to help me fight, there's no way I'm going to back down from whoever. I'm not going to back down.

Intimidation and manipulation is a taken-for-granted aspect of the social settings within which Josie moves. In some instances, depending on the setting, she may beguile or intimidate others in order to avoid a fight. But when the situation demands it, Josie is ready to fight.

Gm: My boyfriend, I busted him with another girl, and I mean, I was pissed and this girl is huge, and I called her all kind of names and tried to hit her and ran after her, and chased her down the stairs and kicked the door in--I mean, just an example, you know. Tamika stood there and watched. She said, "Mama, I'll help out." "I don't need no help, honey, I'm mad, I don't need no help. Ugh ugh. Let me fight my own battles."

Josie's physical fights are waged over men. Fights among teenage girls, who may wield weapons such as knives, erupt over men as well.

Gm: These girls are constantly fighting. Constantly fighting down here. I mean they'll fight over their mens down here, they'll kill over their mens down here.

In recounting an episode where Tamika was cornered by several teenage girls and sprayed with oven cleaner because of her involvement with a married man, Josie emphasizes that she avoids relationships with married men. She admonishes Tamika for doing so and warns her that she is setting herself up for being attacked in retribution. In Josie's estimation, Tamika does not know how to "carry herself"; she lacks the "common sense" to judge threats, avoid trouble, intimidate others or manipulate situations to her advantage. Moreover, she is chagrined that Tamika will not fight her own battles. In referring to her daughter, Josie remarks:

Gm: I get discouraged. Real fast. Because I look at it like this....she's not gonna be able to survive. She's NOT gonna be able to survive. Somebody gonna end up taking her life.

Josie is exasperated that her daughter is so unschooled in the set of practices necessary for survival. Where survival cannot be taken for granted and is achieved against all odds, it becomes the primary good against which one's worth is judged. For this very reason, Josie has high regard for the homeless because of their ability to survive the supreme test of living on the streets. Conversely, those who give up in despair, who surrender to drugs, or who do not learn how to "carry themselves", like her daughter, receive her disdain.

A particularly grave and potentially life-threatening episode that occurred during the study deepened Josie's contempt for her daughter. While Tamika and Angel were out riding with cousins, another teenager blocked the car's path and began a fight over stolen jewelry. When a knife was directed at Tamika, she got

out of the car and held the baby in front of her as a shield. One of the other teenagers was hurt, but not the infant or mother. Josie is extremely upset that her daughter did not have the "common sense" to put Angel down and then fight. Tamika is apparently also rebuked by her cousins for not fighting the girl. Josie proceeds to tell the story:

Gm: They [cousins] done cut Tamika aloof because they said Tamika was scary, so they stopped coming over here.

I: That Tamika was what?

Gm: Scary....Cause she didn't fight Candy (person who pulled the knife) that night when Candy was swinging at Angel. And...

I: You mean they thought she should?

Gm: Yeah. I felt she should have too because for the mere fact that I'm not going to let nobody walk up on me and I got my baby. Like I told Tamika, I say, "You could have put Angel down in the seat. I mean, you could have got out and started fighting that girl....Angel wasn't going to fall nowhere, she wasn't going to hurt herself'....That's what it all boiled down to. Tamika was using the baby as a shield....That's the reason why everybody don't want to hang around with her and I was pissed at her. Because I'm not going to take down one of my kids and put them in front of me and let nobody fight my kid.

Later in the interview I ask:

I: Ideally what should Tamika have done?

Gm: I think she should have put Angel down....(E)ven if she would have lost, she would have fought.

I: What if she'd been killed?

Gm: Naw, I don't think she would have, probably stabbed, but I don't think bad, you know.

I: No, but why is that? What is your sense of that?

Gm: No, it's not so--I think the girl was more like trying to scare her. See what I'm saying? Where she cut my cousin--I don't think she had no intentions of cutting--apparently she done called and want to be back friends with them. You see what I'm saying?....This girl that cut, that cut my cousin, she didn't really want to be no enemy of them. Now this other girl--the one they showed the picture of--she could possibly be a threat. You see what I'm saying? But the other girl, no, I don't see her as no threat because they be around with each other all the time.

I've quoted her at length to show all the distinctions that Josie makes about situations such as these. Fighting is so prominent in her social world, shaping expectations and norms of interaction, that she has a refined sense of the degree of danger and of people's motivations. For example, Josie judges Candy, the girl who pulled the knife on her daughter as a "nice girl":

Gm: She never treated me out of the way. I'm not going to come up on her and say, "Bitch, you did this to my grand baby." I'm going to approach her, "Candy, why did you swing your knife at Angel? She didn't have nothing to do with that." You know, I'm not going to approach her, you know, in a manner where I want to fight her. I'm not looking for no fight. I just want to tell her she don't come up on Tamika with the baby. That's it. Now if she want to go get her sister that's my age, fine. Then I deal with her sister.

I: Would she be likely to do that?

Gm: Oh, yeah, her sister was the one that gave her the knife. Yeah. But I got my back up. I got my sisters and my cousins, and we're not afraid of nobody.

Fighting is so pervasive that even babies are understood to be (and praised for being) fighters. Josie proudly tells me that her granddaughter has all the signs of being a good fighter because of the way she flails her arms and legs:

Gm: I mean anybody can fight [laughter]....I mean even a baby. You know, you try to do something against a baby against their will, they're going to fight you. You see what I'm saying? To let you

know that that's not what they want. Cause Angel, we play with her a lot of times and I say, "Fight, fight," and she get to throwing her hands up. You know, and that's just, that's part of the instinct....That's survival.

When I reveal to her that I've never personally fought, she is politely dubious and gives me the following advice: "You'd better learn. That's all."

A Family Tradition: "One Go Down, All Go Down"

As alluded to previously, fighting is a shared family tradition where sisters call upon one another to back each other up in a fight:

Gm: It's nothing but females in our family, and all of us is, we're real tight and we all believe in fighting, you know, one go down, all go down. And if they come and shoot up our house, then we will retaliate and we'll go over and shoot their house and we'll wait outside for them to come outside.

In describing the details of a major fight that occurred in the front yard, I learn that Josie's parents take different positions regarding their daughters' fighting. I also learn how the fence that originally surrounded their home was destroyed in the course of a brawl between two large families:

Gm: Well, my mother's the type person--like when we had that big family fight here--my mother was, "Oh, I don't need this. Oh, God, why are you guys fighting?" Cause it was my two sisters and me and two of my nieces and then it was her, the girl, her mother, two of her sisters and one of their cousins and then there was two of my cousins, there was about 7 of us fighting out there. It was about 6 or 7. We was evenly matched with the family we was fighting with. So it was, you know, I mean, we was seriously fighting too. That's why we don't have no fence cause we was fighting all over the fence and we broke the fence down, and so my mother said she wasn't going to put another fence up.

I: So your mom gets upset about the fighting?

Gm: Yeah. She just came in the house and shut the door and went

and got in her room.

I: Does it create hard feelings among other family members?

Gm: Nope because my dad he's like that: "God damn, kick them mother fuckin...." My dad's behind it. He's not like my mom. My mom would say, "You guys don't need to be fighting." Like the night the girl came and started shooting up our house, we went looking for her. My dad, "Ya all better find that b.; you better whoop her a." You know. My mother, "Ya'all don't need to be going out." And my dad is just the opposite, you know. Cause he's like that. Somebody pull up in the driveway, he try to, "Move that mother." Oh, God, he goes off. But that's how we was brought up. One fight, everybody fight. We never had a single fight in our life against anybody, me and my sisters.

I: You mean alone?

Gm: Never. I sneak off and have a fight, and then I tell my sisters the next day and they get out of school and I tell them I'll be at such and such a place and me and the girl are going to fight, they'll be there and then we all fight the girl.

Although gang warfare and fights among teenage girls are rampant, fighting is by no means universally accepted in the broader community. None of the other participating families provided similar stories of fighting. Below, Josie alludes to efforts by the community to prevent violence. Only time will tell if such efforts will meet with greater success than Josie's mother's pleading disparagement of her daughters' fighting.

Reframing Fighting: "Fight To Get Out Of Here"

Josie's personal story is coherent with the family's world and broader social setting. When survival is at stake, one does what the situation demands as one understands it to be. Given the surrounding violence and drugs, fighting becomes one possibility of responding to danger. A media campaign to prevent violence,

by reframing fighting as a way to leave the community, strikes a chord with Josie:

Gm: (L)ike they try to tell you to fight to get out of here. You know, to improve yourself. But in order for you to get to do that, you have to fight somebody. It was so much fighting down here before that they got on the t.v. and said "If you're going to fight," on the news, "fight to get out. Fight to improve," and all this stuff.

I: Yeah, you think that holds water?

Gm: I think that's right. Yeah, I think that's right. I mean why use your ability here? Is kids that I grew up with that's dead now. You see, from getting shot and killed and bad dope and stuff. And in other words, they could have been on the 49'ers, the A's, could have been anything that they wanted to be, you see what I'm saying? But they chose to stay here. Never. Anybody come from here would never amount to nothin unless you use your fighting to get out of here. That's the only kind of fighting. And that's what I--my two biggest ones might have not made it, but my two little ones are gonna make it, cause I'm getting out of here.

Survival is the preeminent issue of Josie's personal story. Fighting is both a community norm among some groups and a family tradition. The metaphor that reframes fighting as a way to improve one's circumstances is a powerful one precisely because it resonates with long-standing norms and practices. In the following sections, survival shapes temporality and the imperatives of mothering.

Temporality and a Prayer for Deliverance

When survival becomes the prevailing end, personal time does not cohere into an ongoing past, present and future. Rather time seems to have stopped, as Josie makes clear in the excerpt appearing at the beginning of this chapter and in the one that follows:

Gm: I can't see myself going forward. I can't see myself going backward. I'm just at a standstill. I'm not moving. I'm not doing anything. I don't know where I'm going but I know where I been.

While the past, with its series of hardships, is all too real for Josie, the future is obliterated by the real possibility of untimely death. When I ask, "What do you hope for tomorrow," she replies:

Gm: I can't.

I: You can't?

Gm: No. Cause I don't know if I'm going to--I never plan for tomorrow cause I don't know if I'm going to be alive or not. I hope, you know I can say, well, tomorrow I just hope I get up and be healthy enough to make it to the doctor. As far as me making plans, no. I plan to give my cousin a party in June, but like it's a plan, you know.

I: And you don't actually know if it'll be possible?

Gm: No, cause I never know if I'm going to be here the next day or not. I hope to be.

I: And what could happen that you wouldn't be here?

Gm: I could die in my sleep and get killed walking outside, go to the store, get shot, get stabbed, get robbed. Whatever. So I just don't plan.

When possibilities available in this life are so narrowed and circumstances seem so immutable, prospects for a better world are imagined only in the after life. The despair of living without a future becomes painfully palpable when she reads me her favorite passage from Revelations:

Gm: "With that I hear a loud voice from the throne saying, Look the tent of God is with mankind and he will reside with them. They will be his people and God himself shall be with them. And he will wipe out every tear from their eyes and there will be no more. Neither will mourning nor outcries nor pain be anymore." That's my favorite one. Meaning that one day, it's gonna be a new world. It's not gonna be no crime. It's not gonna be no drugs. It's gonna be a much much better place for everybody to live in. And sometime I

just can't wait for that one to come. Cause I'm tired of this one. I don't like this one.

The new world she imagines is not of this earth. But until death releases her, Josie's care for her children gives her life purpose and makes her persevere. In talking about how her life could have taken a totally different direction, Josie remarks:

Gm: You know how young people get caught up in going on to drugs and just going out there and never coming back and just forget about everything?

I: And that happened to you?

Gm: Never happened to me. I had that chance but I've lived a life of a, of a big dope dealer's girlfriend in Hollywood--I could have been living in a penthouse....I might have been strung out by now, but I knew I was stronger than that because--goes back to my kids. See what I'm saying? I just thought about it and said, No, I wouldn't want my kids to look at me and say, you know, to their friends, their friends saying, "Your mama's a dope fiend, or your mama ain't nothing but a whore." You know, cause if the shoe fits, you got to wear it. And I didn't want that shoe on me. So.

Josie's relationships with her children have created demands and requirements amidst a very deprived social horizon for mothering. Mothers living on the margins of survival push up against the contradictions of caring for their children in the absence of a collective commitment to the well-being of children. No matter how tenacious or resourceful an individual mother may be, personal initiative cannot surmount the shortfalls in the school budget or make amends for the lack of access to good health care or an adequate standard of living. Where real options are severely constrained, where public institutions upon which low-income mothers depend are largely intrusive and unresponsive (Dill, Feld, Martin,

Beukema & Belle, 1980), mothers encounter the absolute limits of ceaselessly coping with situations that defy personal control and resist individual solution. The severe constraints of the situation on individual action inevitably make mothering burdensome and care unreliable with grave repercussions for the physical and mental health of mothers and their children.

In the next several excerpts, Josie's wistful dialogue of yearning to be free of the incessant worries and demands that mothering imposes on her life highlights the claim her children have on her. Mothering provides the ground for understanding her life, for making decisions, for evaluating what is important within the possibilities and constraints of the family and social worlds she inhabits:

Gm: See, cause even though I'm out all the time, I'm constantly reminding myself, "Hey, you got kids. You know, you can't just run off with this man at night and spend the rest of your life with him. You got to think about your kids at home." So.

The demands of caring for her children and grandchild suffuse other relationships and activities so that there is little social space for much else. Lecturing Tamika about having a life separate from mothering only serves to highlight how much of her life is absorbed in mothering:

Gm: Tamika, I got a life. Even though you may not think I have one, I do have a life. I likes to go to bingo. Some nights I just want to sit down by myself and just look at TV, which is hard to do because M (youngest son) or D (youngest daughter), one of them's going to sit in my lap. So I say, some nights I just want to be me. If I feel like I want to have a nervous breakdown, it's all me. Let me have it. Do not put no baby in my arm...and don't sneak Angel in my bed tonight, Tamika.

Becoming a mother at age 17 "robbed me of my childhood". With the

demands of caring for four children, she describes the next twenty years of her life as temporally constricted:

Gm: Like being in a fog, being a mother. If anybody asked me say, "What did you do after you had your kids?" "Nothing, been a mother." That's it. I can't remember. I can't remember nothing happen, nothing good, or and then I kept having kids, kids, kids." Without the threat of having another baby once her tubes were tied at age

30, she began to anticipate having "a life of my own", where she imagines...

Gm: I could just be myself. Yeah. That's all I want. That's all I ask my kids for. Even if I go to Reno, I'm calling back here. "What are you guys doing?....And then the next day, it's right back again. "Hi, how are you all doing?" "When you coming home, mama?" "I'll be there tomorrow." You know....I'm still worried cause I left my kids here.

She continues:

Gm: I'm happy where I'm at cause I'm gambling. But on the other hand, in the back of my mind, I'm saying, you still got kids home so you can't spend too much of your money here. You can't get broke here....And one of these days, when they get grown and everything, I can go to Reno and lose every dime that I got.... But it's just that as long as you're a mother, you always got that worry. I gotta be sure I got enough food when I get back home. Gotta stretch that until I get my next check. You know.

When I ask, "Why not just walk out the door?" she responds:

Gm: A lot of mothers have. They just say, forget it. And they leave that family behind and that tells you right there that it can be done. But I wasn't brought up like that. Ugh ugh. Nope. Wish I was though. Cause I thought about it many a days. I've told them kids, I say, "You're all gonna walk out the door and see my suitcase. I'm gonna be gone." But then I get thinking, naw, I can't leave. With my luck, they probably find me. [laughter] Something like that. That's what I been thinking. They probably come to the corner and walk right behind me. "Mama did you pack our clothes in there. Are we going with you?"

In spite of radically different life circumstances, Josie identifies with a

middle-class mother relaxing from the day-long hassles of caring for children:

Gm: You see that commercial where that lady's in the bathtub, she say, "Finally I got the kids asleep, my husband's at work." She get to be herself. Because all day is like you're masquerading, you walking around here in disguise because you're a mother. At night time you can just take that disguise off. Like when I told myself, I've had kids home so long. When (youngest son) get in kindergarten, the first thing I'm gonna do is walk butt naked in my house and I did. The day he went to school, I walked him to school, I signed him up, I went in his classroom with him, I came home, I stripped off all my clothes, I said, "Wooo. Freedom. FREEdom." And that's just how I felt.

She wistfully dreams of the time that her youngest child turns 18 because "they have their own life and leave mines alone."

Gm: I told my sister, "When he turn 18, we going out. We gonna have a master blaster of a party. We gonna party cause I'm saying, Free at last. Free at last again."

Her dreams of being on her own, without her children, making up for the "lost time" of her teenage years, are contradicted by her current involvement in her older children's lives. Her oldest son returns "like a bad dream. He don't never go away from me." And although she refutes that her grandchild will complicate her plans to be free of childcare responsibilities, I am not as confident as she professes to be, that her life will be free of the perils and burdens of mothering. Given the family tradition of depending upon others, of returning home when unable to support one's family independently, she and her children are likely to remain interdependent for their mutual survival for years to come. It is here that the mainstream cultural promise of freedom to do what one wants, independent of ties and commitments, conflicts with her sense of kinship and

obligation to stand up for one another in a context rife with constraints and impossibilities.

Imperatives of Mothering Amidst Danger

Within the material and social constraints of Josie's world, the imperatives of mothering are incommensurable with those of the middle-class mother relaxing in her bath tub. Young children require protection from the hazards of the streets, but inevitably they must become street-wise, learning to judge danger, to manipulate situations and to defend themselves physically. Although formal education is deemed important for her children, the knowledge essential for survival comes from practical dealings in the world, "listening and learning, just out in the streets."

In addition to teaching her children to be street-wise, Josie also takes an active interest in her younger children's school and special activities:

Gm: I think to me, I'm a real good mother. I'm not a good listener for my kids but I'm a good participator. My daughter dances...and I try to go to all of her plays and dances. And kids graduate, I go to all their graduation. My youngest, he might be reciting a poem at school and I go to that. And if they have something, I always donate. Sometime I go on field trips with em. You know, it's just, I did it with all my kids. All four of em. I never made an example of not going to nothing they had. I go to everything they have if I can manage to go. Even if I'm sick, I still drag myself up and go.

I: Why is it so important that you go?

Gm: Well one thing, my kids like seeing my face out in the audience. You know, at least they know they got somebody there cheering em on....My daughter, she received 5 awards last year. And it was just me, my sister and my niece. And we hollered so loud that you'd swear, it was my whole family there....It was just like, we're there for her. It's very important being a parent, a mother

that is. Cause I've raised all my kids by myself. I never asked any of their fathers for nothin. I don't even intend to start now and I hope they follow the same rule.

Here we see that her children are also learning norms for social interaction between men and women, mothers and fathers. Although Josie's father was a good father, Josie's repeated disdain for men as fathers makes sense of the deteriorating prospects for African-American men in this society (see Farber, 1990; Wilson, 1987).

Josie is a strong authority in the lives of her older children. "Staying on 'em" involves supervising her daughter's care of her grandchild and demanding that her son enroll in a drug treatment program.

Imperatives of Grandmothering

In this family, grandmothering is complicated by shifting relationships between Josie, Tamika and Angel. Josie vacillates between moving towards and away from the baby during the first year in response to Tamika's level of engagement and competence with the baby, even though initially, Josie cared almost exclusively for Angel:

Gm: Now, I used to break my neck, I used to keep Angel 24/7. That's 24 hours a day, 7 days a week....Tamika sleep, I keep the baby. You know, I'm up with the baby all time of night. It got to the point where Angel was used to my scent instead of Tamika's scent. Then I got thinking, I said, "I raised four babies. I'm not going to raise my grandchild." So I started telling Tamika, "This is your baby, you start doing for her."

Josie began deliberately caring for Angel less while demanding that her daughter become more involved. Within a month, however, Tamika asked her to

"just take Angel cause she didn't want her."

Gm: So I told her, I said, "No." That's the case, you might as well take her and throw her out the window. You should never laid down (had sex) then. You know, and in my heart it was saying, you know you want this baby, but my mind is telling me, no. She's a mother, she had it, you have to be strong and make her see that she has to learn responsibility. For the first night I wouldn't bother her. I took care of Angel all night. I got up with Angel all during the night when Angel wake up. Tamika got up that morning and I fed her, I changed her. Finally the next day, Tamika finally came around. She started playing with her. You know, I didn't push her. I didn't push her and say, "Here, this your baby, you gonna take care of her." The next day Tamika got up...she came in and she said, "I'll take her." And I said, "Oh, okay, then." And she took her and she did good. I didn't push her. I didn't push her.

When Tamika's involvement with Angel was short-lived, Josie began to demand that she care for Angel. Not only were Josie's health problems worsening, but Tamika was not doing anything to better her own life:

Gm: ...like if I knew Tamika was doing something constructive, I'd watch Angel all the time. You see what I'm saying? But I never had it that easy for me when I was raising my kids....No. It didn't work like that, and I'm getting to the point where it's not going to work like that for me no more either. While Tamika runs the streets not doing nothin, she's going to take her baby and run the streets with her.

In Josie's own experience, becoming a mother forced her to become responsible even when she did not want to be. She therefore hopes that caring for Angel "will put stability in Tamika's life". Unfortunately, she has seen little evidence of this. And in any case, she is genuinely solicited by Angel.

Gm: I was telling my boyfriend, I said, "I have so much fun with her when Tamika's not around. But when Tamika's here, I don't play with her as much because I want Tamika to be a good mother to her....So I kind of like try to avoid her a lot. But my greatest joy is being with her by myself.

After firmly declaring that "Tamika is her dealing, not mines," I ask if there are ever situations where she feels drawn to take over.

Gm: Oh, yes, I find myself doing it a lot of time, then I draw back.

I: Is there a recent time that that's happened?

Gm: Yeah, like she's been sick and last night I came in here and got her off the couch and I changed her diaper and played with her for a while. She's not in a playful mood now, but I got a little play out of her and we sit and watch t.v., then I put her to sleep. But she didn't wake up until this morning, but I had to get up in the middle of the night to check her to make sure she was all right. Yeah, I always do that. I always check her at night.

When I respond, "It's not as clear as you make it sound," she replies, "I fail myself...because I'm so used to her. You know, she's like--I tell everybody, she's my baby. She's not Tamika's baby." The question and struggle over "Whose baby is this?" reappears in Tamika's story below.

Tamika's Story: "A Wild Person"

One of Josie's final comments emphasized how both of us were deeply engaged--she as narrator and I as listener--in weaving her story together: "You got to know me through my story, and I got to know you through your listening to me". Regrettably, I did not get to know Tamika through her story nearly as well. I often left our interviews feeling discouraged that my questions were off the mark and failed to engage her in a conversation. Not that she didn't try. She continued to meet with me although she became less engaged with each subsequent interview. It certainly did not help that Tamika was feeling less well over the course of the study; she was diagnosed with lupus soon after my last visit.

Whereas other teens eventually treated me like a confidante, sharing details about their lives in a lively conversation, Tamika was fairly sullen and deferential throughout interviews. She briefly wept near the end of the first interview when she described herself as "a wild person". In subsequent interviews, she seemed even more remote and depressed. I often left the interviews feeling tremendously saddened by her existential despair--a wild person bereft of place and care--and disheartened by my own inability to help her, in the interviews, to find her voice and tell her story.

Tamika described herself as wanting to have a baby from the time she was 10 or 11. She was happy when her first pregnancy was confirmed at age 15, believing it would keep her and her boyfriend together. After splitting up with her boyfriend, she still looked forward to having a baby: "I guess cause all my cousins had babies and I was the only one really that didn't have one, so when I had one I was glad I had one, too."

As an expected rite of passage among her peer group, having a baby bestows the positive status of becoming a woman where other routes to adulthood are severely constricted by the lack of economic and educational opportunities (Jones et al., 1985; Ladner, 1971; Sandven & Resnick, 1990). Socialized to bear children young, motherhood is not only developmentally appropriate within their subculture but for some provides a "strong situation" that contributes to maturity and responsibility (Gabriel & McAnarney, 1983; Williams, 1991). As Tamika implies below during her first interview, and as we witness in other teen's stories,

the practices of mothering can potentially reorganize one's life:

I: How has being a mother changed how you think about your life?

M: I didn't care at first.

I: You didn't care about what?

M: My life. What I did, but now I care because uh, I guess cause of Angel.

Her words bespeak her existential despair: nothing mattered to her prior to becoming a mother. When asked how being a mother has changed her, she replies,

M: Uh, I'm not the same little wild person I was. Always hanging out, running here, running there. Uh, drinking, uh, I'm just not that person any more.

Her self-description as "a wild person" poignantly captures the lack of stable and meaningful connections in her life. Bereft of membership in a benevolent community, she is without a place, unknown and wild. Recall that her connections to both mother and father were severed by paternal grandparents who raised her for her first four years. When she finally returned to live with her mother, Josie's frequent moves made it impossible to develop a sense of place and connection. Never completing one year in the same school, she dropped out with sixth grade level skills. (She enrolled in a school-based program briefly during her pregnancy.) Uprooted repeatedly during her childhood, she is concerned that her daughter have a place that is stable and familiar:

M: Angel's gonna be in one place so she can be there with those friends....I want her to be brought up in that one place. If I move, I'm gonna wait to move. Like if I'm gonna--I don't know how I'm

trying to say, I'm just saying I'm not gonna move Angel from here to there, from here to there because uh, that's how I was brought up.

Tamika continues, noting the ways she wants to be similar and different from her mother in raising Angel. Below, she stresses the importance of parental guidance and authority which was unavailable to her:

M: Uh, well I want to stay home with my baby...like my ma stayed home with us, but I'm not going to raise Angel the way my mom raised us. Like my mom let us go where we wanted, we stayed gone how long we wanted and Angel's not gonna be like that. Angel's gonna do what I tell her to do. She's gonna come home when I tell her to come home. She's gonna go to school. I just, uh, she's gonna be different.

Here Tamika takes up the classic cultural narrative of making up for one's deprivations in being mothered or cared for. In order to spare Angel the anguish she faces as "a wild person", she wants to give Angel "better home training":

M: If I wasn't running wild I probably would have never had a baby and Angel's not gonna have a baby this young. A child needs uh, discipline, it really needs discipline. Cause I look at my cousin's kids and they're just running wild and Angel's not gonna be like that at all. Kids just need discipline.

However, based on my observations of Tamika with Angel, her discipline is likely to be harsh, punitive and based on an ethic of control.

The tragedy of Tamika's story is that the identity of "a wild person" makes sense of her social world. Before the baby, she would run off for weeks or months at a time when her mother "got on her case", staying mostly with grandparents or aunties. Given her history and the social landscape of violence and exploitive relationships, it is difficult for Tamika to create a reliable and safe world for herself or her child. This is not a lack of will but an articulation of the

contradictions and impossibilities of her social world. Although she no longer runs off for weeks on end, she admits she does things that she should not do with Angel.

M: Huh-huh, cause I was used to doing what I wanted to do. Staying gone how long I wanted to, being where I wanted, but it's now certain places that I want to go, I can't take her to those certain places, so I can't go unless I go, I have a limitation of how long I can stay.

I: If you leave her here?

M: Yeah. Or even if I take her to certain places, I can only stay for so long because the places I be at, she shouldn't be there at all but I take her because I'm there, and I don't want to hear my mom's mouth about babysitting so I take her.

Her account of altering her life to become the good mother that stays home with her baby (her terms for a good mother) is a contradictory story expressing the existential conflict between being a "wild person" and being a mother. Tamika concedes that she is:

M: ...always going back to it (the way she led her life before the baby was born). Yeah. Like I used to tell my mom, I'll go a certain place--well I meant to go to that certain place and then I wouldn't come back for the next day and then my mom would be mad. "You got a baby, you can't be staying out all night."

Her best intentions are always thwarted by the limits of her world, a world inhospitable for children:

M: I'm gonna have to change a lot of things I do, but even the things that I do doesn't affect Angel...cause uh, I'm just going to pressure Angel with things I want her to do. She's going to do things regardless of how I'm living and where I'm living.

Although having a baby has led Tamika to reconsider what matters in her

life, her actions unfortunately repeat the very behavior that she deplores in her cousins, putting Angels' welfare at great risk. Although she believes she should change, her harrowing behavior on the streets gives little indication that she has the know-how or experience-based imagination to weave an identity more congruent with her visions of being a good mother.

Other authors (Musick, 1990) explain the deficits of adolescent mothers in individualistic terms as though actions, feelings and thoughts are located strictly in the self. This position fails to recognize how courses of action, emotions and thoughts are always situated and dependent upon the stories and practices available in one's family and identity-forming communities (Bruner, 1987; Cohler, 1982; Howard, 1991). To that end, I argue below that the situational constraints are so pervasive that little social space exists for Tamika to act in ways other than as "a wild person". Tamika's family traditions and the practices of her identity-forming community offer little room for elaborating an alternative story and a set of practices consistent with becoming the mother she wants to be (i.e who stays home to care for her baby). In spite of her expressed desire to change, the pull to act as a "wild person", with its governing constellation of concerns and practices, overtakes the contradictory desire to stay home and care for her child, particularly given the mother-daughter power struggle that arises in caring for Angel.

For these reasons, mothering is not a practice Tamika derives pleasure from. Unlike other teens who recounted several pleasurable episodes in being a mother, Tamika cites only one during the four month study period--seeing Angel

open her Christmas presents. But even her description of Christmas morning shows no genuine delight and is colored by the jealousy she felt at receiving fewer presents than her baby. Unlike other teens, she tells no stories recounting the pleasure of hearing the baby's first words or seeing Angel take her first steps.

During my visits, Tamika's interaction with Angel was negative, brusque and often directed to get Angel to be less demanding so that whatever Tamika was doing would not be interrupted. For example, during one interview, Tamika held Angel on her lap, facing her chest. In response to almost any movement or sound made by Angel, Tamika hushed her in an irritated voice and ordered her not to move. The following excerpt corroborates how very little she is solicited by Angel:

I: Is there any particular time of the day that you enjoy being with her?

M: Before she go to bed.

I: Tell me what you enjoy.

M: We just play.

I: Ok. How would you play with her before she goes to bed?

M: Everybody comes in and plays with her. Like if I'm playing with her, somebody else will come and take her and they'll play with her.

Tamika's lack of engagement with Angel is in stark contrast with the delight that Josie experiences with her grandchild. Josie evaluates her daughter as a bad mother for many reasons, including her lack of attentiveness:

Gm: She don't show her no attention. You know like most parents coo and goo and Angel plays in my face and hits me and beats on

me and bites me and slobbers on me and booboo on me and snots on me. Tamika can't stand..."Get off me. Get up. Don't get that stuff on me." That's a baby. You don't do that to no baby. They don't know what they're doing.

Repeatedly in her coping stories, Angel shows up as an impediment and a nuisance to Tamika's plans and desires. When the baby spiked a fever several days after antibiotics were prescribed for an ear infection, Josie demanded that Tamika take Angel to the emergency room. Tamika resisted:

M: I didn't really want to take her cause it was a Saturday night [nervous laughter] and everybody was hanging out and I wanted to go hang out. But I just went ahead and took her.

Although a "stronger" medicine was prescribed, Tamika remained angry at her mother because taking Angel to the ER interfered with her plans. She describes what Angel interferes with:

M: Just to always make plans and then sometimes I have to cancel plans--cause like my friends don't come, you know, through at a early time. And I can't be taking Angel out late at night. And I'll be going to hear my mom's mouth when I ask my mom to watch her. I should stay home.

M: It makes me mad [hearing my mom's mouth]. "You need to stay home more often. Your baby's sick and you still runnin' the streets."

I: So it's kind of with this tone of...

M: Nastiness. "You need to stay home more often. Baby's sick and you're out running the streets."

In light of the fact that a friend was shot on the streets that very night, she says:

M: Really I ain't missing nothin cause there be too much goin' on. So I haven't really been mad that I had to stay in the house cause I ain't really been missin nothin.

I: What do you mean, too much has been goin' on?

M: [Nervous laughter] Like shooting and stuff. It's too bad out there.

Her flagrant disregard for Angel's welfare is especially conspicuous in her "runnin' the streets". Here is Tamika's account of the fight where Angel was allegedly used as a shield:

M: [My cousin] just jumped out of the car, the girl cut her head and then she--the other girl that had the knife--she jumped in the car and was swinging it at me and my other cousin. By that time, um I got out cause I was supposed to fight her. And my cousin got out, cause she...

I: You got out why?

M: Cause I was supposed to fight her. She almost cut me and my baby. So my cousin jumped out but my cousin was fighting her instead. Cause my cousin had her baby in the car too. And um after that, I just really said, this is the end. I got to keep my baby off the streets.

I: So you didn't actually get hurt. What kind of thoughts were going through your mind as this was happening?

M: Boy, my mama gonna really go off. When I take my baby home.

As in this story and others, Tamika's concern for how mad her mother will be reflects not only Tamika's lack of engagement with her child but the protracted struggle over "whose baby is this?" that in turn prefigures and reinforces her lack of engagement.

Whose Baby is This?

The hardest part of being a mother for Tamika is "my mom always jumping in and tell me what to do."

M: She always jumps in, every day, all day about every little thing. Do this, don't do that. Angel need to do this, she need to do that. Like she is MY baby.

The question of "whose baby is this?" grows out of a relational history where parental responsiveness and authority was either lacking or arbitrary for Tamika during her childhood. Josie's new authoritative movements, compelled by the need to protect her grandchild, have no claim on Tamika because her mother's involvement feels hostile, constant and disabling, literally pushing her away.

I: How is that for somebody to be giving advice to you all the time when it's your baby.

M: I don't want the advice. I want to do it the way I want to do it. And I don't want her advice. If I want it, I'll ask for it. That's why I'm gonna move so I don't have to hear this because...

I: So how does it make you feel when you hear that?

M: Why don't she just butt out? I be wanting to tell her but I don't want to hurt her feelings.

I: So what do you do?

M: Just get my baby and leave. So I don't have to cuss her out because I will end up telling her somethin' real bad.

I: So you save yourself from doing that?

M: Huh-huh.

I: And how often would that happen?

M: Every day, but if she goes, she does it about 6 or 7 times a day, and other times I'll just get up off the room she's in, but if it goes too far, I'll just get my baby's stuff and leave.

I: And go where?

M: One of my cousin's house and stay the night, or stay a couple hours and then she'll come over--"Time to come home. Bring the baby home."

I ask about how it was different before she had the baby.

M: Well, [yawn] she gave me pretty much, but not as much, but I did what I wanted to do.

I: You did?

M: But now--I still do what I want to do, but it's just that Angel's here now, and that she has to give that, I guess, that advice for Angel, but I wish she'd just butt out sometimes....But before she'd tell me that and I'd just pack my stuff and stay gone for 2 or 3 weeks and wouldn't come back....For me running off, that's real common. But I can't run off, I think about it a lot but I can't because Angel.

Childcare practices in intergenerational Black families traditionally support the authority of grandmothers in the lives of their grandchildren (Burton, 1990; Ladner, 1971; Sandven & Resnick, 1990; Stack, 1974). In some families, the first child is simply raised by the grandmother or other family members. The twist in this particular family story is that Tamika can neither fully relinquish her role as mother nor act as a mother, so long as her relationship to Angel feels coerced by Josie in the absence of a strong mother-daughter bond.

Recall that Josie was only too happy in the early months to act as Angel's mother and only insisted that Tamika become involved on the advice of her family. Moreover, caring for her grandchild allows Josie the chance to experience what she missed with Tamika:

Gm: I enjoy Angel because uh, I missed a lot of Tamika's growing up years, and to me Angel brings back that. Me and Tamika doesn't have a real tight relationship because Tamika was taken

away from me until she was 4...

And as described earlier, Josie knows Angel and is solicited by her. Josie's open condescension and contempt for Tamika create a wedge that only deepens Tamika's ambivalence and resentment. From Tamika's perspective, her mother's admonishments are a hindrance rather than a help; constant and "nasty" in tone, they push Tamika into the very peer activities on the street that Josie rails against. Josie's coercive activities--to make her daughter become responsible and have a "special bondness" to her child--sustain the opposite result--a breakdown in Tamika's relationship to Angel. Within the interpersonal movements of mother and daughter, mothering as a shared practice is foreclosed.

The following incident vividly shows how Tamika is subverted as a mother. I was present one day when Tamika called home on the phone. Josie held the mouth-piece for Angel and told her to say, "How you doin', bitch?". Josie was humored but Tamika (and I) were deeply offended that Angel would be used so overtly as an instrument for Josie's contempt. Angel in effect becomes the battleground for the mother-daughter conflict, failure and disconnectedness.

This demonstrates that mothering is constituted differently by different family and social situations. In this particular family, personal histories, life circumstances, health problems, family relations and the lack of alternative stories in their identity-forming community coalesce to derail the young mother's project of caring for the child. With little room in her world to act as a mother, caring for Angel has become an external demand imposed by her own mother rather

than a project directed by the moral claim of the baby. Experienced as an external demand, being a mother for Tamika interferes with "runnin' the streets":

I: What do you like most about being a mother?

M: Spending time with my baby.

I: And what do you like least?

M: [Pause] The way she came and changed my life....Not being able to do the things that I want to do, the things I used to do.

For Tamika, mothering is not a practice that sets up meaning, identity, story, connection, or future. Like many other aspects of her life, mothering is another disappointment, another burden. Who, then, will care for Angel? Who will know her and honor her before she too must be risked to, and learn to survive in, the wider world? Josie offers these last discomfoting words:

Gm: Like I told Tamika, Angel will get raised. Even if she got to raise herself. She will get raised.

I: What do you mean?

Gm: Well, she's only 10 months now. If I'm not around, she will raise herself because with me being here, I stays on Tamika to raise her. But Angel's smart and she see that Tamika's not paying her no attention whatsoever....(I)n the future you just wait, you contact them five years later, and you see who's raising who. So Angel will be raising herself.

I: Unless she continues to stay around...

G: With me.

I: Cause then...

Gm: I watches over, I oversees her. I make sure she eats, she's fed, she's changed you know.

Conclusion

The phenomenological underpinnings of this study assume that human beings and their activities are neither predestined or necessary. Nor are human beings open to the unlimited possibility of radically creating an identity and choosing thoughts, feelings and actions from the ground up, irrespective of their surroundings. Possibilities are always situated within the set of available practices and meanings of a given historical time and a given place.

Tamika lacks many concrete possibilities. She is a child-woman of her time and place. She is a child of violence and danger, of despondency and despair, consigned to a savage world where becoming a wild person is itself an attempt to cope with and survive the chaos. She is a black child prized and seized for her light brown skin color in a world where skin color pervades and corrupts familial and social relations. She came as a stranger at four years of age to a mother already preoccupied with coping with her disabled son without the benefit of community resources, and constantly besieged without money or partner to make anything but a tortuous way for her children. No luxury, no slack, no comfort. The family legacy of hopelessness and survival has become Tamika's future.

Tamika's story of "a wild person" and Josie's practices and stories of surviving in the midst of danger are intimately related and constrained by the wider social world. In the end, after years of growing up with violence and having been failed by schools, social welfare and health care institutions, many children

inevitably succumb, are lost. Langston Hughes' (1951) poem, "Dream Deferred," captures what it means to live on the outside, without hope:

What happens to a dream deferred?

Does it dry up
like a raisin in the sun?
Or fester like a sore--
And then run?
Does it stink like rotten meat?
Or crust and sugar over--
like a syrupy sweet?

Maybe it just sags
like a heavy load.

Or does it explode?

The reader would be mistaken to conclude that Josie's and Tamika's stories are representative of the practices of teenage mothers and their families, as the following stories will show. But where young children are denied a future, where one day follows the next in interminable fashion, the press to have a baby--to keep a boyfriend or have someone to love--represents the hope for a future where none exists, a future which, in the words of Josie, seems to "stop dead" upon reaching adolescence. In such a world, mothering is burdensome and care for children precarious.

Neglecting our societal contradictions, or addressing them by building more prisons, by hiring more security guards and building fortified, separate communities, or by casting blame, threatens our collective future and places this country in moral jeopardy.

Chapter 5

Hope Abandoned

Gm: It's really hard until you decide who plays what role and when and where. That gets touchy sometimes. If you got a brand new mother, sometimes she can feel really easily pushed aside. And taken over. And when you're the new grandma, you can just as easily slide in there and take over without realizing what you're doing. (Joan, 39 year old grandmother)

The story of Ann's family is presented as a dramatic example of the set of family practices and interpersonal relationships that derail mothering for the young mother. Within the sample of 16 families, three families exemplified this exclusionary form of care where the grandparents' consistent pattern of taking over the care of the baby left little room for the daughter to become responsively engaged with her child. My intent in this chapter is to show how Ann's eventual withdrawal from care has less to do with her own personal traits, desires and beliefs than with the network of family relations and practices that organize the care of the baby (and her own rebelliousness) so as to exclude her.

Readers familiar with family systems theory (Romig & Thompson, 1988) will recognize in the following story the set of family conditions that sometimes motivate a teenage pregnancy. Teetering on the edge of collapse from years of marital conflict, held hostage by conflicting loyalties and a pervasive sense of mistrust, Ann's parents are poised on the brink of divorce until the pregnancy of their youngest child and only daughter reunites them.

The Family Web

Joan and Rob have separated repeatedly through their 22 years of

marriage. They were living apart and considering divorce when Ann's pregnancy was confirmed. The pregnancy occasioned Joan's return to reunite with her husband. With her return, parents and daughter moved into a condominium in a suburb of San Francisco.

Rob is 42 years old and a manager of a branch office of a nationally-franchised business. Joan works for the same company in a different office as a secretary. The family's annual income is 43,000. Two older sons have moved away from home but call frequently. Joan completed her GED and Rob has some college education.

Both Rob and Joan endured tragic childhoods. Rob was the youngest of four boys. Conceived ten years after his third brother, he was an "unwanted and inconvenient child" raised by alcoholic parents in a rural setting in the West. He was neglected and physically abused and sometimes sent to live with an older married brother.

Joan's parents divorced when she was three years old; she and her two younger siblings were subsequently raised by her maternal grandmother in the rural South until she was 11. Joan talks in glowing terms about her grandmother's devotion to her:

Gm: No, she was always there. When I was sick, she was always there. She always had hot meals. I guess she never let me down or anything. I used to feel strange when I'd go to school cause I lived with my grandparents and everybody else used to go see their grandparents. And sometimes I didn't like the stigmatism of that, cause it made me different. But I wouldn't have traded my grandmother for...Even though I loved my mother, I wouldn't trade my grandmother for six mothers I had because I couldn't count on

her. She would come and go and she was more like a sister, she was like a big sister that I just saw once in a while. So I guess you could say that my grandma was my mama. In my heart she was my mama, because I had known her from the day I was born.

Joan dreaded her mother's visits because she was impatient, angry and so unpredictable. Her grandmother's devotion made her own mother, in contrast, a paradigmatic example of a bad mother.

When Joan was 11, her grandfather suffered a stroke. Caring for an ill husband meant that Joan's grandmother could no longer care for her daughter's three children. The three children were sent to live with their mother, a new stepfather, and their three young children. Joan grieved the loss of her beloved grandmother and the collapse of a familiar and stable world. In her mother's home, she continuously witnessed her mother's emotional outbursts that erupted into episodes of physical violence directed at her husband.

Gm: It was really hard. My mother was an impatient mother. She got angry easy; she swore a lot and then she would get mad and cry. And then she would feel bad that she did this. Ashamed. And she used to always say things like, "I looked just like my dad." It was a totally different lifestyle for me; my mother didn't cook like my grandmother did. It was hard for me to get used to. And I used to voice that to her. "I don't like your cornbread. It don't taste like grandma's does." She didn't wash sheets every Monday which disturbed me. She didn't mop when I thought she should. She kept a clean house, but she wasn't particular and that bothered me. So it was just totally different.

This bad situation deteriorated further when Joan's mother suddenly ran away. As the oldest child, Joan was left to care for her younger siblings and three very young children from her mother's second marriage. Desperate to find a way out of an intolerable situation, Joan contacted her father who lived in a near-by

town. Although contact with his children had been discouraged by his ex-wife, he agreed to bring them to his home, to a new step-mother and their five children. When Joan's mother returned just as unexpectedly as she had left, she threatened to kidnap Joan and her two brothers from the school yard and beat them. She never carried out her threats as she was found dead in her bed one day (from unknown causes), abandoning Joan for the final time:

Gm: I used to hate my mother--number one because she never was a good mother to me. Number two, because she left me. I looked at that as desertion. But worst of all, I hated her because she died. Before I really got to know her, and I felt guilty for hating her and then she died. And she really left me and she never gave me a chance to get to know her, to explain my feelings. And she died on a bad note because she had called and cussed me out and threatened to beat me up and everything else. And the next thing I hear is she's dead.

Joan's story of repeated losses during her childhood, of being beloved by her grandmother and abandoned by her mother, has had a profound and tragic influence on her personal and married life, on the ways open to her of being a mother and grandmother. As will be seen later, this historical background figures prominently in the family's current situation.

Within the year of her mother's death, Joan's father moved his family to the West in search of work. Here Joan met Rob and they married when she was 17. For the first year of their marriage, Joan lived with Rob's parents while he was away in the service. By the time they had their first child, they were living together off of the military base. Their first son was followed seventeen months later by a second. Ann was born two years later.

As their family grew, they had difficulty making ends meet. Rob moved the family in hopes of finding more secure employment. For several years when their children were quite young, they ran a home for developmentally disabled adults. They also bought and managed a motel that eventually went bankrupt, saddling them with considerable debt. For the past several years, Rob's management position has offered a measure of financial security but it has also required frequent moves since the national office relocates management staff frequently. At the end of the study period, the family was preparing to move again to another city in the northwest.

With traditions of care so absent or conflicted in their own childhoods, raising their children involved a series of experiments that brought little success and few rewards. Rob in particular swung like a pendulum from a highly tyrannical approach with his first-born to an excessively permissive style of parenting Ann:

Gf: Well, my three kids were close together, 18, 19 months apart. I was a strict dictatorial with the first one; if he cried out of place, he got spanked. The second one I backed off on. The youngest one, a girl, was given a free lead, just a free hand, whatever she wanted to do...

In light of oppressive traditions of care in his family of origin, he is left to invent and reinvent his own style of parenting.

Although the couple's marital problems were not the focus of interviews, Joan made sense of the separations from her husband by referring to the profound influence of both her "bad" mother and "good" grandmother. When I

asked how her mother's influence shaped her, she replied:

Gm: Uh, when I was younger, sometimes when I would get into it with Rob a little, I would take off...and leave my own kids. And it was like, I'm like her, I'm just like her. And when I would think about it, I would hate me and I would hate her. And I would think, oh my God, I have a mental problem too.

Leaving her children with their father, Joan invariably returned to her grandmother's hometown, hoping to recapture the sense of security and safety she had felt growing up:

Gm: ...but I keep running back because that's where my grandmother, that's where I was raised. I think somewhere in the back of my mind, that's comfort for hurting. My grandmother was always there and she always comforted me. Maybe in the back of my mind, that's why I ran there. Trying to recapture and wanting to be helped from the hurt. I wanted somebody to make it better.

With separations and frequent moves, community ties were notably lacking in the parents' lives. My initial sense of their insulation was based on the absence of neighbors or friends in their description of activities. During my long visits, telephone calls (except from their sons) or visits by others were rare. They knew none of their neighbors in their condominium complex on a first-name basis. Their cheerful anticipation of the move conspicuously lacked ambivalence or sadness for people to be left behind. In fact, Joan wrote me after their move asking if I would return their apartment keys so their deposit would be returned. Apparently they had no one else to ask.

The Story of Ann's Pregnancy

Ann remembers wanting to become pregnant at age 15, hoping that a baby would solve her problems and rectify her sense of isolation and failure. Two

years later when she did become pregnant, she denied that the pregnancy was intentionally planned or even wanted at that point in her life. She conceived while living with her mother in the South as her parents contemplated a divorce. At about the time she suspected she might be pregnant, she called her father and asked if she could return to the Bay Area to live with him. He agreed. Soon after her return, Rod became suspicious she might be pregnant and took her to a clinic where her four month pregnancy was confirmed. According to Ann, her father initially wanted to send her away during the pregnancy with the hope of later adopting the baby without the family's knowledge that Ann was the mother. When Ann refused, Rob called Joan, informed her of her daughter's pregnancy, and threatened her that she would never see her future grandchild or daughter again unless she returned home.

M: My dad called down there and said, "Your daughter is pregnant, if you want to have anything to do with her again or with this family, come back." I didn't find that out until Drew was about 3 months old. And I felt very betrayed and very upset about it. Cause my brother sensed that's why my mother came back. [Later] they sat me down and explained, "That's not the reason we came back; your brother thinks this but it's not true." But it was. Cause my mother told me later on.

According to Ann, Rob wanted her to quit school during the pregnancy.

Ann, however, learned of and transferred to the high school program for pregnant and parenting teens in her school district. In this particular program, parenting teens bring their children with them to the nursery until they graduate.

Joan claimed that her decision to return to try to reconcile with her husband was unconditioned by her daughter's decision regarding the pregnancy.

However, once the time for considering an abortion had elapsed, Joan described great anticipation over having a new baby. In fact, she described a vivid dream of fifteen years previously where she miraculously receives another baby boy. This dream turns out to be quite prophetic:

M: I always had this stupid dream about having this little baby boy. But I could never give birth to another baby but I dreamed I had this beautiful little baby boy....So we found out she was pregnant and I said, you know, this is the baby boy....this is a baby boy, the baby boy I've been dreaming about all these years. This is it....It was like I had another child out there somewhere. But how on earth would I get it? I just knew we had another little baby boy. And I had this dream when Ann was real little. When he was born, I told her, this is the little baby boy.

Since Ann was participating in this interview, I turned to her:

I: Did you know about this?

M: You told me before I was pregnant. July of that year.

Gm: And she was pregnant in August. I never could understand the dream and I always wondered about the dream.

At the end of the school year, Ann gave birth to a nine and a half pound baby boy, Drew, by caesarean section. Within two weeks, Ann began summer classes, resuming her life as if little had changed. While she remembers feeding Drew at night without much difficulty, Joan cared for the baby during the day, since she was not working at the time. Here Joan describes what she remembers of those early months:

Gm: It was just like it was mom and baby again for me. Ann started getting involved in her stuff. Rob was working so it was Drew and I alone. It was just amazing to me, to have a baby. I just couldn't get over it.

When school resumed in the fall, Ann wanted Drew in the nursery there, even though Joan would have preferred to care for him at home:

Gm: Yeah, and it was her decision. "Yes I want to take him to the nursery because I want to be able to see him." I didn't like that at all because that left me free to go to work. I had to do something, not just stay home. It was hard for me. I couldn't wait to get home and see him.

Joan accepted a full-time position in the same company employing her husband, but at a different branch. Not much later, Ann took a part-time job working week-nights and week-ends. This left only a couple of hours after school for Ann and Drew to be together. Neither Ann nor her parents voiced any concern for how she could conceivably be a mother while attending school and working long hours. This background story sets the stage for Ann becoming less and less involved in the care of Drew as he becomes the primary focus of her parents' lives.

Reconfiguring Lives

I began visiting this family when Ann's baby was 9 months of age. Drew's cheerful temperament and the grandparent's sense of devotion to him were striking. In the excerpt below, Joan describes the differences in caring for Drew compared to caring for her own young children:

Gm: And I was so busy that I couldn't appreciate anything. I was so busy feeding babies, doing the necessities. So that evening was the time when daddy was on the floor, watching TV and the kids were all over him, or Saturdays was the time we'd do things together. Through the week, it was just....

I: So this sounds very different.

Gm: Very different, very different. We were both younger when we were having our children and we were working. We're older now and we have more patience, patience when you're younger you don't have and you think, everything should just be this way. And it's not and it irritates you. I know, I can remember being young and being irritated and thinking, Uh, I've got to give him a bath and why couldn't somebody else give him a bath and help me out. But this one, he is totally fun. Most people should wait till they're older because then you can really appreciate them. They wouldn't sit there and realize what they missed with their own. I talk to many grandparents and they're amazed at how smart their grandchildren are, compared to their children. But it's because they never stopped to see our children in the light that we see them now.

Remember that their household at the time included ten developmentally handicapped adults:

Gm: ...we just have the one. And one that we can totally enjoy. So with three of us, there's not a lot of demands.

I: So in the morning with raising your own kids, you just had to get things done, there wasn't time to play.

Gm: Yes, if the kids woke up too early, they just had to cope with....Just put them in the high chair and give them the food, get 'em wiped off, get them in the playpen, get em doing something because you had so many other people, going in different directions. And when you have that many people, a lot of things can happen and go wrong. You have to make sure that they put on the same color socks, make sure their shirt is buttoned right. Things other people take for granted. It's not that way with developmentally delayed people; they're big people with little people's minds. And they forget things.

Now older and with fewer demands, they are solicited by Drew in ways that were impossible with their own children. Below, Joan voices regret over what she and her children lost that she and Rob now experience with Drew.

Gm: I think our children were greatly ignored, compared to what he is. Whatever was necessary was done. There was no time to coo or cuddle, and enjoy. You didn't have the luxury of time because we didn't realize at the time, and just from the way things were, we

were denying them and us. And you don't realize sometimes what you've lost until you look back or until you have a second opportunity.

Keeping the household running became primary and seemed to curtail the human side of family life. In contrast, their lives now are organized around caring for Drew. His centrality in their lives is evident throughout their description of daily routines and during my visits. For example, household chores are no longer a task to be done as efficiently as possible but an opportunity to be engaged with Drew.

Gm: Oh, and then [Drew and I] go in and put all the dishes in the dishwasher and he unloads it while I load it. All the spoons and stuff. He takes out the spoons and forks. Sometimes I go in and I put the clothes in the dryer and he takes them out. [laughter]

I: And does that frustrate you?

Gm: No, he's my helper. Sometimes when they're sitting here trying to watch TV, and I go into the kitchen, and I say, "C'mon Drew, I have to load up the dishwasher, c'mon unload it for me." Anytime he hears me in there clinking around with the dishes, he's right there.

I: So you invite him along?

Gm: Oh yes, he's my helper....(A)nd again, if my children had done that I probably would have smacked their hands and said, "Go play." But this one is so different, maybe because I'm older and he's (the) only one. Maybe because I'm not with him all day and I just wait to get home and look at his smiling face. So we just do things together. It's just enjoyable. It's no big deal. When he goes after plates, I have to kinda get in a bigger hurry, because I can't have him throwing the plates and bowls on the floor. But he'll stick pretty much with the forks and the spoons. And all he does is take them out and put them on the floor. And I just put them back in. When I'm doing clothes and pull them all out to put them in the basket, he takes them out and puts them on the floor. [laughter]

M: He also tries to take the basket away.

Gm: That's right. And he's starting to stand alone and walk now. And the other night, I had a full basket here and he was helping me. The next thing I know, the basket's running across the floor [laughter]. Things like that, how can anyone get mad? It's so neat.

I: What's so neat about it?

Gm: Just the idea that he's smart enough to be involved with what I'm doing. It's not malice; to him it's a game. Because he'll look at you when he's doing it. And that's his way of helping me. He doesn't understand that throwing the clothes on the floor is not ok. After I get them out of the basket, he'll invariably start putting them back in the basket. [laughter]

I: So it's a fun time. And he's just easily incorporated into whatever you do.

Gm: Yes, it's a pleasure to have him there, with me.

From her warm description of Drew, she clearly appreciates his world in ways that were unavailable to her when she was raising her own children:

Gm: It's always pleasurable. I just don't have any unhappy times because when he's up or down or when he's being miserable, I'm being miserable for him but not because of him.

Rob also experiences caring for Drew as more rewarding than raising his own children:

Gf: It used to bother me that if they didn't do what I told em, it would be a great concern before. Everything they did when I was around was a great concern before. But now I take it more in stride; if Drew's sick, we know that's part of it so we don't get excited. We handle it. If he's crabby, we know why he's crabby. The maturity of my own life, just take it in stride, this is what is supposed to be normal.

Like Joan, he is solicited by Drew in new ways; without the pressure to control Drew's behavior, without "having to prove anything", he appreciates the

simple pleasures of being with a child, pleasures that he describes in great detail:

Gf: It's very enjoyable. Going outside, you try to figure out what's wrong with him, cooped up in the house too much, it's too hot. We go out on the grass, play around and walk around and he enjoys it. Climb the steps. It wears him out, puts him so he wants to go back to sleep. And uh, now we have him so he goes with me, his car seat sits in the front seat. Whatever I'm eating, he eats. He's relaxed. Over the last month or two, he's just happy to be there with me. We even have a pair of sunglasses with the mirror that I have in my car. When I put em on, he sees himself and he starts laughing. We have a mirror on the windshield visor that I'll turn down so he can watch himself, while I'm driving. And he thinks that's great. It's just a very enjoyable to be a father again.

Particularly for Rob, Drew provides a space for intimacy, affection and play which no one else has access to. Growing up within the dark confines of his family's alcoholism and poverty, Rob learned a style of oppositional relating. Brought forward to adulthood, his oppositional, "dictatorial" manner has sustained an inflexible emotional distance with his wife and children. As he makes clear during his interview, although he may be dictatorial with others, he is not with Drew who solicits tenderness, affection and devotion:

I: And how do you think being a parent or grandparent has changed the kind of person you are?

Gf: I think my wife explains it better than anything else. She says, "When it comes to Drew, he's always treated like he's a special person." And I don't treat anybody else like they're special people. So maybe he has hit the soft side of me that says, "Hey, somebody is special to me and he's gonna be special." That's about the close as I can get to [explaining]. He was in here at 3:00 with us last night, during one of my meetings. And I play with him during the meetings, and that's what's enjoyable to me. I can't effect a lot of other people but I can enjoy him.

Drew's spontaneity and attachment to Rob engage him in a responsive

style of relating that is deeply satisfying. For example, when Drew learns how to turn the stereo speakers over, Rob follows his lead and elaborates a playful little game that delight them both. Rob contrasts this playful situation with the harsh stance he assumed in raising his own children:

Gf: When my kids were growing up, they didn't do stuff like that. It was not allowed. Now, it's just, heh, what's the big deal? He wants to play, make a game out of it. When he gets older, he'll learn what's right and wrong. He's not hurting nothing.

Rob's engaged style of relating to Drew is in stark contrast to his predominant coping style of massively controlling his own feelings and thoughts. For example, in telling me of one difficult situation with Ann, his voice and facial expression show anger, but when I asked if he was angry about the situation, he replied: "I don't get angry. Angry is something I never get. I don't allow it." And when Ann begins staying out all night, he copes by blotting out all thought of danger:

Gf: I'll convince myself that she's doing good. If she doesn't come back every day, I'll convince myself that she has an apartment, that she has food, that everything's all right.

Rob talks explicitly about reconfiguring his life around Drew:

Gf: I'm happy we have Drew. It's one of the best things that could have happened to me.

I: Talk about that.

Gf: Everything that makes life enjoyable. Now I go home and there's somebody there. Now there's somebody to plan things to do with. Now there's somebody to go play with animals because I like animals and I've got somebody who likes them too. And the joy, the laugh he has, makes me feel good when he feels good. He's become THE center of our lives. I want to adapt my life because

he's the center of it now.

Other aspects of Rob's life have become less important. Recognizing that some of his children's problems stemmed from his long work hours, he asserts that he is becoming less of a "workaholic":

Gf: That's all I really want to give him is a family. That's what I need too maybe. Go find the house that I want, the type of lifestyle that I want, the working conditions that I want, make him part of it.

I: And how would you say having Drew and Ann at home has changed your lives as a family?

Gf: We are trying to establish a pattern in our house that says "Hey, we are a family, we do things together, we are these special people. We are the people who care about each other." And if Ann hadn't come back pregnant last year and her mother had not come back, I was getting into my own lifestyle, becoming a workaholic, 12 14 16 hours a day. Getting tied up and involved in my work life. And now I'm backing back out of it.

Joan in her separate interview also describes how Drew has recreated a family for them: "And that's what he does for us; he's family again." As Drew becomes the center of their lives, as he reorganizes their priorities and recreates a sense of family for them, Ann's place in the family becomes increasingly marginal. Tragically, the family that they are trying to rebuild has no place for Ann.

"Sliding In and Taking Over"

Recall that soon after Drew's birth, Ann not only returned to school but began working part-time with no objections from her parents. After the birth, Joan coached her daughter in the care of Drew:

Gm: When he was first brand new, Ann always got up and down with him, always. But we did [too]. I was always right there by her side, because she felt uncomfortable. It was like, what do I do now?

Does he need this much milk? Because she was brand new at it, which I can understand.

But as we learn later, Joan's coaching is always too quickly offered; her response is gauged correctly for the baby but is unusually oblivious to Ann's role as mother and her growing insecurity. The following lengthy excerpt details how the grandparents' care of the baby and their appraisal as his parents allows little room for Ann to develop an engaged relationship with Drew:

Gm: It is kind of touch and go because sometimes you have to let the new mother decide to tell you when you want her to do and what she wants you to do. Rather than just doing it. When you go ahead with what you just think, then the new mother feels even more insecure. I don't know. Sometimes it's hard to sit back and it's hard to remember when you were a new mother and how stupid you felt when somebody else came around and did things for you. And the more you do for the mother, sometimes the more she will back away from the baby.

I: Would you repeat that, I'm not sure I heard that.

Gm: With a new mother, if you interfere too much or you do too much, she will just back away from the baby, just let you do everything because she feels insecure or inferior and she'll never take responsibility for the baby. And it's real easy to fall into that role.

I: So would you catch yourself falling into that role?

Gm: Yes.

I: What would you do?

Gm: Well I didn't realize it until my son told me and my husband. He took us both aside and said, "She feels like you're taking that baby over. You're acting like it's your baby. And it's not. It's hers." To us, it came as quite a shock.

I: You didn't realize it until somebody brought it to your attention?

Gm: Right. So then we thought, Oh oh. It's time we started giving a little more thought instead of instantly doing some things.

I: I bet that was even difficult.

Gm: Yes it was. Because you have to catch yourself. And you would, sometimes when he would cry, you would start for him. Or when it came time for feeding time, well you'd start to go make a bottle. And it's like not giving the mother a chance to do anything because you're already right there on top of it. You can do it right now.

I: Would you say that's one of the most difficult things in terms of being a grandparent?

Gm: Yes it is. Because you mother and you have a mother instinct. The role, it just fits like a glove. It just fits. It's so natural and it's so easy to be that and you don't realize that a person that's brand new at it doesn't know where to begin, A, B or C. And all they need is just a little bit of help. They don't need you to get in there and elbow them out or take over. Or they're not going to learn. Really it's hard to sit back. It's hard to let somebody else take their turn. It's hard to teach when you already know how. Or it's hard to think that...you don't think about somebody not knowing naturally what to do when you do.

I: You take it so much for granted that you assume...

Gm: That they know exactly what to do and you don't think that they don't.

I: So was there anything that you learned to deal with that?

Gm: I don't know. One thing I wanted to do all the time, is every time he'd cry, every time he'd needed to be changed, every time he needed a bath, anything to do with holding him, I was right there. I wanted to do it all the time. It was just like he was mine. I was supposed to do it. I'm the mother. As if when he was born I became his mother and her mother too. It was hard for me to see that this is my daughter's baby. So as far as grandma, that word still was alien to me. I mean, I wasn't a grandma, I was a mom. And I think Rob felt that way, very much so. That we had a new baby. Point blank, we had a new baby. We just slid into it. And we did so much, it was just like, Ann's no longer our baby, she's our next to

the baby and he's our baby. So it was hard.

I: Have you talked about this before?

Gm: She's resented it quite a bit. Because she comes out and reinforces the issue. "He's MY baby!" And sometimes I have to stop and think, "I know he's your baby." And now I try not to do that at all, because he's not my baby. He doesn't belong to me. He belongs to her. She is my baby.

Because Ann is present for this joint interview, I ask for her reaction. She candidly describes how she has "given up" in caring for Drew:

M: In the past we talked about it a lot. When it was serious. When it was up front there.

I: So do you feel it's gotten better recently?

Gm: I don't think there's any competition right now. I think she knows right now that that's her baby. And she can do with him pretty much what she wants. And that we'll support her. And that we love him for what he is and who he is.

M: You think I think that? Naw, I've just given up. I'm not worried about it anymore.

Gm: And we're not worried about it either. We just, like Rob says, he has three parents.

I: So could you describe what you mean when you say you've given up?

M: I've given up trying to do anything for him on the nature of taking care of him or whatever. Cause it's no use of even messing with it.

I: Because?

M: Because she's taken care of it. I mean she has a hold of it so I might as well get a career on the way. And get what I want done.

I: And is that because you feel uncomfortable taking care of him?

M: I'm uncomfortable. I'm uncomfortable with it. But I think right now, he's in the middle of the age, and when he gets older, I think I can take care of him, and when he was younger, I could take care of him. But right now, I don't feel like I want to really. There's just too much time.

Gm: There's nothing that I do right now that she couldn't do. I think she misunderstands.

M: I've refused to give him a bath, mother. Just because I've never given him a bath and I'm not going to take any chances on giving him a bath.

I: Cause you don't feel comfortable?

M: Yeah.

The family's interpersonal movements--the complex set of emotions and activities that simultaneously constrain mothering for Ann and set up parenting for the grandparents--are vividly demonstrated above. Within six weeks of Drew's birth, the couple's son forewarns them of Ann's sense of exclusion. We imagine that when Ann returns to school within two weeks of the birth and later begins to work, her sense of incompetence and inferiority heightens. Having less time with Drew, she remains forever a novice in the practical necessities of mothering. And when Drew begins to show his preference for his grandparents who know him best and show none of his mother's irritability or uncertainty, Ann's confidence is further shaken. Gradually her withdrawal, realized in part through her own rebelliousness directed against her parents, leaves her afraid not only of bathing Drew but of being alone with him for fear of not knowing what to do. In spite of the early warning given her parents, their obliviousness to Ann's feelings of rejection leaps out in the above conversation when Joan so clearly fails to hear

her daughter's sense of disconnection and alienation.

Joan and Rob did not set out to usurp Ann's care of Drew. Their actions are not motivated by a malicious intent to exclude their daughter but are organized by their personal and family histories of impoverished care that, carried forward into their parenting practices, have maintained relationships and practices fostering separation, exclusion, competition, manipulation and control. The ensuing power struggle over Drew dominates the parent-daughter relationship where the couple's compelling and overriding concern for the baby's well-being, their greater experience and skill, combined with Ann's growing insecurity, withdrawal, and rebelliousness, creates a situation favoring the couple's involvement at the expense of their daughter's. The possibility of participating collectively in the care of Drew is simply not available in this family's situation given the historical set of interpersonal relations and the role Drew plays in reconfiguring the couple's lives. Absent in this family's story is any early account of nurturing their daughter's engagement with Drew, of resisting their compelling urge to take over so that Ann might become engaged in caring for him. Drew's meaning in the grandparents' lives not only shifts and dilutes their marital problems but effectively thwarts the development of a maternal relationship for Ann.

Joan's and Rob's surprise at learning of Ann's concerns at six weeks through their son, their early appraisal of being Drew's parents rather than his grandparents, demonstrate the lack of flexible positions available to them that not

only sets up their daughter's rebellion and exclusion but further preserves the inflexibility of the family's set of practices. (By all accounts, although Ann had a long history of school problems, she was not a "rebellious" teenager until after Drew was born.) For example, Joan describes how unselfconsciously she "slid" into caring for the baby from the beginning and how her daughter's behavior further conspired to make her the parent:

Gm: She won't let me act different. Rob and I have decided that sometimes we need time together and that Ann and Drew need time together, cause we always have him. So Rob will say, "Let's you and me go out for dinner tonight and we'll order pizza for Ann." And as soon as we say this, she'll say, "Well, aren't you gonna take him." She'll come up with something she has to do. So we're right back with him.

When I first visit the family, their daily routines reveal that Joan and Rob are Drew's primary caretakers. Even at school where Ann can visit Drew in the nursery, she limits her contact so as to avoid hearing him cry when she leaves for class. When Ann is at home, her inattention to the baby gives Joan little recourse but to care for him:

Gm: And she's sort of like this; if she's hungry, he must be hungry. If she's not hungry, he's not hungry. Ann can go all day without eating or she can have potato chips or a candy bar or a soda pop. She just doesn't think about it. They feed him at school. I guess around 9. But we get up at 6. If he wakes up hungry, she gives him a bottle. And that disturbs me. I say, feed him some applesauce or some cereal. He doesn't take long to eat and he doesn't eat a whole lot in the morning but he does need something.

I: Does she feed him in the morning?

Gm: No.... Usually I will, but she's been riding with her dad and taking him to work so she has to really get moving and going early. She has to leave around 7. She spends all the time with her hair or

her clothes. I get him up and dress him because she'll get him out of bed in his pajamas, and she'll say, "Oh he can just wear what he's got on." That irritates me a little bit.

I: She would take him to school in pajamas?

Gm: Yeah, she would. She would just take some extra clothes in his bag. Rather than take those 10 minutes to change him....When she doesn't have to take her dad to work, then she's got ample time. She doesn't have to be rushed. And I say, "Please feed him." And she says, "No, they feed him at the nursery; he can just wait." He's like you and me. Sometimes he's hungry when he wakes up, sometimes he's not. I can tell when he's hungry. And she wants to give him a bottle. And I don't like that. That's like being lazy. Yesterday when I came home, he was real hungry. John had just been home a little bit. And when I came in, he just came right over to me, whiney. He was crying and I asked Rob if he'd eaten. And he said no, that we were going out to dinner. But I knew he couldn't wait that long so I opened a jar of pears and he just scarfed it right up.

I: What are the advantages and disadvantages of you being the mother?

Gm: The advantage to him is that he gets fed, he gets dressed appropriately. He gets baths regular.

I: Are there any advantages or disadvantages for you personally?

Gm: None other than the pleasure and the peace of mind of knowing, because if I leave it to her, she may or she may not. She does love him and she doesn't mean to do anything wrong or anything. She just doesn't think about it.

I: Not the same way you would.

Gm: The importance of it. Right. And when I talk to her about it, she gets really upset.

I: It's a very fine line, isn't it?

Gm: She starts saying, "Whose baby is this anyway, mine or yours?" And then she'll go one way or another. It's either, "You want him fed, then you do it." She has bad, lazy streaks sometimes. If he has

a dirty diaper and I'm in the middle of dishes, and I ask her if she'll change him, like last night, she just fussed and fussed and fussed. And he was getting cranky and she was getting cranky back at him. So finally I dried my hands and said, the dishes can wait. Not to her I didn't cause then she'd get more upset. So I just took him in the bedroom and changed his diaper. She'll lay in her bed, that's why she put him in her bed cause she's too lazy to get up and pat him or something. She knows if she lets him cry for more than a few minutes I'm gonna be in there.

In this family's situation, coping episodes for the grandparents do not revolve around caring for the infant except during the few short hours when Ann is home and competitive power struggles arise. The care of the infant is pleasurable, meaningful and satisfying when not complicated by Ann's attempts to assert her status as mother. What they find difficult and problematic is responding to their daughter who as a mother, expects more freedom to come and go as she pleases and so rebuffs any rules with threats to leave home with the baby, knowing that this would hurt her parents the most. Her threats are consistent with the family mood of mistrust and emotional blackmail:

Gm: It's like, I can have him until I irritate her. And then when I irritate her, it's, "You better watch out cause I'll take him. That's the way I'm gonna punish you." I told Rob, "You know, I can't stand that, it just tears me up." And he says, "Well you know she's not going to take him cause she doesn't like taking care of him."

Ann's exclusion becomes tangibly concrete when Drew's crib is moved from her bedroom into her parents' bedroom when Drew is 11 months old. When Ann begins staying out very late, long after her work hours, her parents decide it is best for Drew to be in their room, even though they were initially reluctant to do so for fear of appearing to be taking over and excluding Ann. However, when

Ann in resentment and anger "agrees" to moving Drew out of her bedroom, Ann and Rob do so.

I: Tell me how the crib got moved into your bedroom.

Gm: Rob said, "You know, Ann, if anything was to happen to you or if you got sick, we'd be in awful shape with Drew being used to you putting him in your bed every night. I just don't believe in grown-ups sleeping with children. We never had you kids sleeping with us." We'd let them in our bed for a little while if they were sick, but then they went back to their bed. And Rob said, "And with you not coming in until you feel like it in the wee hours of the morning" and Drew would get up and down and want to get into bed with her and she wasn't there and he'd cry. He'd be looking for her. So he said, "Drew's getting insecure. Because when he looks for you, he doesn't know if you're going to be there or not." He said, "I think he'll settle down if he could see somebody when he wakes up. It's consistent." "Ok, just put him in your room then," [said Ann.] So we did. So now when he wakes up, I can pat him and he just settles right back down.

Once the crib is removed from Ann's room, Ann stays out all night for several nights. Rob can bear his daughter's rebelliousness no more and takes the dramatic step of locking her out so that she must call to get in. Once he asserts his authority, Ann comes home at an earlier hour, although they never know of her whereabouts and are duly concerned about her safety. When Ann has a car accident leaving the family with one less car, Rob picks Ann up from work but Drew's crib remains in his grandparents' room.

As seen throughout the grandparents' interviews, Joan and Rob have appraised themselves as Drew's parents. In my very first question to Rob about what it was like to be a grandfather, he replied:

Gf: I really don't believe I've experienced what I think a grandfather is. Uh, ever since we had him, day one, he has been my

son. I've been responsible for everything that was with my other three kids, [even] more so...

And when I ask Joan for the advice she would give to grandparents facing similar situations, she remarks:

Gm: Just be the best parent you can be. On both ends of it. Because that's what a grandparent is.

I: On both ends of it, meaning?

Gm: For your child and your grandchild.

The interpersonal movements of each family member are finely attuned to the restricted range of possibilities that both create and reinforce Ann's exclusion. This is why Joan's and Rob's attempts to appease Ann by making the meaningless claim that she is the mother completely fail to appease her; no matter what her parents may say or believe, the family practices (including her rebelliousness and inattention to Drew) irrevocably exclude her. As a result, legal claims to Drew become an arena of conflict with great stakes involved.

This is the only family in the study where the baby's grandparents attempted through legal means to become the guardian of the teenager's child. They seek legal advice without Ann's knowledge and then argue for custody in order to guarantee a source of medical insurance for Drew, even though he was covered by Medi-Cal as Ann's dependent. They contact the father of the baby, requesting a notarized letter stating that he revokes his parental rights so that the way is clear to adopt Drew if Ann agrees. But when an appointment with the lawyer is made, Ann backs down. Here is Rob's "logical" plan and argument for

legal custody:

Gf: Since he lives in my house, I'm going to claim him as a dependent and I just think I should be handling the insurance and whatever else comes up. Until we get to the lawyer, she's in agreement with it. A nice simple agreement. While you're adjusting, till you get your things done, schooling or whatever you want to do, he'll always have a place here. And later when you get married and settle down, if you want him, he can come. There's not going to be any question about it. It sounds logical to her until the time comes and then she rebels and says, "No I'm not giving him up at all. I want to have my own place and I'm taking him with me." So then we say ok, and we start backing out a little and we won't spend so much time with him. And then she turns around and says, "Well I can't handle this 24 hours. You guys are going to make a decision, what are you going to do. You have to help me keep care of him."

The emotional blackmail that surfaces here--that her parents' care of Drew requires her to relinquish legal rights--must only confirm for Ann that her parents are not to be trusted.

I: So things are up in the air right now.

Gf: In my own mind, I believe he's mine forever; that she will never really take him and get him a father to take my place. But when we talk to her and try to put this down in a perspective and make some plans with her, she won't let us do it.

I: Talk about the importance of being the legal guardian for him.

Gf: Ok. Now and I may sound a little bit self-assuming, but I believe I have the money to get him what he wants, to give him anything he needs. I can instill in him the importance of going to school. I can get him into preschool. I know how important it is to go to daycare a couple hours a day to get used to other people. I can do that, I can give that to him.

Rob's plans for providing for Drew overlooks what is at stake for Ann in relinquishing her child. Joan better understands Ann's concerns:

Gm: Sometimes when she gets a real guilt trip about it, she says, "Well he's my baby." We agree with her. "Yes he is your baby. We won't ever deprive you of him." We will never ever say that she's a bad mother. She's so terrified that when he's older, we're going to say to him, "Your mother's a bad mother and she left you." She has a real bad stigma of being a bad mother. Now where she got this from I don't know. Because I never talk about my mother cause she died when I was 12. Like she said, she never heard that before. Because to me it wasn't important to tell her.

Their attempts to appease their daughter, by affirming that she is indeed the mother and promising that she can have Drew back, is highly suspect from Ann's perspective who anticipates yet another betrayal by her parents. And in resorting to legal means for defining family relationships, the pervasive mistrust and family disconnection is further strengthened.

In the end there seems no possibility for any action other than relinquishing Drew to his grandparents, which recasts Joan's childhood of the "good" grandmother--"bad" mother antithesis.

Temporal Collapse of Possibilities

The complex set of family relations and practices which encourage mothering by the grandmother at the expense of the mother is a significant thread woven into the larger tapestry of the family's disconnection. The past with its severely restricted range of possibilities--replete with deprivation, abuse, abandonment, betrayal--is recast in Joan's and Rob's marital and family problems. Drew's birth provides a new situation for reenacting family betrayals and disaffection as the good grandmother/bad mother antithesis is recreated. The past's disabling grip on the present leads to the collapse of any hope that family

relations might be configured so that becoming a mother or grandmother is not necessarily exclusionary and oppositional. "Substituting timelessness without history" (Dreyfus & Wakefield, 1988, p. 280) grasps the essential temporal collapse of this family's story where the past imposes itself indubitably on the present. Joan makes explicit reference to the stranglehold that the past inflicts on the present when she notes the similarities between her situation with that of her beloved grandmother:

Gm: Sometimes I think I'm replaying the role of my grandmother where I'm the grandma and Drew is me. Because I see Ann as I saw my mother and there's nothing I can do to change that. And with my mother dying suddenly, it was left really in the air. It's like playing the scene over again but with a different person.

With Joan recapitulating the "good grandmother", there is no room for Ann to take up the skills and relations of mothering. The longstanding rift in the mother-daughter relationship, itself grounded in intergenerational patterns of conflict and abandonment, is perpetuated as we see in the following mother-daughter interchange:

M: Were you secure [as a child?]

Gm: What? Was I secure?

M: Were you?

Gm: With my grandmother I was. Not with my own mother, for lots of reasons.

M: Now you know where I stand.

Ann's Story: "A Side Person"

Ann needs little encouragement to tell her story, a story conspicuously

marked by a profound sense of betrayal--by her parents, by the father of the baby who denies paternity, by peers and boyfriends. There is no one in her immediate world whom she can depend upon and the few peers she describes in our many conversations most often receive her disdain. Those whom she befriends (in a one-upmanship kind of way) always fail her. For example, during the study, she befriends a pregnant teenager who is estranged from her family. She tells her parents of this girl's plight and they agree to take her in. But this girl becomes a thorn in Ann's side as she sometimes sides with Ann's mother against Ann. Jaded, embittered and forlorn, the world she inhabits, replete with disaffection and infidelity, is always disappointing her. Drew remains the only innocent in Ann's world. In describing how she enjoys going to the park and feeding the ducks with her son, she is reminded of her own lost innocence:

M: It's funner and happier. Nice to know all the innocence. You think that there was once a time that you didn't care about what was going on. Didn't have to worry about this or that, what this guy's doing or...

I: So you can share his joy...

M: And kinda be innocent again.

More often when she is with Drew, she has little time or patience to share his delight as her parents do. Although she plays with Drew in ways that please him, these times are usually brief and sporadic. When Drew is fussy, her lack of confidence and frustration become apparent.

Prominent in Ann's story of growing up is the sense of betrayal stemming from her parents' unrelenting marital conflict and the little time they spent at

home as they struggled to get out of debt. Ann describes herself before the pregnancy as "a failure" and "a loser" stemming from her longstanding school problems. Since she always tested above average on standardized tests, her school failure befuddled teachers and parents alike. Called "stupid" by her brothers and feeling that she was letting her parents down, her school failure ostracized her from family and peers as well. Although she did well in special education classes with individual attention, the onus of being "different" confirmed that she was indeed a "loser". The pregnancy, however, is understood as saving herself and her family:

M: I think if [school failure] had continued, if I hadn't gotten pregnant, I think it would have torn the family apart. Just because of the pressure, I wouldn't have known what they wanted.

I: What do you think would have happened if you hadn't become a mother?

M: I'd a been like any other teenager, working and probably quit school. And probably I wouldn't be anywhere. I'd probably be on drugs. Which I'm lucky I've never ever touched.

Ann's account of mothering is entirely consistent with the story described by her parents. By the time of our first interview, when Drew is nine months old, her position as a mother is very tenuous. The fact that her parents defer to her in some matters where Drew is concerned, as she describes below, only demonstrates the competition and power struggle that dominates family relationships:

M: Having the baby has showed me that I'm not such a failure. And now I have to really stand on my own two feet and push things if I want something.

I: Can you give me a specific example of that?

M: Well a good one, when my parents are here and I want something for the baby, or when I don't like them doing something, I tell them. And they might disagree with me, but while I'm there, they'll do it. They don't like to but they'll do it.

I: And how's that make you feel?

M: It makes me feel good because I'm not such a number or just another person in a world of a thousand.

The inexorable weight of the past--the oppositional style of relating, the disconnection in mother-daughter relationships, the unstable reconfiguration of Ann's family, the tenuousness of Ann's position--bears down with relentless inevitability. Her feelings of guilt, ambivalence and insecurity in caring for Drew, fully congruent with her increasing disconnection, are unequivocally spelled out in subsequent interviews:

M: It's still a big tie if I want the baby or not. I want him but I don't know if I can take care of him because I've never been with him on my own. So I'm really insecure about taking care of him because my mom has always stepped in. But I wish I could take care of him and I wish I was secure.

Not only do Ann's parents "step in" and take over, eroding opportunities for Ann to become competent in caring for Drew and to know him intimately as her parents do, but the lack of time with Drew serves as another indubitable constraint in learning to become a mother. The following excerpt is prompted by the fact that Ann's parents leave with Drew one Saturday morning without her:

I: So why do you feel bad?

M: Because I don't get to spend time with the kid. Even though I feel bad when I spend time with him that I can't play with him or act like a mother like I should. But I still like him around and he's still my kid.

I: Talk a little bit about that. That you feel you're not a mother to him.

M: If you could see the way he acts toward my parents. When I get home from work, they tell me all the things that he's done. I mean I hear fantastic stories of when he'll go to sleep on the floor by himself. The times when he'll sit there and talk and play. And it makes me feel bad because I'm working and I don't get to spend time with him and I'm with him, I sleep and he sleeps with me. And I'm trying to think that that's a special time for us. Cause it is, we're close. But I get in trouble for that because they don't want him sleeping with me. Cause he gets used to being with somebody. But they can't change that because I've got to go to work and I'm taking care of it. So...

I: So you feel bad that you're not spending more time with him?

M: I feel bad that I can't spend the time but the time that I do spend with him, I'm resentful and upset because of what my parents say and do. Yet I want to finish school but yet I want to...

The ambiguity of her relationship to Drew, strengthened by family competition and adversarial relations, her competing interests and the lack of time she has with him, have created a situation sustaining her inexperience and insecurity:

M: ...when he cries, it drives me nuts because I never had to take on the responsibilities.

I: And the older he gets, the harder it gets.

M: Yeah, especially because I don't have anybody saying, "Yeah you're doing good or whatever." That backup to say that you're making it, you're succeeding.

I: And you haven't had that?

M: No my parents never give me that. My mom always took over and said, "It's done like this." So I've never given the kid a bath. Same with, I've cut his nails all the time. My mother just won't, I don't know why. But it's getting to the point where she dresses him

every morning, just because he won't sit still for me. And I feel bad about that because he doesn't like me as much as he does my mother....[And] I should be the one around him the most.

I: You should?

M: Yeah, I'm his mother. And I'm doing less and less. It's getting to the point where I just want to leave. I don't know what I want. I want him with me but I wish I was secure that I could take care of him and be home with him and know what to go on.

Having become more and more marginal, she describes herself as a "side person":

M: I don't consider myself a parent because I am not with the kid enough to be a parent. I think I'm like a side person who's there when I'm available. And that's why I want out....I've realized the last couple days about that. And it's hurt me a lot but I've come to grips with that.

I: How? It would seem so hard.

M: Because I want what's best for Drew. If he's gonna be happy, then let him be. I'm beginning to think that I'm a bad influence on him because of the way I treat him. That's how I felt last night. Because I put him on the floor and I was jerking him around and I shouldn't have done that. So it's better if I'm not with him.

Since maternal responsiveness develops in knowing a particular baby over time, it is no surprise that Ann's already tenuous connection becomes more and more fragile. As we learn from Ann in her last interview, her parents no longer concede to her wishes where Drew is concerned. Moreover, the moving of the crib to their bedroom confirms spatially what has already taken place in the family's practices:

M: It's gotten worse. Anything that happens now, I have no say so. Before I could say, "Don't give him that" and my mom would ask me why and I'd say why. Now she just gives him that.

I: How do you account for the difference?

M: I'm not home anymore. And the kid doesn't respect me as he used to or come to me as he used to.

I: Because he's not around you as much?

M: Right.

I: So you don't have the involvement.

M: Right. And since the crib got moved into their room, they got more.

I: Now how did that come about?

M: I started working and not getting home until 12 or 1 at night. And they were the ones that put him to sleep. So I would blame them for putting him to sleep too early or something. And they finally said, "Well, we'll put the crib in our room and you can sleep some more."

I: How did you feel about that decision?

M: Well we had talked about it for 3 or 4 weeks. At first I was mad but go ahead and do it. If you're gonna do it, you might as well go ahead and do it now.

I: You felt they would do it anyway?

M: I felt mad at myself for not taking care of him, for not taking the responsibilities that I should have.

As she describes her lessening involvement in Drew's life, I ask:

I: So your involvement with the baby is dwindling. How are your parents responding?

M: They're eating it up. I mean, they're getting to the point that they're dragging their feet because they're so tired. But yet they won't give me the kid. And I, again I take it personal. I don't know if they're playing games with me, and they want me away and to go out so they can be their own little family again and start over. Or if it's just happening that way. But I think it's a game and they're

doing it on purpose. When I call here from work because I feel that loneliness and they treat me cold. Like I'm not nobody.

With the summer approaching, Ann anticipates having to care for Drew during the day. Her feelings of insecurity intensify but after spending one day with Drew that goes fairly well, her fears are somewhat relieved:

M: The other thing was the pressure of my mother being better than I was. She knew how to feed him, knew what he liked, how to do it, when to do it and he enjoyed it more.

I: So has something about that changed? Or are you still worried about being left alone with him?

M: I'm not so worried about it anymore. I think since he's been sick, I've been more important to him and I see him looking for me and actually going into my room and searching me out.

I: And how does that make you feel?

M: It makes me feel real good, real good....Before he acted like it didn't matter if I was there or not. And Saturday we snuggled all the time. He came in my room and he had me pick him up and we snuggled, laying on my shoulder. Didn't fuss, didn't try and leave me somewhere.

I: So what did you learn from that situation?

M: I learned to be there when he wants me to be there. And even if I am in the background, that I am the cement of the whole thing.

Her fragile sense of accomplishment will be sorely tested as she copes with the continuous demands of a one year old, particularly in the absence of significant changes in the family's network of relations that might otherwise nurture her involvement and skill. Grounds for such hope seem remote given the family disconnection and competition over Drew which is starkly recapitulated in Drew's first year birthday party. Hardly a family celebration, it turns out to be

memorable more for its disappointment and conflict. Here is Ann's account:

M: I had planned for it months before. I was going to do it for sure and I was going to do it no matter how I was going to do it. But because of my mother not wanting to participate in it, and nobody really looking forward to it, I never got real energized because I didn't really have a secure place where I was sure I could throw it or how many people I could have or what I could do. So I didn't do anything until the very last week and then I invited everybody at school. I didn't think anybody was going to show up but two of my best friends came. We put up the decorations--my friend, me and my mom, and Debbie, the girl that lives with us. Me and the girl that lives with us, we fought about it. We fought on how we're going to put the decorations up, how we were going to do it. That irritated me which I finally gave up and let her do it. I got to order the cake; the cake didn't turn out like I wanted it to. So from now on I'm going to bake my own cake. Make sure of that. He got a couple presents. He got a big old car, the car right there. I wanted to get him that but my parents jumped in and they got it.

The conflict that ensues between Joan and Ann during the birthday party affirms Ann's lack of status and authority as a mother in front of her friends:

M: Mother wanted him to do one thing and I want him to do another. And I was in front of my friends and their babies. And I felt bad because I was not filling my role as the mother and it seemed like Drew was not obeying me.

I: Do you remember the details?

M: I had one of the other babies in the swing. And he wanted up there to rock the swing and mess with it. And the mother of the baby was just finishing telling my mom how irritated she gets in the nursery at two other babies who wrestle with the swing. It's like a magnet, you put a baby in the swing and everybody comes up and plays. And I wasn't going to let that happen here. And I don't think that's right to be messing with the other kid anyway. So I tried to take him away from there and Mother said, No, and she grabbed him from my hand and let him do it. And at that time, I wanted to get up and yell at her and we're getting pretty bad anyway in front of company. So my friends just got my attention and said, "Let's go out." Cause they knew I was getting upset.... And when we got outside, my friends started bugging me about, "I would never let my

mother do that. My mother wouldn't dare do that." And so I was mad at myself and mad at my mother for even being there.

In spite of Ann's exclusion, she consistently describes how her life has dramatically changed when she transfers from the local high school, where she is flunking all her classes, to the special school program for young mothers. Designed as a very individualized, self-paced program, Ann for the first time is hopeful that she may graduate from high school. Whereas previously she always felt she was just a "number" in the bureaucracy of the school system, she now begins to experience a sense of belonging in this small alternative school. Because she attends regularly, the teachers take an interest in her and although her relationship to peers do not change significantly while attending the program, she eventually serves as a student representative to the advisory board of the program. By the end of the study, she graduates a year early, is selected as the student who most exemplifies personal growth, and receives a scholarship to continue her education. At our last interview, her plans to enroll in a community college for the summer seemed remote since there was no one at home during the day to care for Drew and because of the family's impending move.

With graduation from high school and the positive experience of working part-time, Ann begins to imagine a future that was well-nigh inconceivable before the pregnancy. As she says, "If I didn't ever meet up with the school I'm in now, I'd a went with the wind." At each interview, when she is asked to describe a recent situation that is memorable or satisfying in being a mother, she recounts how becoming a mother:

M: ...has made me more bound for a career, more determined for what I want. Now that I know I can do it, I want to go to college...but if I was still in regular school, I would a been lucky if I'd got out of that school. And college, that was just something smart kids would do.

When I ask: "How has being a mother changed the kind of person you are?" she replies:

M: We've talked about that a lot. It's made me better. It's made me want to move up so I can have him back. So he'll have the things I've never had.

Her hopes for caring for Drew in the future, however, are conspicuously nebulous:

M: Yeah, until I get settled. I was talking to a friend the other day. It's gonna be his choice when he grows up. Freedom of choice. I'll be around and I'll take him places. I'll take him to Disneyland or for him to just come over and ride on the horses or whatever. It will be his choice. So when he's 9 or 10, maybe 15, he'll come and live with me for a year or so.

Ann also realizes the positive side of what her parents can provide for Drew if she relinquishes her legal rights:

I: Can you think of any turning points about how you felt about being a mother?

M: Yeah, this girl, when I met her, she was getting kicked out of a guy's house with a baby about his age, and he was half the size of him and half as smart as him. And I felt really bad for that child; I thought I don't want that for my child.

I: So seeing that made you feel...

M: Lucky and very happy. That makes me think how happy I am that I do have my parents. And to see some of these mothers sticking with their kids without any grandparents or parents and see where they are 15 or 16 years later. Sure that kid was with you every day of your life, but what do you have to gain from it, except

love. That's worth it but...

I: It's a dilemma?

M: Yeah, if you can give em more and they can still have that love, why not give it to them?

The gravity of her decision to relinquish Drew to her parents expresses the paradox of "abandoning" him so that he can be cared for. The paradox is emotionally charged and excruciating for Ann since her relationship with her son will forever be cast in her parents' terms which she has little reason to trust:

M: I constantly think about what he's gonna think when he gets older. In thinking about joint custody, and me not being there, I think, what is he going to think about me? Is he gonna accept me? But I wanna make him happy. But because I gave him to my parents, and he doesn't live with me, and he doesn't go through the problems with me, I feel bad that I'm not going to be doing that, but later in time.

I: So you'd eventually hope to reunite with him?

M: Yeah. I'm scared he'll be mad at me because I did it. I'm scared that my parents might try to put things in his head. Try to take him away. They tried to play games with me and my brothers. Kinda messed with me and played with my mind. And I don't want them to do that.

I: What do you mean?

M: Everything's great, everything's fine. Nothing's going to happen to us. That's not the truth.

Her fear of being labelled a "bad mother" hangs like a sword above her head. Her reluctance to consider individual counseling, for example, since the family refuses family therapy, stems from her fear that her parents would use it to prove her incompetence as a mother. Ann also gives a perspicuous, insider

account of what it is like for a teenage mother in such a family situation to cope with professional advice that she resume full care of her baby:

M: ...at the time I talked a lot about it at school. About who should be taking care of him and how I felt. School was getting me irritated because they complicated everything. The way it should be instead of the way it can be.

I: That's a good point.

M: So I'd wear myself out.

I: What did you think was the way it should be?

M: Me taking care of every little single thing for him. Even though you're right there living with em, parents, they're not supposed to do a thing. You can't do that when you're living with somebody. No way Jose.

I: So did your parents involvement seem like a help or a hindrance?

M: Without them talking at school, it helped. But when they started talking at school, I felt guilty because they said that's the way it should be. And yet I still cared about my parents and I didn't want to do that to my parents. It really put me in the middle and I didn't like that....My other health nurse, she kinda put, you're supposed to be taking care of him. And if they'd ask me a question, I'd say, "Well my mother did it last." "Your mother? Why is your mother doing it?" Heh, I don't want to get into it lady.

However well-intentioned and directed at strengthening Ann's marginal position, this advice (presumably) misconstrues the family situation that so sustains Ann's withdrawal. Without taking into account how Drew reconfigures this family, without understanding the family's set of practices that preserve and maintain Ann's exclusion, Ann bears the cruel burden of feeling responsible to change what she cannot change, of feeling more deeply the contradictions

between what can be and what should be.

At our last interview, Ann suspects she might be pregnant. In the following excerpt, she acknowledges that Drew is not hers to raise, but that a second child will provide her with a second chance to be a mother:

M: I'll have somebody that I can actually take care of and I'm the main person. I can actually breast feed him. I can be the mother that I never was with Drew.

I: And it would be different because?

M: I would be the main person then.

I: Why? What would make it so different?

M: Because the first time I didn't know what to expect or how to do it. And now I do. And I'm more secure and ready to do it. And now I know you're never ready for motherhood. You have to set yourself, you have to give up...I mean, you just can't set a time and say, "I'm ready for motherhood. I'm ready to give up everything." It just kind of happens. And you've got to be willing or you don't have to be and that child is going to suffer. And I suffered a lot with Drew. I refused to get up during the night. I took it out on him, saying, "This isn't right. I don't want this." And then again, that's what it's all about; having a baby is getting up in the night, taking care of him, getting up early in the morning and feeding him breakfast.

If she is in fact pregnant, she imagines a second chance to become a mother:

M: I had Drew but I don't want to take him away from my parents. It will be his choice if he wants to come with me or not. But in the meantime I would like another one, I mean I want to be getting up at 9, if I want to be taking care of him anyway, it's worthwhile anyway, why not have another one now rather than wait 2 or 3 years down the line and Drew's going to resent it.

I: So are you saying a second chance with Drew or a second chance with a new baby?

M: With a new baby. Drew will still be there and I think Drew and I will get closer.

I: It seems that you and Drew are closer now. How do you see this going? You see how your parents are with Drew.

M: They definitely have a bond with him. They are the ones that gave him the good; they are the ones that basically taught him everything that I know for a fact I wouldn't have done as a single mother with my first child being alone. I never would have done it. I never would have thought of it. And now I know and I want to give that to another child.

Ann's fantasies were not to be realized as I learned one year later in a letter I received from Joan. Ann had given birth to a second son and had finally agreed to let her parents adopt Drew and the new baby as well. Joan added that Ann had left home but gave no further details. From another young mother who participated in the study, I learned only that Ann had returned to the Bay Area with no real plans and was seemingly adrift, staying with whomever offered a temporary place to stay. This news came as no surprise but only confirmed the inexorable weight of the family's history.

I've never heard from Ann since our last interview, but I imagine her banished, forlorn and adrift, having surrendered her children so that her parents might have a second chance in their marriage and as parents. Ann's chance with a second baby, as she had fantasized, was not to be. Will the early ambivalence and deep conflict over relinquishing her first two children grow into unbounded remorse and regret? Will Drew and his brother grow up to feel betrayed and abandoned by their mother, just as Ann and Joan felt deserted by theirs? Will they be held hostage to the marital conflict that made Ann's world so

untrustworthy and precarious?

Conclusion

Contrary to our cultural myths, the future is never fully of our own making; **w**e do not create ourselves but rather live out the possibilities available in our **f**amilies and communities. In this particular family, the care of the baby unveils **t**he deep contradictions that preexisted within Ann's immediate family. **I**ntergenerational patterns of mother-daughter conflict are taken up within the **l**arger family drama as Ann and her mother live out the diametrically opposed **r**oles of bad mother and good grandmother. Drew indeed reconfigures the **g**randparents' lives and reinstates (at least temporarily) a fragile marriage but only **b**y recreating a fatefully tragic story of abandonment and exclusion.

Chapter 6

Standing On My Ground

I felt ...that she [teenage daughter] was standing...on my ground and she felt the strength and the more and more she was here in my ground, the stronger and stronger she got....To where now that she's on her own, she can kind of build her own foundation. And I feel now she's got enough of mama's that she can do it herself and she is doing it. (Vera, 38 year old grandmother)

Vera's words anticipate a story of mother-daughter interdependence that provides the ground for Maya, her teenage daughter, to take up the skills of mothering and find her own voice. Unlike the previous chapter where mothering became an adversarial battle, the baby in this family strengthens the family group and reconfigures and renews previously strained relationships. Mothering becomes a collective project where Vera's strong moral authority, based on responsiveness, care and dialogue, does not overshadow her daughter's voice but nurtures it, creating a tradition for the young mother to draw upon and emulate.

Three families strongly exemplified mothering as a collective practice: 1). Vera who is a divorced African-American mother of two residing in New City; 2). a married African-American couple also living in New City; and 3). a White divorced grandmother living in a major city in the Bay Area whose story appears in chapter 8. Grandparents in all three families set up responsive and nurturant care for both the mother and baby. The ethic of responsiveness and care demonstrated in their family practices was also evident in the ways they were involved in their neighborhoods and places of employment. Any one of these three families could have been chosen to exemplify collective care for the baby.

Vera and her family live in New City about a mile away from Josie. Drugs and violence are also background to Vera's fears for her children, shaping the way she raises them as a strong authority. But her story also illustrates a web of generous care that extends beyond Vera's immediate family to include the children of the neighborhood. And so I begin Vera's story by describing the set of practices within the household and neighborhood that bind Vera to her community.

Vera's Household and Neighborhood

Three blocks from Vera's home, an elderly woman notified the police about unrestrained drug selling going down outside her picture window. For several nights, drive-by shootings sent a barrage of bullets into her home. In spite of death threats, this woman refused to move out or to be silenced. A front page story in the local newspaper lauded her heroism.

This woman rightly received community commendations for her valiant efforts to stand her ground against the drug dealers. The more commonplace activities that are equally crucial for preserving the web of neighborly connections tend to be more invisible even as they rapidly disappear in areas blighted by drugs and violence where poor and minority families live and raise their children.

Vera presides over a household where neighborly connections are tended to for the benefit of the children of her neighborhood. During times that I hung out with the family, neighborhood children were welcomed and participated in the family's evening routines of playing Monopoly or dominoes, of jamming and

recording themselves, of watching TV or being entertained by Tia. As Vera says,

Gm: Yes, see I'm moms to all these people, children. They come over here, they eat--I treat them basically just like I treat my own. They come down, they watch videos. I have, I make them clean up....I tell them, "You're down here, you going to do what I ask you to do or you're going to hit the door." So I have no problems with that. I get all kinds of kids calling me out on the street, "Hi, Mom." Now wait a minute, whose child is that? But I'm moms to a lot of kids, you know...it's always been that type of house because I, you know I try to make them feel welcome so that they will come back and it keeps the kids off the street. Uh, I know where they are. Nine times out of ten I know their parents, I can call them. "I got Joie over here, she'll be home later. I'm sending her home escorted." You know, and I'll send the fellows with the ladies or uh, I have the fellows when they get home call me, let me know if they made it home okay.

It took little time in visiting this family to feel comfortable in just hanging out, precisely because their home was a gathering place for many. As Vera said at the end of the study, when I asked for feedback about participating in the study: "you became like a friend of the family, you know, and it's like one more person at that house wouldn't hurt, you know, because we had the whole neighborhood coming down anyway."

Vera directs this household in a firm and capable way, overseeing all the daily things that need to get done. She lives with her boyfriend and her two teenage children; her firstborn, Maya, who gave birth to Tia at age 18, and her 14 year old son Talim. Their three-bedroom home is shared with an unrelated family to defray living expenses. Although the single mother of the second family had moved out by the time of the study, her two teenage sons continue to live here and actively participate in family activities.

Several family routines have helped to shape and strengthen the household's collective life. Although Vera presides over the household, everyone, including the three teenage boys, share the chores. Sunday dinner is considered a special time that brings members of the household together for a home-cooked meal. When the two families began living together, house meetings were initiated in order to settle misunderstandings:

Gm: When I was working, my work schedule would make it so I'm at home at night and my roommate, her work schedule was she'd go to work at night. So she was there in the daytime, and I was there at night. And it would make it difficult for us to meet, so... every once in a while if there were misunderstandings or miscommunications or something I needed to let everybody know about, then we would call a house meeting like maybe early Sunday morning, you know, so everybody could hear what was, would hear the same thing. If there was something like a he said, she said, you said, this kind--we would clear it up. We would clear it up with the house meeting.

I: And where did that come from? Was that something that you had experience in growing up in your family?

Gm: No. It was just something I kind of, you know, made up. You know pulled together. It was just something I just kind of thought up, you know, because we're all in the house. We had two different families, you know, hers and mine living in the same house and there just had to be some type of communication, you know, and as far as what she likes and I like, we just had to get some understanding there.

After the birth of her grandchild, Vera called a house meeting to discuss the baby's impact on their lives as a household and to explain her necessary absorption in grandmothering:

Gm: Where I just explained to them that this is my grandbaby and, yes, we all going to have to share in, in me and you're not going to get as much of my time as you was getting before because I have to

give everything I can give to her. And yeah, and I had to call a house meeting for that to explain these things because...And uh, (my boyfriend) was basically the same. He would expect me to cook and, and cater to him, but I would, I would do it but not as much because I was always holding Tia. Spoiling her to death or watching to see who trying to beat me to spoiling her. So it did. Yeah, everybody had to go through the changes because I just wasn't the same. You know, I was there for them, but not uh, you know, not there like I used to be. They knew if they had a problem or something and I was there, you know, I would help them, but they knew it just wasn't going to be--just let me get used to being a good grandma, and then after that, you know.

This passage attests to how the baby is privileged in this household. As will become clear in this family's practices, care for the baby does not engender conflict and breakdown in family relationships, as seen in the previous chapter; rather care for the baby becomes a family project that reconfigures relationships and strengthens the collective.

Vera's Story

It is easy to understand why the neighborhood children adore Vera and feel welcomed in her home. An attractive, engaging, stocky 38 year old, she shows a fine sense of when to listen and when to "jump in with all fours." From the initial interview, her infectious laughter shimmies through her tales of reckoning with the trials and tribulations of her life. Having overcome the timidity of her young adult years, she has developed a resilience borne from dealing with her "trial and error life"; she knows first-hand that mistakes are bearable and can be lived through.

Gm: Trial is the things that you do in life, it should either teach you something, make you stronger or make you go mad. I was determined not to go mad....Just give you--it's either you give into it

or you do something else. And see, drugs was never my thing. Alcohol, after watching my uncle was never my thing. So you either give in to the world or you do something about it, and you just, just affirm and just stand--you know, I've always prided myself as being once I put my foot down, that foot is down, you cannot pry it off, okay? And in my trial and error life, I learned, you know, it was hard, hard to learn, but I learned what was right for me. What felt right for me, as opposed to how that made somebody else feel. Her personal story shows a reverence for experience. There are no short

cuts to replace direct experience in practical matters and in relationships with people. In particular, she disparages book learning as a method to learn mothering since one is always a mother to a particular child:

Gm: No, no, you just, you got to experience. I don't care how many books you read, uh, there is no how to be the best mom. I mentioned that a lot of times and that is so true because there is no guide. Dr. Seuss [sic]--I read Dr. Seuss and that stuff doesn't work with all kids. You know. So it's just trial and error and what you feel is right at that time.

I: For that child?

G: That's right. Yeah, because they're all totally, they're both, they're totally different.

Her previous relationships with men are characterized by Vera as "raggedy relationships". She has married and divorced twice; her two children have different fathers. She has raised her children without the benefit of help from a mate, which for her is clearly not the ideal. In fact when I asked who for her exemplifies a good parent, she described two couples who remain close to their adult children:

Gm: Well, they, they stuck together. There was a man and a woman working to uh, you know, to provide for their family. There was a team, and that's very important to me that you have a, you work as a team for the betterment of all the team players. And that

to me was more so, you know, what I could see. They argued. Everybody argues, but they argued in a different fashion to where, where they weren't calling each other all ugly names and there weren't tears and they didn't hit. I mean, you know, they weren't abusive in that aspect, but they discussed, sat down and had a discussion. And there was a lot of prayer. There was a lot of religion in both sets, yeah, both sets, to whereby you know me being the type of religious person that I am, that prayer changes things and that they did a lot of that and they did a lot of things together.

In spite of and because of the difficulties of being a single parent, mothering not only provided a purpose but was experienced as a solace and a comfort:

I: How has being a parent changed who you are as a person?

Gm: Uh, well, it's always, my kids have given me the will to go on. A lot of times I wanted to throw in the rag but uh, knowing that...who's going to take care of my babies if something happened to me? That always gave me the will to just, you know, keep on going, it's got to get better further along down the line.

I: Because it gave you a purpose?

Gm: Yes. It gave me a will to press on regardless of my adversaries, regardless of the situation. It was just, I want to, I want to see my, my kid's kids, and it was always...

I: So even future imaginary grandchildren helped you to press on?

Gm: Yes, that's right. I want to be around. Because I told my daughter when she was pregnant. I says, "It's going to be a girl." Everybody has their, their day and you got your daughter. Sure enough it was a girl. Now Talim, uh, Talim, I anticipate him having a little boy first because he has to feel the wrath of his growth and his pain on his mama. So it's coming. He's going to have the boy, the first boy and Maya's got the girl. I said, because all of this that you do, what goes around, definitely comes around.

For Vera, children give life purpose, story, continuity, learning, reward and retribution. They confront you with who you are and give you the incentive and

will to "press on."

Reweaving Connections and Persevering

Vera's disconnection from her own mother has profoundly shaped the kind of relationship that she wants with her children:

Gm: It's, it's very important to me cause see when I was coming up, me and my mom--you know, I love her to death, she's still around and I love her to death, but we're just now, at my age, picking up broken pieces and you know shattered, you know, times that things that we could have done. And I don't want to wait. I don't want my kids to wait till I'm 30, 40 years, 50 years old and then here they come, you know. Because we, there's a lot of water under the bridge. You know, I want to start and I want them to know that we are a family unit. I don't care what parts of the world we're in, we're a family unit and when one needs you, we all flock together to, to, you know, there's a bond there. There's a bond there and it's got to be there, and I hope that if I haven't done anything with my kids, that I've created some sense of bondage between the family so that we won't be like my mom and my sister.

Vera, however, is not an idealistic mother who unswervingly upholds her hopes and wishes for her children at her children's expense. The inherent ambiguity of mothering means that mistakes are sometimes made and misunderstandings occur:

Gm: I figure if I, if I'm not there helping like I should, it was a shortcoming that I bypassed it when they were growing up. They needed me during a period or else they wouldn't be acting crazy now. It was some place where we missed each other, there was a missed communication.

Furthermore, Vera recognizes that each child comes with his or her own temperament that shapes the mother's relationship to that child. For example, her son's relentlessly stubborn temperament and willful behavior even as an infant often exasperate Vera to no end, but Vera is no less concerned for her daughter's

submissiveness and timidity. Parental understanding is never complete or **omniscient**; and personal limitations together with the multiple demands of living **in the** world make parenthood, in Wendell Berry's words, "not an exact science, **but a** vexed privilege and a blessed trial, absolutely necessary and not altogether **possible**" (Berry, 1980, p. 159). A mother's duty, as Vera sees it, is to persevere, to **stand** by her kids:

I: What's most important for you about raising children and how they turn out?

Gm: Uh, don't give up.

I: That they don't give up?

Gm: That they don't give up and you don't give up on them. Because a lot of parents just, you know, just say, okay after a certain age they just give their children away because they just can't deal, but you have to hang in there. There's some good points. It might take you a long time to see them, but they're there, you know, and you have to remember that child is part of you. And you know how you are, and so eventually, you know, everybody goes through stages in their life to where they develop and you just have to be there with them, you know, just don't give up because eventually one of those stages is going to be a good one. And you going to really see the child that you birthed. And if you give them away, or if you just turn your back on them, you're going to miss it.

Persevering as a single mother dictates a narrow balancing act when job **responsibilities** provide little support for mothering. Vera has worked for much of **her** adult life with occasional periods of unemployment after the birth of her **second** child and during the past year. Her most recent employment spanned a 10 **year** period as a customer representative with a major telephone company. **Although** she was commended for doing her job well, the job itself provided little

personal satisfaction. She did, however, find personal fulfillment as a shop steward for the union. In this role she investigated employees' complaints "like a Perry Mason" and then advocated on the worker's behalf. This work engaged her in a serious way because she was able to help people at a time when employees were losing more and more of their benefits in the increasingly competitive corporate environment. Her union work offered Vera an arena that honed her organizational and helping skills for work that was intrinsically satisfying which contrasted squarely with the tedium of her paid position in the highly bureaucratic corporate environment of the telephone company.

Vera was personally chagrined with company policy that discouraged taking personal time for attending to family matters; when it was suggested to her by her supervisor that another family member tend to her children, Vera firmly responded, "But that's my judgement. They HAVE a mother. I'm the one that needs to be there for them." Because company policy disregarded her role as a mother, she elected not to transfer to new company headquarters during her daughter's pregnancy, partly because the longer commute would make her less available if her daughter needed her. Under these circumstances, she was unemployed during the study period.

Early concerns that she might miss the rewards of her union work when she quit her job were eventually dispelled. The "fullness" that she felt in her shop steward position was found at home.

Gm: It's not like something is missing. At first...I really missed being there and I really wanted to go back, but then after things

started happening here, it gave me a fullness that I missed there, I get it here.

I: What gave you a fullness?

Gm: Uh, being able to help others. Being able to uh, be a sounding board for others because that was part of the job I had at [the telephone company].

Financially, Vera has made ends meet by pooling her unemployment benefits with rent from the two non-relative teenagers and with assistance from her daughter (who receives AFDC) and boyfriend for a total household income of approximately two thousand dollars a month. At the end of the study she was working part-time for the census and was submitting her resume to find employment.

Education: An Intergenerational Concern

Vera grew up in Chicago until age 11 when her parents separated. Afraid of being severely punished if she expressed her preference to remain with her father, she moved with her mother and sister to live with an aunt and uncle in New City. Vera describes her father as warm and nurturant while her mother was harsh and punitive. Because her mother worked the graveyard shift, time with her mother was limited to early morning. Her strongest memories of her mother are of being severely punished if she received anything less than a B on her report card.

While bare-bones survival organizes much of Josie's activities and goals for her children in chapter 4, striving for education represents an altogether different survival strategy that organizes salient aspects of Vera's family story. During

Vera's childhood, the emphasis on education was enacted through threats and physical punishment that for Vera eclipsed fonder memories of her mother.

Gm: Everything was--now see that was considered child abuse to me in those years when uh, I would get my butt whipped for maybe a C on a report card. I had to have A or B or get my butt whipped. And it was like I hated, I cringed at that time when it was time to get a report card or you know I became--I was just real frightened you know at that time and I just promised, I said, "Lord, if you ever let me have kids, I'll never do that."

Her mother's example becomes a life-long example of how not to deal with her children, even though education itself continues to be an important goal for herself and her children.

Gm: See, it's, it's a special thing to have, to be educated. It's very special and very fragile, and this is what I've been trying to instill in my kids all along, that get your education first, then there's time for all of that....Even if you're 110, it's going to be the same kind of action. You can always get into it then, but get something in your head.

In spite of the physical abuse, Vera did well academically and was awarded a four year scholarship to a state college. However, as one of the few Black students on campus and in the community, she felt very isolated.

Gm: It was scary being out on your own for the very first time and being away from family members that you were used to being around and uh, I didn't last very long there. I think I was there about three semesters and then it got real lonesome and things got real scary and I was ready to come home.

Her sense of isolation and fear was compounded when she was the only Black person in a group of 30 people to be singled out to receive a jaywalking ticket from the police. Not long after, she dropped out of school and returned home, acknowledging that she was pregnant by a local teenager.

Like her mother, she promotes education as a means of becoming self-reliant, but unlike her mother, she never resorts to physical punishment. Rather she takes an interest in her children's school activities and provides an example to them by enrolling in community college courses herself. At the time of the study, she was enrolled in classes to learn new job skills.

As an African-American mother, education takes on special importance as a means of becoming independent in a racist society. She conveys to her children that they are bound to face obstacles that have little to do with them personally:

Gm: It's just that I want them number one to know you're Black and there may be a lot of hard things that you can't achieve, or there may be a lot of things people say you can't achieve. But I want you to know you can go as far as you want to go, no matter what color you are.

With racial barriers in employment clearly in mind, education provides the best chance for getting a toehold in the work-force. With the expectation that both Talim and Maya will need to work to support themselves, Vera's major concern upon learning of her daughter's pregnancy is the difficulty in continuing her education:

Gm: I said, "You know, that was my main concern, you finish, you get your education." I said, "All I want is that diploma in my hand. Just give it to me in my hand. Any kind of way you give it to me, whatever you give it to me, just give it to me." I said, "And I'll feel a little better. At least I'll know that's one plateau you've passed. You've mastered and you've passed it." I said, "It'll be out of the way. And then you won't hear nothing else from me." I said, "Because," I said, "We won't get into the college thing." I said, "Just one step at a time." I said, "But I will encourage you as long as you're Black and my child, I will encourage you to move forward." I said, "You've got to be able to take care of yourself, first of all, and then Tia." I said, "Because now you've got a life-time responsibility."

I said, "Just like when I was raising you and your brother, I always taught you how to clean up, how to cook, how to wash clothes, that was--you were my back up. Anything happened to me, I know I wouldn't roll down at the end of the gravesite, you know, in my casket, I wouldn't roll down to the bottom of the hill. I would know, I would rest there comfortably because I know I taught you how to take care of yourself and your brother."

Vera relaxes her firm stand on Maya's education during Tia's first year, according priority to the mother-child relationship. But as Tia gets older, Vera begins to urge Maya to return to school:

Gm: "Tia will be a year next month and it's time for you." I told her that I didn't push school too much because of, you know, I had to rush off after I had her, I had to rush right back to work. So like three months, boom, back on the job. So I didn't get to, get to get that quality time. Spend that quality time, you know, we didn't get to mold and shape things and play in the mud and all that kind of stuff. You know, mamas and little bitty kids get to do, but uh, so I told her, "Well, now would be a good time for you to, to work with Tia, you know, be there for her and let her see you every day and then gradually, you know, start doing things for yourself. I said, "Because if you can't take care of yourself, that means you not going to do so good of a job with Tia." I said, "You need to go on and get that education." I said, "Your mama's still going." I said, "So you see you're never too old. But don't wait till you get as old as me to go back to school." I said, "Girl, get in there while your mind is fresh and your everything is popping and stuff" [snapping her fingers].

Vera's concern for education does not supercede all other concerns and is not enacted through harsh means as occurred during her own upbringing. The duty to become self-sufficient, to meet one's obligations to care for oneself and family members, requires the pursuit of education as the best means of coping with and offsetting the effects of discriminatory practices. Vera therefore fervently preaches education, "morning, noon and night".

Reconstructing a Narrative

Vera's personal and family narrative weaves together continuities and discontinuities from Vera's past and present to her imagined future. The future is not foreclosed, as in chapter 4, or overdetermined, as in chapter 5. The past of her childhood sets up her present story of being the mother who is different from her own mother. But the future also plays a part in shaping her story as the kind of children and grandchildren she hopes for propels her to take certain actions.

In concrete ways, her mother's negative example compels her to act in new ways, to fashion an alternative story that provides more possibility for her children, and in so doing, for herself. In recounting her personal story, Vera retrospectively interprets her own pregnancy at age 18 as a way out--not only from the all-White community where she felt isolated and discriminated against but also from her mother's home. Upon learning of her pregnancy at age 18, both prospective sets of grandparents decreed that the teenagers would marry immediately.

Gm: So uh, when I told my mom reluctantly that I was pregnant, the first thing she said that will always stick with me is, "The child's not going to have a name." And I said--you know at that time you didn't try to, you know, at age 18 you didn't, you don't try to figure out what your parent's talking about, you just do what they say. So, uh...

I: So why did that strike you?

Gm: Well, because the child's going to have a name, you know, my name. What's wrong with my name? What's wrong with D.? You know....and it was like, uh, she was, she wanted to uphold an image that I had let her down on. That was the whole deal.... That was why I knew when the time came for me to be in her position that I

was going to be open and I was going to be, you know, make it so that my daughter would feel comfortable, you know, because it's, it's traumatic.

In the context of a forced marriage, "a shot gun wedding without the shot gun" and with her young husband "running amok," she was left to tend a baby "that I don't know what to do with, but I know she's mine and I got to take care of her." Her care of the baby was further complicated by living with the husband's grandmother who demanded that things be done a certain way.

Gm: So uh, then it became like since we were in the grandmother's house that, well, no you shouldn't do that to the baby. No, feed that baby this, do this. And it was like, wait a minute, this is my baby. This is not your baby. But that went on, not only with the grandmother but with the mother-in-law, too.

Desperately wanting to escape this situation, she found a job and eventually a small apartment for herself and her infant daughter. This arrangement left her little time to be with Maya who continued to be cared for during working hours by Vera's in-laws. She was determined to not repeat the difficulty of her early mothering experience when her own daughter became pregnant at age 18. Not only does she see herself as successfully setting up a better way for her daughter to become a mother, but her daughter's account attests to how Vera has created a new tradition for both of them. Here is Vera's retrospective account of her response to Maya telling her she is pregnant:

Gm: "I'm crushed. I'm hurt, cause you didn't tell me first." I said, "Cause that's something, you know, a mother knows before it happens," then I told her I knew. I said, "Cause I kind of knew it anyway." And I said, "But I wanted you to come to me and tell me, FIRST." And so then we, you know, we discussed it and I said, "Well, there's only two things you can do, have it or not have it." I

said, "But that decision has to be yours. Whatever decision you make," I said, "because this is your body, this is your decision." I said, "I know it's hard." Then she boo-hoed more.

After discussing her reservations about the pregnancy, Vera conveyed her support through humor:

Gm: The pros were I'm glad that I'm a grandma early, so I can run, still run with my grandchild. I can still, I don't have to muster up another wind to deal with them now. You didn't wait until I couldn't walk or had a cane or was in a wheelchair. I really appreciate this. And [laughter] another little girl to dress, uh, you know, another baby to cradle and it's lots and lots of toys. See, I get toys that I can play with, and I said, oh, yeah, we get to Walt Disney and see the cartoons, and it won't look bad because I'd have this little person....I get to go buy clothes and you know we get to do all these wild outlandish things that would look crazy for just a plain adult and somebody my age to do. You know, so I told her, I said, all of this, this is great. You know, so uh, after discussing it, uh, and I have to be, learn to be real serious when I say certain things to them, uh, especially when it's a serious matter.

I: You mean, you didn't address it like you just did right now?

Gm: Yes, I did, yes I did, but I gave her all my bad points. You know, I always first, I give them the bad stuff first and then we can kind of get the last part, the good stuff we can kind of get into laughter. And it kind of smooths out the situation or the conversation.

When I ask her later in the interview how the birth of her grandchild shaped the way she was a mother to Maya, Vera recalls her own experience as a new mother where interference by in-laws encroached on getting to know her baby. In light of her experience, Vera privileges her daughter's relationship to Tia.

Gm: Well, it changed in the way that I had to let her uh, be responsible, more responsible for Tia so she wouldn't feel I was taking over. Because...when she was Tia's age, we lived in the

house, she and her and her dad--uh, me and her dad lived in the house with his grandmother, and his mother was over there every day to see the grandma and it was like they always told me, "Well, you should do this and you should try this, and you should do," so you know it was always, I was in her house. So I had to do it, and I didn't want Maya to feel that way. So I [would] suggest, "Maybe you should try this or try that, or if you want this, you ought to try this." You know. And so I wanted her to feel that, because they would come and they would pick Maya up, just take Maya away from me. And it was, at that time I needed her close and I didn't want Maya to feel that, I would take her only when Maya said, "Mama, come get her, I can't sleep."...[Or] she'll say, uh, "Mama, put her clothes on," or something to that effect, you know, so I wouldn't take her. Just whisk her away like she was my child, you know, unless she asked me to.

Vera's experience as a young mother 19 years ago has shaped her response to her daughter's pregnancy. Within this story, the baby sets up the development of practices that are discontinuous from Vera's past, confirming that she has created more possibility for her daughter than was available to her, and that she is indeed the mother (and grandmother) she aspires to be.

The following sections chronicle how the birth of Vera's grandchild has transformed the mother-daughter relationship to a more sisterly relationship as care for the baby becomes a collective project. Within this collective project, Vera witnesses her daughter becoming a stronger, more capable, less vulnerable person, the kind of daughter she can be proud of.

Transitions in the Mother-Daughter Relationship

Tia's birth signals a significant change in the mother-daughter relationship. Because Maya and Vera love Tia and care for her in a way that does not undermine the other's relationship to the baby, a new shared understanding

develops between them. Vera's pithy metaphor of "going down the same road" nicely captures how their common interest, purpose and experience in caring for Tia has transformed their relationship:

I: How has your relationship changed to your daughter now that she's a mother?

Gm: Uh, how has it changed? It's made us closer because now we're on the same street. We're on the same road, going down the same avenue. And so it's made it stronger for us because uh, it's, it's not difficult to talk to--uh, it is in a way. It's hard to make people see that aren't parents--it's hard to make them see what we're talking about....There again, you need to experience it. You need to feel it, you need to get your feet wet, you know, and get your hands muddy, and so it's hard to explain but now we're both along the same way. It's just that I'm a little far ahead of her than you know than she, but we're on the same avenue now.

Both Vera and Maya describe their new relationship as more sisterly.

Having a common interest and sharing similar experiences makes them more equal, although as Vera implies in the following passage, she remains a strong moral authority in her daughter's life.

Gm: Yes. I, I, I felt that the pregnancy has drawn us closer together now because this is how I wanted it all along, is the closeness and we were building toward that and with her being pregnant, and it's like having a little sister and I'm her big sister. And so that's how the relationship is, it's become.

I: And what was it like before?

Gm: Before it was mother/daughter. It was mother/daughter, a young mother trying to understand her teenage daughter. That's how that was, and was dealing. But now we've become, now since we've become a mother it's like more, we're more mature now, the both of us, and we can kind of see--we can see situations similar and their similarities and we can kind of kid like sisters instead of mama/daughter. But you know, she knows I'm the mama. But we kind of get along that way now. That's how I see that, cause she'll

come over--we've gone out a few places, more so now than before. We've gone to a fashion show. We go to church together anyway. Last night we went to a concert together, you know, so we're doing more things now.

I: Now give me an example, though, when you say, "But I'm still the mama." Can you give me an example of where that comes through?

Gm: Well, it comes through if there's a dilemma. If there's a problem to where by--you know, I don't think she'll do anything to that nature, but if uh, she knows where to draw the line. She knows that--let me see, it's hard to explain....I would say just as an example that she knows I'm still watching her and I'm still there as mama.

As Vera remarked earlier, her greater experience and skill in being a mother puts her farther down the same road, tacitly acknowledging that her daughter is a novice in mothering. Therefore, Vera feels no compunction in exercising her greater authority where Tia is concerned. Her touching account of carefully presiding over the care of her grandchild during the first few weeks expresses her authority and expertise which is considered legitimate and appropriate by her daughter:

I: What do you remember about those early weeks, Vera?

Gm: Uh, having to take pre[cautions], I had everybody. Anybody wants to see the baby, they had to wash their hands. And no you can't kiss because you'll make a rash on her face. So I was real strict. I was terrible the first two weeks....And they couldn't smoke and they couldn't talk loud or they couldn't do not much of nothing. If you touch her, you had to wash your hands. My son said, "Golly." There were certain people I wouldn't let him or her hold, and it's a wive's tale that if you're girls--I say, "You on your period?"....But they say that they get cranky when the person that's holding the baby in on their period, and the baby gets cranky. And it says the baby gets the strains. They strain. Like with Tia was having a bowel movement, she hmmm [pushing sound], they give the strains if they're on their period. [laughter] And so, you know, so, oh, God I was going through it the first few weeks Tia was born.

I: So it sounds like it was a big adjustment for you.

Gm: It was, and everybody else because they had never seen me act like this before.

M: Plus it was her first grandbaby, my mom was.

Gm: Oh, God, we gave two showers and I was still real protective. And you know, I gave Maya instructions--this is her own baby, but it was like it was mine.

M: She helped me out a lot.

Gm: I'd say, "Oh, no, don't do that."

M: She gave me some pointers, you know, what to do and what not to do....And I know that it's right, yes. So it was real good to me.

Here the early rituals and reorganization of household activities created a privileged space for the baby, a space with requirements and demands for responsiveness. In presiding over the care of the baby, Vera shielded Tia from all possible harm and taught her daughter the skills of mothering. The actual care of Tia was shared by the two expert women (the other single mother was still living in the home at the time) who advised Maya:

I: Okay. Now as far as the first few weeks, how did it change just the living arrangements in the house? Did things have to get re...

Gm: The house had to stay clean. And the baby had her own bed. We had to get her her own bed. She had her own room.

M: She had her own everything.

Gm: Everything was white and sterile. It, just everything, yeah. And you couldn't go in the room and...

M: You had to be quiet.

Gm: Me and my roommate at that time, she and I took turns uh,

you know, getting her out, taking, go getting the baby so Maya could get some sleep, and feed her and clothe her and stuff. Sometimes we'd have everything done before Maya, by the time Maya woke up. And she did make the change because I told Maya, everything, you know, I just explained to her that in order for her to get sleep she needs to sleep when the baby sleeps, or she'll need to get her up early in the morning and keep her up late at night so that she can sleep throughout the night. And how to put the, you know, little tips on how to keep the bottle warm, you know, rolling it up next to her so that she has everything right there, you know, make a little table. You got a diaper, you got everything that you need right here so that you don't have to get up.

The baby also shows up as a cause for celebration, joyfully welcomed with the time-honored ritual of a baby shower:

Gm: Special. To me it was special because people thought enough to come over from their very busy schedules, to stop doing what they're doing to come over and welcome a newcomer. And they know that's my heart. And to be with me at a JOYOUS time.

The baby as privileged member shows in the reassigning of household space so that baby and mother can have a separate bedroom. Prior to the birth, Maya shared a bedroom with her brother since living space was so limited.

Gm: Now Talim could have been in there, too, but he gave up. He says, "No." He says, "For the baby's room. That's my niece." He was proud of her, too. And he gave up his room. He says, "No, I'll sleep in the living room."

M: Cause we all could have been in there, you know. It would have been enough room for all three of us, but that's what he decided.

Vera confirmed that Talim could have remained in the room on the condition that he keep his side clean. (He did move back in to share the room when Tia was four months old.) Although I did not interview Talim to see how he felt about moving out of his shared bedroom, his interaction with the baby

during my visits was warm and playful. He would change her diapers and feed her without being asked to and he played in ways that delighted Tia. During one of my visits the entire family was absorbed in giving Tia a bath. Once Maya had collected the bath supplies, Talim, Vera and I gathered in the kitchen where Tia was placed in the sink. Bath time was a highly relational activity that was less a task to be accomplished than a family activity to be enjoyed. Tia's wild splashes and jubilant babbling delighted her appreciative audience. When Tia's bath concluded, Talim mopped up the considerable amount of water on the floor.

The two older teenage boys in the home were similarly engaged with Tia. Among families where care for the baby was a collective project, the teenage mother's siblings tended to be warm and nurturant caregivers who expressed great delight in their niece or nephew. Babies were generously accommodated in these families and care for the baby expressed and/or strengthened family obligations and responsibility. Things ran smoothly without breakdown, long-standing conflict or rules. When the baby was present, the baby became a focal interest that often took priority over other interests and engagement with the baby often showed an appreciation for the baby's own world. One simple example that reflects the family (and household) devotion to Tia is evident in how Maya and Vera describe a typical evening where Tia's voice drowns out any movie the family may be trying to watch. As Tia is babbling away during my visit, Vera is prompted to tell me:

Gm: And see she would do that throughout a whole movie.

M: So we have to watch it again.

Gm: See she's got all of us adults leaning on the side of the chair, trying to listen to the TV while she's doing that.

I: Does anyone ever get upset?

M: Talim.

Gm: But we don't care. [laughter] Well we don't. She's the baby.

I: And she's part of the family so it's just expected?

Gm: That's right. So we just have to look at the picture again. That's why we watch it three or four times in a row because she's just the baby. She doesn't know what she's doing; she's just playing, having herself a good time.

The birth of Tia also brings other unanticipated changes in family relationships. Vera's fractured relationship to her own mother begins to mend following years of disconnection:

Gm: Tia just kind of threw us (Vera and her mother) together to whereby we do spend more time. It's a little awkward. It was a little awkward at first because, you know, you didn't really feel uh, you know, safe. Let's see, what's the word I'm looking for. We didn't, it wasn't safe, but you didn't feel secure in, when I was talking to my mom at first, but now I'm beginning to put behind what she did, the things she did and saying maybe that was her, her way of doing the best she could....And so, you know, I have to look not in the back of me, but ahead of me.

The renewed relationship engenders a greater acceptance of her mother's shortcomings:

Gm: She didn't do a bad job as far as being a country bumpkin, you know, she didn't do a bad job, but she did it as far as she thought was okay.

An Expert Coach Who Still Has the Knack

Vera's authority is clearly demonstrated in the ways she coaches her

daughter in the care of Tia. The following lengthy excerpt describes a fuzzy situation that Vera eventually correctly interprets based on knowing Tia. But her role is not simply to correct the situation but also to coach her daughter in the skills of mothering. In response to my probes, she goes on to describe what she learned from the situation.

Gm: Maya called me and wanted me to come pick her up. And I noticed my granddaughter was, she was, she was kind of fidgety, she was fussy, and she acted like something was hurting her. And I asked Maya, I said, "Maya uh, what's wrong with her?" I said, "What's wrong with this baby? What's wrong with my baby?" She said, "Mom, I don't know, she's been like that all day." And I said, "Okay." I just accepted it....When I picked her up, you know, so I uh, I take that as a fuss. And she was saying something to me and I said, "Oh, really?" And she just put a little seriouser, her little frowns came in her face like she was really trying to explain something to me. And so that kind of bothered me but I kind of just went on....It was just the way she was acting. I kind of felt something was wrong with her, and uh, I asked Maya--okay, so we, we got the clothes and everything and I picked her up and little tears, you know, she was really crying tears. And I said, "Something is wrong with my baby." And they couldn't, neither one of them could tell me what was wrong....So we got in the car and I rolled the windows down and everything, and she was crying. Maya had her, and she was crying and fussing. I said, "Maya, something's wrong with my baby." I said, "Check her body. See if there's any pins or anything in her." I said, "Take her shoes off." I said, "Are those shoes too tight?" I said, "Take those shoes off." And as I was backing out and she was fussy, and then when Maya took her shoes off, it was like, that was it. I said, "Maya, she's not crying." I said, "That's what, don't put those shoes back on her." I say, "First of all, you got thick socks and it could very," I said, "don't put those shoes back on her." And so she was good as gold all the rest of the evening. You know, the little time I got to spend with her. She was fine. She wasn't fussy, you know, cause I said, "Maya," I kept asking, "Did she take a nap today? Did she have a BM? Did she have a--is it hard? Is it soft?" You know I was just asking all these questions. "Did you feed her?" You know, "Is she hungry? What's wrong with her?" Cause she was just acting funny. And uh, sure enough, Maya took her shoes off, she was fine. She was dancing and popping her

little fingers and clapping her hands. I said, "Oh, yeah, she's fine now."

I: How did Maya react to that whole situation?

Gm: Well, Maya was puzzled too. It was like, "God, mommy, I don't know what's wrong with her," you know. And I said, "Well, baby, you got to do these things. You got to experiment. You got to do all these [things]," I said, "I would have had you take all her clothes off, you know, if the shoes hadn't worked." I said, "Because we need to find out what's wrong. She can't tell us what's wrong." I said, "So's we just got to figure out, uh, you know, what's the, uh, what's the possibility." And Maya, she was just, she just said, "God, mommy, I wouldn't have known that if you hadn't said that."

I: So it sounds like she learned something from that situation. Did you learn anything new from that situation?

Gm: Uh, let's see, did I learn anything new? That I still got it. I said, "Oh, yeah. I haven't lost it yet. I'm still pretty good."

I: Lost the knack?

Gm: Yeah.

Here Maya is tacitly recognized as a novice who has not had the wealth of experience to figure out puzzling situations. Until Maya has gained more practical experience, Vera provides a valuable cushion of experience, coaching her so that she can make more refined judgments in the future. When most new mothers lived in close proximity to their families, mothering was learned in just this way from the grandmother (Cohler & Grunebaum, 1981) rather than from childcare manuals, with their rules and procedures, as is more often the case today. Although rules and procedures may be helpful to the new modern mother who has little childcare experience, manuals can not impart the practical, contextual and highly relational knowledge that is learned only through ongoing

and intimate care of a particular child. Mothers of teenage mothers often play exactly this role for the young mother. For example, when I ask Vera, "Who knows Tia best?"

Gm: Uh, I think I kind of sort of do, yeah. I know her better but I won't let Maya know I know her better.

I: Why?

Gm: ...I don't want to mess up the surprise, because that's what it is, and I don't want to say, see I told you so. I want her to be able to see it and then afterwards I'll say, you know, I knew that already. You know, I don't want her to feel that I'm getting the surprise quicker than her. You know, I want her to feel that she's getting all the firsties.

Vera shows a reverent sensitivity to her daughter's relationship to Tia that she is loathe to undermine. Although she may know the baby best, she is careful not to interfere with the intimacy of the mother-child relationship. In other families who exemplify the pattern of collective care, the grandmother did not always claim to know the baby best, but all clearly nurtured the mother's relationship to the child. In contrast, grandparents with an adversarial, exclusionary pattern of care (see chapters 4 and 5) often developed a relationship to the child that was at the expense of the maternal-child relationship. Often, they were quick to tell the new mother about their experiences with the baby in ways that undermined the young mother's fragile confidence as a mother. Where criticism and scorn were common, the mother's sense of responsibility for the baby was undermined as well, leaving the mother to question "whose baby is this?"

Vera's Authoritative Stance

Vera's own history as a young mother 19 years earlier makes her particularly sensitive to not encroaching on her daughter's relationship with Tia. However, even though their relationship has become more sisterly, Vera remains a strong moral authority in her daughter's life. Although somewhat a puzzle at first, Vera's authoritative stance is considered legitimate by Maya. Both mother and daughter speak highly of each other in their separate interviews. Moreover, Vera is absolutely gleeful with pride as her daughter finds her own voice, particularly in her relationship to her boyfriend.

During the study period, Maya moved out of her home with little advance warning when her boyfriend rented a one-bedroom apartment about a mile away. This boyfriend was not the father of the baby; Maya had met him during her pregnancy while he was incarcerated (apparently for driving violations, although Maya was unclear about this) when she accompanied a girlfriend to the prison who was visiting a relative. Upon his release from prison, Maya saw him occasionally; they began dating more seriously after the birth of Tia. Vera was upset when Maya informed her that she intended to move out to live with this man. Not only was she concerned for her daughter's and grandchild's safety because the boyfriend was known to have a drinking problem, but she also resented being separated from Tia. She was also displeased that the apartment was to be in the boyfriend's name so that if and when their relationship soured, Maya would be without her own place. (Vera had always expected that Maya

would eventually move out but she was quite adamant that it be her place so that her housing would be stable and not dependent on someone else.)

After describing her reservations to her daughter, she then gave an ultimatum to both of them before they moved in:

I: So you would have reason to be concerned about the baby.

Gm: Absolutely. And see and then I would have had to do--I volunteered, I said, I would kill him and drag his body down to the police station and give myself up and say, "Yes, I killed him."

I: You mean, if she was to move in with him?

Gm: If she moved in with him and he was to continue to drink. See, that was not only an ultimatum for her but for him, too. I let him, because I talked to him, too. I told him, I'd kill him dead, if he allows anything to happen to my granddaughter or my daughter.

Vera recounts that at first she "bided her time" and deliberately didn't offer help, hoping their relationship would fail. But as time elapsed, she became more involved:

Gm: Okay. At first, you know, after, just really after the beginning, I didn't want to be a part of it, as I said, so I wanted to see just what would happen. And like I said, always hoping that it would fail and my baby would come running back home with my grandchild. But uh, then when I saw that hey, this is working, they don't need me. Then it was like, hey, I'm coming, I'm coming over and when are you going to invite me to dinner? I invited my own self. [laughter] So, she uh, she cooked and she would call. That was it, she called every day and when I realized that hey, this ain't so bad. She called every day--"Mom, can you come over and get me?" Either I was going over there, or she was coming over here, so hey I said, "Well, wait a minute, I'm still seeing my baby."

I: So your initial concern that this was going to be a real, uh, separation for you with both Tia and...

Gm: Yeah, that they were going to be far and I wasn't going to get

to see my baby no more. That was my first thought. And then afterwards it's, you know, it begin to work and then I begin to see that, hey, I'm still part of this child's life. They're not, they're not in Pennsylvania. They're only over a few blocks. I can even walk there. You know, so it wasn't her intention of just pulling her out of my life. It was that she needed to blossom for herself and now she's doing fine and I still see her every day and like I said, either we're on the phone 50 times a day she calls, "Mom, how you cook this? Mom, what kind of seasoning do you get? Mom," you know, so there's all, I'm still part of it. It's just that we're in two different households now.

When the boyfriend resumed drinking, Vera did not hesitate to advise her daughter:

Gm: One night she called and he was, he was furious about something, and she called, and when she called me it was a 2:00 in the morning and she was crying. Now that's, you do not call here crying at 2:00 in the morning cause I'm going to get, I'm very upset. First of all you're waking me up, and second of all that's my child. And he was so scared. He knew she was going to call me. He was so scared, he knew I was coming right away. He left, didn't have any shoes on, didn't have no socks on, he just whatever he had on at the time and he got a coat and he took off before I got there....But I got there--he had thrown everything around the apartment and everything. And I told her, "You get your [coat] and you come on. You get my baby and you get her stuff and you come on, and you're staying with me." And we came here. Now she was upset but not the fact that he hit her or abused her in anyway, he was just acting stupid and she just didn't want to be there....[Later] I told him, "Look, that may be your woman, but that's MY daughter. Your hands don't--you did not have this, this is not your child--your hands don't belong on her." And I said, "They don't belong on my granddaughter either." I said, "If you want to end your life real quick, you put your hands on my daughter."

As Maya begins to consider moving back home, Vera continues to coach her in the practical realities of dealing with her alcoholic boyfriend:

Gm: Cause see what I've been doing is just sitting back and just being an ear instead of a mouth. [laughter] I just, I just being an ear and I want her--this is a situation where you have to make up

your mind. And see, I want her to work it out, do all she does. Now when she's exhausted all of her tryings and all of her efforts, then it's time for me to step in with mouth, ear, hand, feet, everything [laughter], you know, everything. So right now is not, just not the time. So I explained to her. I said, "Well, baby, I'm not going to say anything because I don't want it to be that your mama filling your head. Because these are things that I have told you over and over and over again." And one fantastic thing that she's learned, I told her earlier, I said, "Baby, you were, you were always around [a drunk]." My uncle is a chronic drunk....He feel he can stop any time he want to, so you know he a drunk. And he, and so we've been around that, you know, when I get tired of him being drunk, I get tired of being around his house, I get up and take my kids and we come home, no drunk. I drink occasionally but I see what it's done to him so it always turn you off, you know, so I drink every now and then. But anyway, so he, her boyfriend is a drunk. He's a young drunk and I kept trying to talk to her and tell her, "Baby, you don't need to be around that. You were raised being around a person like that." And she told me the other day and I almost fell off, but she told me, she says, "Mom, I told him that I was, I lived with a drunk, that I don't need to have that in my life nor does my baby." I said, "Oh, that sounds like me." [gleeful laughter] I was trying to compose myself on the phone, we were on the phone, so she didn't see my face express... [laughter; clapping her hands in glee]....I was just so glad to hear that and then I, you know, I tried to instruct a little bit and tell her, "okay, baby, uh, you've made the decision" and then what I did, I said, uh, "You'll change your mind, he'll be good as gold and you'll change your mind."

I: Why did you say that?

Gm: Because I wanted to throw in, I'm a thrill seeker, you know, and I wanted to just throw that in to hear what kind of comment, to see what she also working on him playing the tricks. You know, cause I said, "Okay." You know, cause I told her, "They just, them fellows they just play tricks on you darling. You have to be aware. I said life is so confusing sometimes. You've got to live your life, your child's life and the man's life all at the same time, and you got to stay ahead, [snapping fingers] hop and skip jump ahead of them at all times, you know." And so she said, she says, "Naw, no, mom, I'm serious," and he's been telling his friends too that she's moving out. And that he'll probably be there by himself. He put on the, ah, "I'm just going to kill myself." She still didn't change her mind.

I said, "Oh, that's just a little trick, darling." I said, "Keep in mind," and he's been home, good as gold, you know. Oh, he's just been doing all this loving and wonderful things that he should a been doing all along, and uh, I believe it's too late for him. Cause I told her, I said, "Well, baby, you're a beautiful young lady." I said, "You got your whole life ahead of you." I said, "All, all you have to do is make up your mind, figure out what you want to do with it."

Initially I was quite puzzled by Maya's acceptance of her mother's strong authority. During my visits, Maya never bristled at her mother's guidance and she never offered coping stories of conflict over the baby in separate interviews.

Earlier pre-pregnancy mother-daughter conflict has resolved with the baby fostering a more dialogical relationship between Vera and Maya. Even though Vera's guidance is often quite directive, she remains open to being influenced by Maya's response and actions (see p. 216 for Maya's sense of Vera's openness). The basis for developing this open yet authoritative stance with her children is described by Vera when I ask:

I: You're a very strong authority for your daughter and she responds to that so well. And how do you explain that?

Gm: Well, just a lot of love and listening, you got to listen to and you got to be open and honest with the kids. And that's something I've always tried to do even things that I felt they did, they were too young to understand, I would explain the best I could so they would know why I was doing what I was doing. Cause I told her, "There is no how to be the best mama book. They did not write one." I said, "So everything is trial and error." So what I tried to do with both of them is to explain my actions and therefore, let them know that, she's grown, but she's still talking to me, you know, she's still, you know, and so I tried to give that understanding to them. Instill that, so that they would do the same thing for me. It's like when you come in the door, you don't just come in the door, my son knock,...you respect me, I respect you. When I go into, when I come into their rooms and I know they're there, I give them that same courtesy. You know, I knock on the door and they tell me, "Go

away," or they tell me to come in--they know I'd kill them if they told me to go away--but you know I tried to treat them as an equal instead of a...

I: But there's a way that you're not an equal, though, there's a way that you're a very strong authority for them.

Gm: That's true but they, and they know the difference. They know the difference, and that's what makes the difference because they know I'll laugh and I'll play, I'll joke with them, but then they know when I'm serious and I'll always tell them, so that there is no confusing. I said, "Oh, I was just kidding," or I'll say, "I'm serious. Listen to what I'm telling you." Or what I do to her since she's on a closer level is say to her--"Mama's not trying to get in your business, but" and I'll give her maybe 2, 3 solutions and I say, "I know you're going to do whatever you want to do and that's your prerogative," I say, "but if I was in your situation I would one, two, three, four, whatever." Uh, I said, "but I'm not so I don't have to make that decision." Or I'll have a story, or I have been in that situation and I'll give her the scenario and you know so one thing I've taught my kids is listen. Listen. You never know what you're going to hear or who's going to be there to tell you something good or bad--listen. Cause you still, you got a brain and you're going to make up your mind to do whichever, whatever you going to do, you going to make that decision. So that's how I try to, you know, work with them.

Vera has developed this open stance to her children in counterpoint to the negative example of her own upbringing:

Gm: And they're more open to you to come to you because they're not going to say, like I said when I was coming up, "Oh, she's not going to understand." Or "She's not going to listen to me." You know, I, I, the same thing I teach them, I had to be taught, you know, and that was coming up too--you can't, if everybody's talking, you can't hear what's going on. Somebody got to listen. So I've always tried to teach them, you got to listen, too. You know, you can talk, but you got to listen. And so I, I've treasured that aspect as far as uh, you know listening to what they have to say. I don't interrupt and I say, "You through?" And then I jump in [clapping her hands]. But I give them that courtesy, and see that wasn't extended to me.

Vera has struggled mightily for developing a more responsive, dialogical

relationship with her children than was ever granted to her. But her practices also proclaim that her children are not her equals; any latitude she may seem to give her children by including them in dialogue are clearly circumscribed by standards that are rock bottom for her. She rails against permissive parenting embodied by those who confuse spanking of children with child abuse; modern childcare practices exemplified by Montessori methods that encourage children "to express themselves" Vera finds equally problematic:

Gm: Talk to them, yeah, it's child abuse. And I know a child abuse. Okay? And I know--I love my kids too much to child abuse, you know, my children, but I'm not going to let my kids take advantage. I'm not going to let them have the upper hand. Now I explained to [teacher in community college], I said, that's why these White parents are sobbing all the way down to the morgue, okay? Because they let their child. They--express yourself, Montessori school--express yourself, let the child run amok, okay? You cannot do that. You can't go to a, there are no Black Montessori schools.

Over the several months that the situation with Maya's boyfriend evolves, Vera encourages and is encouraged by her daughter's growing voice. This new voice justifies Vera's understanding of her daughter as a "mirror image" of herself.

A Mirror Image

Maya's strong resemblance of her mother both pleases and distresses Vera. She rejoices in how her daughter "has picked up" her own "fondness and a love for all kids". But her daughter's passivity also reminds her of her own earlier timidity and causes her great concern:

Gm: They're going to take advantage of her. You know, all the things that I went through, uh, you know, I could see, I could see myself in her, uh, as to where I've come from as to opposed to where I am now. And I can see my child going through that and

see I was trying to get the, get her ready for what's happening, what's out there. I was trying to let her taste the waters, but still reassure her that I'm here for you. When things get rough out there, I'm here, you've still got keys.

However, much to Vera's surprise, the birth of Tia strengthens her daughter's fledgling voice:

Gm: I'm pleased because I feel she's strong enough and the only thing that was stopping me from thinking that she could do it was that she was so passive, that she was so timid, you know, and it was like anybody could do anything to her. She was so vulnerable. That was what was bothering me. But since she had Tia, she's starting to talk--I can hear her. When she don't like something, she says, "No, I don't like it." She wasn't that type of child that would come out and just say that.

In describing Maya as a "mirror image" of herself below, she is crediting her daughter with her growing assertiveness in regards to men, something that Vera didn't accomplish till years later.

Gm: And ironically our lives are not, no different. We were both pregnant at 18, having a baby at 19 and so it just seems like a mirror image, you know, she's a mirror image of me. But she, the way she's gotten aggressive and hard, it took me a while after that to accomplish to whereby it was like a gradual thing, you know, each year, or each day or each month whatever way. It became something to where I'm the person I am.

Vera proceeds to evaluate her own role in her daughter's growing voice in the excerpt that begins this chapter. She sees herself as providing a stronger foundation and a deeper possibility than was available to her when she was growing up. And she repeatedly expresses pride in her daughter's new assertiveness:

Gm: And right now I'm just so proud of her because she's really uh, you know, at first it was, you know, I saw her with the previous

boyfriend but she really wears this one out. She really stands her guns and that was important for me to see that because ...now I can truly, I can say, she's just like me. That's my daughter, boy. And it's important that she stand up on her own two feet and that was what I was trying to instill in her all the time.

On my last visit, before Maya had actually moved home, I ask Vera if she sees her daughter as having "backslid a little bit". Vera disagrees, reiterating how proud she is of her daughter:

Gm: ...she actually told him, I'm moving out. Me and Tia are leaving. She made the decision as far as, instead of her hoarding all of her things back here, she said, "Mom, I'm going to put everything in storage, put my little stuff in storage and I am going to," you know, so that made me feel good. You know, that's a growing point. You know. That's a plateau. We've reached up and, and just grabbed by the edge. And it's something I didn't expect to hear from because she seems so--well she don't seem--sometimes she seems happy with him, when they play, you know, play around and stuff, and I just thought, you know, she was going to just be into this because she felt she had to. Or this is the best she could do, you know, and I didn't want her to feel that way. But no, I feel that she's...moving in the right direction as far as I can see. She's doing what I've tried to teach her for years. You have a baby now, you have a responsibility, so therefore, it's not what Maya wants so much, it's what Maya wants and Tia. You know, what's best for Tia.

Maya's Story

Maya's cornrowed hair adorned with beads reflect her interest in eventually becoming a cosmetologist. One of the oldest teens in the study at 19 years, she maintains a certain reserve during interviews in contrast to her mother's effusive storytelling. Although thoughtful in her responses, Maya is more tentative in describing her experience as a new mother and more deferent than the White teenaged participants who needed little encouragement to talk.

Maya is the most openly affectionate teenager with her own mother; when

Vera and I went to her apartment one day, upon answering the door, Maya rushed into a warm embrace with Vera and without hesitation said "Oh, mama, I've missed you so much." Her delight at seeing her mother was absolutely unfeigned even though they had seen one another just two days ago.

Within the very beginning of our initial interview, Maya's conversation immediately points to Vera's background support, guidance and supervision in shaping her experience as a mother. She remarks that mothering is much easier than she expected and in the next breath, speaks of her mother's guidance:

M: At first I thought it was going to be kind of hard, but I guess as long as, as long as I went through with it, you know, it seemed easier to me in a way.....cause since me and my mom talk together, you know, talk a lot, then it seems, you know, I feel comfortable now.

I: And what do you mean you and your mom talk a lot?

M: We talk like different things. She tell me things that she used to do with me that I would have to do with her, with Tia.

I: Can you think of a recent example where you talked about taking care of the baby?

M: Well, she tell me that I would have to do, I would have to do like uh, take, you know, keep track of the medicine and when I have to give it to her, and when I go to the doctor's office. And she tells me to write like, say for instance, she tells me to write down the things that, you know, that the doctor tell me if I can't remember, to write it down so when the time comes, then, you know, I already got everything I need.

I: So when you have those discussions, are all those discussions pretty much a help or a hindrance?

M: It's a lot of help. It is.

In the above excerpt, Vera's guidance in preparing Maya ahead of time for

what to expect as a new mother is related through her own stories of being a mother. These stories not only convey practical skills but point out to Maya what is important to notice about a particular situation, how children behave, and how mothers should or should not respond; here the understandings of mothering are articulated through simple tales of mothering. Indeed, because Vera is such an avid storyteller, Maya's experience is richly endowed with narrative accounts of mothering that are perspicuously attuned to her capacities and circumstances and to Tia's needs and responses. For example, the occasion of teaching Tia to say "Up" when she gets picked up is embedded within an intergenerational story which points out the duty to teach children skills that are deemed important:

M: I figure as they getting older that they need to know these things. At least start early. That's how my mom did me.

I: Oh, really? Did she, does she tell you how she would teach you?

M: Yeah, yeah. She, and so I figure, well you know, I'm not going to be rude, you know, mean to Tia, but you know, that's how my mom brought me up, you know, teaching me things ahead of time.

Stories told and retold by grandmothers are cast in terms experientially close to the young mother's world in contrast to the formal knowledge of childrearing that is stripped of significance and worldhood. These seemingly trivial, mundane stories, recounted again and again over the minutia of family life, socialize Maya (and Tia) into family and cultural mores, directing Maya along "the same road" of access to mothering that Vera instantiates through her stories and practices. These founding stories of mothering carve out for the uninitiated a set of expectancies, purposes, ways of thinking, feeling and acting, and a moral

vision of mothering. Taken in aggregate, and modified and recast in light of Maya's personal experience, these stories are taken up, lived through, and elaborated into her own personal identity and self-story.

These and other stories of growing up, of family heroes (Vera's absent father) and recalcitrant no-gooders (Vera's drunken uncle and first husband), of fateful events (the jaywalking ticket) and tales of obligation and endurance create a "community of memory" (Bellah et al, 1985) that carries the family's past forward, binding family members to their common heritage. Family tales function as a narrative web "to fasten the identity in place and keep it from floating off, slithering away, or losing its shape" (Stone, 1988), articulating the terms by which a family understands itself. As the indispensable central character of the family drama (at least for the purposes of this research) and the bearer of family lore, Vera binds the family together, setting out in her stories and practices what it means to be a mother and family member.

Vera need not be physically present for these stories to do their work of organizing experience and shaping personal identities and family culture. Vera is always in the background shaping Maya's experience as a mother, through her stories and practices, coaching her in ways so well attuned to Maya that mothering has brought few unexpected surprises as a new mother:

I: Well, something that you totally didn't expect?

M: Well, no. Cause my mom kind of like explained things before, before I had Tia and she was telling me what I'm going to expect, so.

Not only does Maya believe that her experience has been relatively easy compared to peers who attend a local support group for teen mothers, but over the course of three months, Maya only recounts two episodes of difficulty in being a mother. The first episode occurred months earlier when Tia received immunizations:

M: ...the difficult parts was like, say for instance, she went to go get a shot and you know how miserable they be and they cry all night long. That's the most miserable part that you know I done have....Boy that was months ago. I'd say about three, four months ago.

I: Okay, and tell me about the whole situation. What happened?

M: Well, after she got the shot, I mean, they told me she was going to be kind of cranky and miserable, but I didn't expect for her to, you know, cry that much, you know, because she was crying as if--it hurt her real bad, you know, and I didn't expect--I didn't expect all of that.

I: Huh-huh. So what did you do?

M: Well, I just had to put up with it, I mean, you know. I stayed by her the whole time, you know, until she got better... close, you know. I had her, everywhere I went I had her with me.

I: And why did you do that?

M: Well, I mean, she was miserable so I figured that I should be there for her, you know, when she's feeling that way.

I: Can you remember any of your thoughts or feelings when she's feeling so miserable?

M: Well, I felt kind of, felt kind of depressed.

I: Did you?

M: Yeah, cause to feel her, you know, to see her to be in pain, it kind of makes me feel bad, so I was kind of depressed.

I: Until she started feeling better?

M: Yeah, and I knew she started feeling better cause she started playing and then she started laughing.

I: And then how--tell me how you thought...

M: Then it kind of brought a lot of joy cause, you know, I see that she's happy now. And then it made me feel better, too. So as long as she's happy, I'm happy. And when she's down, I'm down. So, I stick with her all the way.

Although I have no way of knowing to what extent Vera may have coached her in this particular situation, any coaching that did occur has become invisible to Maya. The connection that Maya experiences with her baby is played out against a strong background of her mother's watchful eyes, eager supervision, and nurturing support. Maya's smooth transition to mothering is based on Vera's availability, attentiveness and deep regard for her daughter's connection to the baby.

In a subsequent coping interview, when I again ask Maya to describe a difficult situation, she replies that getting up in the middle of the night is hard but doable because she is a "patient" person:

I: So when she wakes you up, do you feel patient?

M: Well, I feel patient enough, you know, to take care of what she needs, you know, until she goes back to sleep.

Here care for the baby is not experienced as excessively burdensome or beyond her capabilities; she does not share the anguish of Ann of chapter 5 who fears not being able to soothe her baby. Maya's ongoing involvement and connection give her the necessary cushion of experience and knowledge of Tia to

cope with the demands of care. Months of caring for Tia have set up embodied ways of learning and responding that form the basis for skillful attunement.

M: I still have to rock her to sleep because other than that she won't go to sleep. So I still have to rock her to sleep.

I: How do you feel about that?

M: I feel fine. I feel good. And you know it's not, it's not a rough job or anything. I try and let her just fall asleep instead--cause I've been rocking her since she was born, and I guess since she's so used to that, that's the only way she'll go to sleep, so I've been trying not to rock her but I can't help it, I guess it's that habit.

I: You mean for her or for you?

M: For me and her.

Maya's simple story of rocking her baby to sleep discloses the role of habits and practices in fostering attachment and competence. In spite of some hint that Maya should not be rocking Tia to sleep, she continues this well-established bedtime routine, affirming the interdependence of the mother's world and the baby's existence. Habits such as these are totally lacking in Ann's account of mothering where the baby becomes a foil for family conflict and hopelessness.

Maya also recalls many stories of pleasure in caring for Tia. Her reserve with me during interviews totally evaporates when engaged with her daughter.

Here are some of my notes recorded after spending an afternoon with them:

Maya and Tia are on the floor playing a chasing game until both tire of the chase. Maya remains on the floor, giving Tia the chance to crawl this way and that over Maya's body. Maya then grabs Tia playfully and blows into her belly; Tia shrieks with pleasure and watches in anticipation of Maya's next move.

Other researchers have noted the great energy and playfulness that young

mothers bring to the caregiving situation (Osofsky & Osofsky, 1970). But Maya is as warm and nurturant as she is playful with Tia; when Tia is distressed, she looks to Maya (or Vera) for comfort. Maya also takes great care and pride in doing things for Tia, such as polishing her shoes or giving her a bath. And she takes great satisfaction in the new skills that her year old baby is learning. The ease of her transition to mothering, unhampered by family conflict and protected for the time being from wider social contradictions, speaks to the background support of her mother and the recent transitions in their relationship.

Transitions in the Daughter-Mother Relationship

Maya's account describing the positive shift in the daughter-mother relationship is consistent with Vera's earlier story:

M: ...before she wouldn't listen, she'd just talk on and on and hardly let me say anything. Explain nothing. But now, you know, she listens now to what I have to say, and then she'll put in what she has to say and just put it together.

Their previously strained relationship becomes more dialogical and companionate as Vera grants her daughter the power to make and live with the decisions regarding her pregnancy. Below Maya describes her mother's unexpected response to the disclosure of her pregnancy:

M: Well, it was all right. I mean, you know, cause I didn't expect that from her. I didn't expect it from her. I thought, she, I thought she like she usually do, yell or you know, but I, that, it was a shock because I wasn't expecting that to come out of her mouth. So she said it was my decision, it was up to me.

I: How did that make you feel?

M: That made me feel good because she don't usually make, let me

make my own decisions. She usually have a comment, you know, before she let me make my own decision. So, it made me feel real good. So I thought about it to myself and I said, well, I feel I should go through it, you know, cause I don't care too much about abortions...

Maya's new adult status, the common experience of mothering, and their interdependence in the shared project of caring for Tia transforms the parent-child relationship into a more sisterly, companionate relationship:

M: Well, it's real good because see me and my mom, we're real close, we're like sisters. So we're real close and you know we like to do things together and share each other's feelings. So.

When asked in separate interviews to describe what they would most like to do on a Saturday, they are the sole mother-daughter pair who elect to spend time with each other and the baby having, as Vera says, a "daughter, mama, and granddaughter day" where "we would mess around and do girl things."

Their more dialogical relationship is not limited to the sphere of mothering. That Maya is granted more personal authority in other areas of her life is evident upon leaving home:

M: ...when I wanted to move out, she wasn't for sure ... that we can, you know, have our own place, just and take care of the baby at the same time. And plus, you know, bills and stuff like that. She wasn't for sure we could do it, but, so she said, "Well, you go ahead. If that's what you want to do, then you go ahead and if you all can show me that you all can take care of it so then, I, you know, I have trust in you all," so, so now she's, ...being more, more uh, how you say, more....

I: Supportive?

M: Yeah. You know, cause if we need something, we can come over and borrow it, or something like that. You know, if we need stuff, we can call and you know, she'll help us out, you know, if we

can't do it by ourselves. So she's been real, you know, she's been with us all the way.

Moreover, when Maya's relationship to her boyfriend sours, Vera does not recriminate her daughter for unwise decisions but welcomes her back home with compassionate understanding. This story of rapprochement is consistent with Apter's (1990) study of adolescent daughter-mother relationships where the daughter seeks (and sometimes fights for) a more interdependent relationship with her mother. In investigating the changes in the mother-daughter relationship during adolescence as a movement toward greater interdependence, Apter offers a corrective to prevailing male-centered theories of adolescence which posit separation from the family-of-origin as the telos of adolescent development. Such an interpretation is consistent with other research (Greene & Boxer, 1986) demonstrating how family interdependence is renegotiated over successive mutual transitions for young adult daughters and sons. In the stories of teenage mothers, the pregnancy and birth can become a divisive force sustaining mother-daughter disconnection as exemplified in previous chapters, but for those like Maya, mothering pulls the teenager into the community, traditions and stories that are first learned and then shared with their own mothers. Within this shared world, the baby redefines their earlier parent-child relation to the more companionate world of sisters. Previous relational struggles lose their relevance as Maya and Vera now stand alongside each other, going down the same path. Maya now identifies with and emulates her mother while Vera affirms her daughter's growing voice and tutors her in the practices of care and response. They have

become fit partners for elaborating the stories, traditions and practices of mothering.

Developing an Identity

For all the teenagers in this study, becoming a mother changed the way they were in the world. Regardless of the young mother's situation or the family's pattern of care, notions of responsibility recurred throughout the teenager's interviews, pointing to the their changed world. This is what Maya has to say about her new world:

I: ... what does being a mother mean to you?

M: ...(T)aking on responsibilities...Uh, taking care of your child. Uh, taking care of business. Get things out of the way that you supposed to....Like we was talking earlier, about if I had to go to, take my baby to the doctor cause she's sick.... making sure all the bills are paid.

Her words convey that Tia is a moral claim compelling her to act responsibly, as she elaborates in concrete terms below:

M: Well, like say for instance she gets sick and I have to take her to the hospital or, you know, since I'm doing all this by myself, you know, then, you know, it's how am I going to get her to the doctor and you know the questions, what questions I'm going to ask the doctor, you know. And I figure that well, you know, since I should know all of that, which I do, you know, then I think I'm taking a big responsibility, you know. So it's, it's all right, but I guess, I mean, cause I'm not really doing it exactly by myself.

Maya's obligation "to take care of business" requires adult perceptions, judgements, orientation, and purposes which are shaped by the material and social worlds within which the young mother and her family live. Because Maya wants a good father for her baby, she does not dismiss her boyfriend's prison record

without first going to his sister from whom she learns "that he was not a bad person at all". And when an apartment becomes available, Maya makes it clear that she will not move in with him until it is freshly painted and clean for Tia's sake:

M: Now if it was just me by myself, I wouldn't worry about it that much, but I was bringing a baby in it, and you know, you got to keep a place clean if you got a baby in there. So that's how I wanted it.

Predictions of the teenager's long-term development and future life-course as a direct result of the pregnancy overlooks how development and life-course transitions are always rooted in what is available in the social world the teenager inhabits. Unless extremely talented or fortunate enough to be attending an excellent school, mothering may represent the only route to adulthood for disadvantaged, minority teens. Given the paucity of other alternatives, mothering does not represent long-term disadvantage either for the teenager or her family, but only a short period of adjustment (Henderson, 1980). Moreover, taking up maternal responsibilities makes one an adult member of the broader community (Gabriel & McAnarney, 1983). Mothering is familiar and available in Maya's world:

M: Well, one of these days, I mean, you got the responsibilities--I mean, you got to expect all of this, so you might as well do it ahead of time. That's how I see it.

Being slightly "ahead of time" is not problematic for Maya or Vera who is pleased to be young enough to "run with my grandchild". Maya affirms that mothering has not interfered with her goals or plans. Once Tia is older, she

expects to become a cosmetologist like her three aunts and hopes that her grandmother or aunt will be available to care for the baby while she works. If this comes to pass, she will be following in her mother's footsteps, becoming a mother and then working and continuing her education, a life-course pattern common to lower-class women (Nathanson, 1987). Here the timing of mothering, although at odds with the normalizing lens of social science, fits the life circumstances of Maya and Vera, given the publicly available social roles of their community.

Conclusion

Maya's smooth transition to becoming a mother reflects the abundant care that both mother and child receive when mothering is organized as a collective activity that instantiates an ethic of care and responsiveness. Not only is the baby welcomed and privileged as a special member of the family, but the young mother is nurtured and protected from the full brunt of caregiving demands and the conflicts which Vera experienced as a young mother--family insistence that the teenage parents marry, the competing claims of work and mothering a new infant, and the intrusiveness of a paternal grandmother. Maya's short history as a mother is relatively free of such familial constraints. She admits to feeling cared for by her mother, grandmother, and aunt who show it by helping with the baby. Even when Maya moves out of her mother's home, she remains an integral part of her mother's household, visiting almost daily and calling frequently.

For Maya, becoming a mother ties together the roles available in her social

world within a family history where children provide meaning, identity and significance in the company of other women. The domestic network honors and extends its own caring practices through stories. Recall Vera's story imploring her children to take care of each other in the event of her death as well as her prosaic stories of mothering. Vera remains the central character in this family drama (with men cast off or relegated to the periphery) with Maya taking her place beside her mother "here in my ground". Maya's story is not a perfect mirror-image of her mother's for she, unlike Vera, does not have to imagine and patch together an altogether new set of practices in opposition to her mother's example. This is Vera's gift to her daughter and granddaughter.

Chapter 7

Growing Up Together

I'm so glad that I got it [drugs and drinking] over with. I did have to go through with it because I'm stubborn. People can tell me not to do it but I just do what I want. So I had to find out for myself. So I did the drugs and everything and I got all that out of my system when I was young. And I think that it's so good because now when I turn 21, I'm not gonna go to bars. What's the sense of going to bars? All you do is get messed up. So you know I got all of it done before I get older and now I can sit down and have responsibility and I love it. I LOVE being a mom. She's annoying sometimes. She's a little brat sometimes. But I still love being a mom and I wouldn't give it up for anything. (Tammy, 16 year old mother of Joy)

In the previous chapters, the young mother's responsiveness to her child is not prefigured exclusively by what she brings to the situation but also by what the situation brings to her. Some family situations support the young mother's growing responsiveness to her child (shared care), while others undermine it (adversarial care) or altogether preclude it (exclusionary care). In this fourth narrative, care of the baby is enacted as a solo practice by the young mother.

Tammy's dramatic story reveals a deliberate attempt to carve out a future and reorganize her life around mothering. Her struggle to develop a responsive self is enacted in the midst of a social world that remains precarious and unreliable in resources to support her emerging moral voice. Her story shows mothering to be a world-defining commitment (Rubin, in press) that gives birth to a relational self, the growth of which may falter in the absence of responsive, trusted others, supportive communities and social policies. Although Tammy's abusive past and the constraints of her concrete situation provide an unstable

ground from which to invent an alternative set of maternal practices, becoming a mother proves to be a powerful situation that pulls her forward to "become a better person".

This fragile human possibility often unravels amidst the lack of material resources and social contradictions that single mothers often contend with. In the following story, only luck plucks Tammy from homelessness. Unfettered temporarily from having to support herself and her daughter, she is granted a chance to grow with her child. But for single mothers in similar situations, it may end quite differently. When too much in our current social arrangements depends on individual luck and personal resources, the vast majority of single mothers and their children get no reprieve from poverty and have little chance of growing up with any hope for a meaningful future. Their future, "the inheritance of a diminished destiny" (Kozol, 1990, p. 53), is largely determined in advance.

Pat's Disengaged Story and Muted Voice

Pat, the 49 year old divorced mother of Tammy and grandmother of Joy, is less directly involved with her grandchild than the grandmothers met in previous chapters. Not one to easily disclose the emotional contours of her childhood or her present circumstances to an interested stranger like myself, her single separate interview leaves significant gaps in her life story. She was never home for our last interview, although several appointments were scheduled. I learned of Pat's longstanding alcoholism only from Tammy, who having lived in the shadow of her mother's addiction, spared few contemptuous words about her mother's life.

Because Pat never divulged her alcoholism to me and because I had pledged not to reveal what I learned in separate interviews with other family members, I never asked her directly about her drinking and its repercussions on her personal and family life. Her silence on these matters is an integral yet absent part of the personal story she tells.

Pat straightforwardly presented the facts of her personal history. She grew up in a small town, the oldest daughter of a two-parent family. Her father operated a small business while her mother stayed at home to raise their three children. Pat felt closer to her father who was more likely to play and "was easier to talk to" compared to her mother whose energies were more focused on having an orderly, immaculate household. In particular, Pat recalled the "stress" and apprehension created by her mother's overly zealous attempts to clean the house before her brother's weekly Boy Scout meetings. No mention was ever made of alcohol abuse in Pat's family of origin.

As a school-age child, Pat travelled around the country every summer with her maternal grandparents who were missionaries. As she grew older, their strict rules "where they were watching me all the time" felt oppressive. When Pat became pregnant at age 15, she married the father of the baby and moved in with him and his mother. Before the baby's birth, the young couple separated and Pat returned home to live with her parents. With her second pregnancy at age 18, she remarried but that marriage was also short-lived. While continuing to live at home, she often worked two jobs, sometimes as a cocktail waitress, hoping to save

enough to eventually move away from home. She succeeded at 21 by marrying a man twenty years her senior. This marriage lasted ten years during which time her youngest two children, both daughters, were born. She gave birth to Tammy, her youngest daughter, when she was 29. Pat divorced Tammy's father when she was two; their post-divorce relationship remained adversarial. According to Tammy, her father was also an alcoholic who abstained from alcohol following his divorce until his death 8 years later from cancer when Tammy was 10.

Death is no stranger to Pat's life. She almost died of extensive injuries suffered from a car accident after her third child was born. Although unexpected to recover, she eventually did so without permanent damage after being hospitalized for two years. Her oldest son died in a car accident when he was 17 years of age. I did not ask if either of these accidents were alcohol-related. However, Tammy recounted appalling instances of her mother's driving with her children while intoxicated; and all her live children, including Tammy, have waged a gripping battle with substance abuse from very young ages.

Pat reluctantly supported her daughter's second pregnancy at age 16 for reasons more thoroughly described below. She was present during the birth of Joy and stayed home for the first week of the baby's life to help her daughter. She then returned to working two jobs; her long working hours during the week limited her involvement with Joy to the weekends. But even on weekends, Tammy rarely went out. Only when her mother and sister strongly encouraged her to go to a concert when Joy was two months old did she leave the baby in her

mother's care. Therefore, Pat's concern before Joy's birth that Tammy might depend upon her to care for the baby proved unfounded:

Gm: Yeah. When she was pregnant, I made up my mind, I am not, definitely not going to babysit. But then after she was born, she didn't go anywhere, like she said, until that concert. And then it was really kind of nice to be alone with the baby.

I: Did that surprise you?

Gm: Not once I saw her. Not after she was born. No.

I: So on the weekends, it was common for you to babysit? And did that ever feel like a burden?

Gm: Not really. It was what I wanted to be doing. I would get aggravated at Tammy at times because [laughter] because there were times I didn't feel she was helping out enough. But um that would aggravate me but it didn't bother me about watching the baby.

Although Pat granted that her daughter was much better prepared than she was to care for her first-born child, her advice was credited by Tammy as a help particularly in the beginning. Although Tammy "knew" what to do from childcare classes, it didn't "click" without her mother's prompting and direct example. By the time Joy was three months of age, Tammy began to feel quite comfortable in caring for her. From this time on, Pat's advice regarding routine childcare situations was rejected as unwarranted interference while her advice in novel situations was more often accepted:

M: We came over to my mom's house. And Joy was kind of moody. I don't know exactly what was wrong with her. She was just kind of crying every once in awhile. And I didn't really pay that much attention to it. And um she wasn't acting too right. And then we came over here, and she was trying to take a bowel movement. And she was struggling a lot. And my mom said, "What is wrong

with her?" And I said, "I don't know." She did it once earlier and she just started letting out this really big scream. And um my mom went over and felt her stomach and felt that there were knots in her stomach. And I didn't pay any attention that that morning she didn't have a bowel movement. And she didn't have any juice that day and she was constipated. So I took her in.

Gm: She gave me the baby and I held her and she just stiffened out and I felt her tummy. And I said, "Take her to the emergency room right now." Cause she had that problem when she was little.

M: I didn't know what was going on. Cause I didn't give her juice one day, and that happened. One day! I guess it's that serious. But with most babies, it's not that serious. So I took her in and they, the doctor had to push on her stomach and give her, what was it called? No he didn't give her anything. He put some stuff on his finger....and he said they were hard as rocks. And there were like four of them.

I: So was your mom's advice a help or hindrance?

M: A help. I would have gotten it on my own but I was glad she was there.

After months of learning the practical skills of mothering and getting to know Joy, Tammy expresses confidence in handling routine childcare situations, but her mother continues to be a resource:

I: And what about fuzzy situations where you're not really sure what's going on? Then what do you do?

M: I take her temperature and um...

Gm: You better call Mama.

M: I do not. [joking mood]

Gm: I said you better.

M: And I look and see if there's a new tooth coming in. And if so, it's usually that, and I give her some baby Tylenol and give her a bottle and rock her to sleep.

I: You sound pretty confident even in fuzzy situations.

M: About what to do? Yeah.

When Pat drinks considerably less for the three months following Joy's birth, the family's fragile connections are temporarily mended. But when she resumes heavy drinking, mother-daughter animosity reaches its previous level of explosive fighting. Even so, Pat thinks:

Gm: ...it's brought Tammy and I a lot closer. Well, actually when she was pregnant, but we talk more and I think she, we communicate much better....For example, she talks to me a lot more, and uh, she asks my opinion which is unusual compared to what it used to be. And I think she really hears what I'm saying now. [Whereas before] it was mom talking, it didn't mean anything.

I: Yeah, and brushed it off sort of?

Gm: Yeah. And I think she can understand now why I said the things that I said.

Pat also notes similarities between the circumstances of her first pregnancy and her daughter's:

Gm: Uh, the [young] age. And uh, I guess I was very nervous at that age. And uh, I calmed down after I had my baby.

Pat takes comfort in the fact that Tammy's life has also calmed down considerably with the birth of Joy. That her daughter better understands her vantage point from the common experience of mothering also heartens her. But her resumption of drinking explodes the fragile mother-daughter bond. As Tammy made absolutely clear in her interviews, there was nothing from her mother's life to emulate.

When Pat resumes heavy drinking, Tammy leaves home with three month

old Joy and moves into another deplorable situation. Since Tammy refuses to return home, Pat intervenes to protect the baby in the only way open to her. She calls Tammy's parole officer and informs him of her concerns for the baby's welfare. He threatens to report the situation to Child Protective Services if Tammy does not move out. Tammy, who was just as eager to find a better place to live, moved when a friend offered another place to stay.

I: And your concerns?

Gm: My main concern was the baby. Well she was too but I knew she could take care of herself but I didn't know if she could take care of the baby. I didn't like the people. I didn't like the area.

I: So you were willing to step in.

Gm: Yeah, to make sure for the baby.

I: Was that a difficult decision?

Gm: Yeah, because I felt she would hate me. But I don't care if she hates me or not. I don't want the baby hurt.

With her youngest child having left home, Pat felt a void in her life. As she says, "the difficulty [of raising children] is they grow up [and] move away, they're just, you're not close anymore. They've got other interests..."

She describes her feelings when Tammy and Joy left home:

Gm: It was difficult. It was real difficult because Tammy's the baby of the family. And um, I felt almost like Joy was mine too. So it was just a big empty lost feeling then.

Having been a mother since the age of 15, she is entering a new, unfamiliar world:

Gm: Now that my children are all grown, I'm starting to find out

more or less who I am. And I'm having trouble getting to grips with that because it's a whole new experience. Wondering what to do with myself. There's no little one here to take care of.

In a world permeated and leveled by alcohol addiction, in the absence of concerns and interests that might pull her forward, she describes herself as "stagnant":

Gm: I'm having, I'm having a few problems with it. I went to--my boss and I, she just took over part of the company--went out for lunch the other day and all of a sudden I found myself talking to her going, you know, I just feel like I'm stagnant. And uh, I was talking about my job, but then as we talked more, it just dawned on me, I was talking about everything. And uh, so she had a couple of good suggestions, you know, going to career counseling seminars and stuff like that. And maybe going back to school because I don't really know what I want to do. I know I'm not going to just, I can't stay like this. I'm getting more frustrated every day.

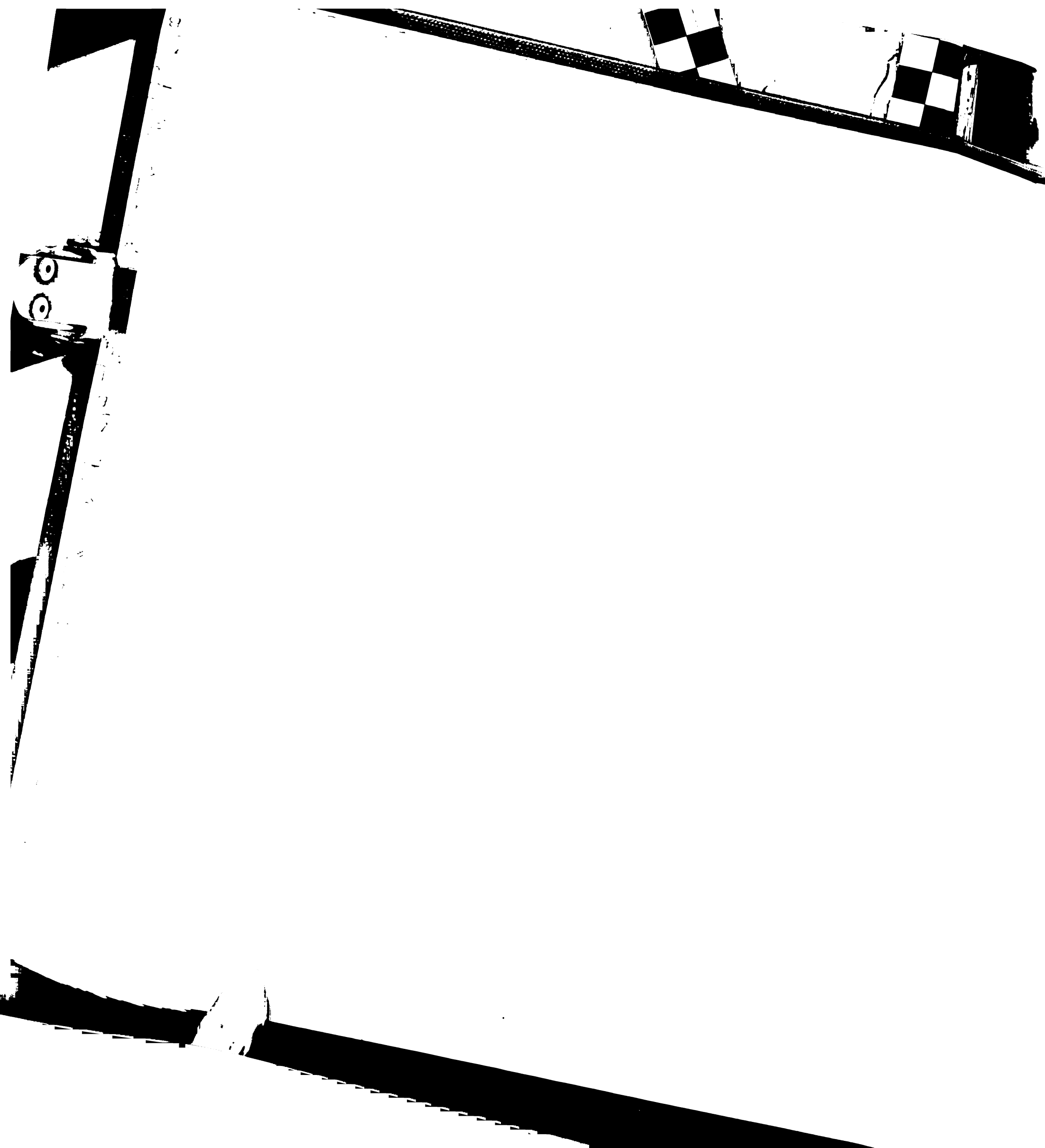
Struggling with developing a different relationship with her now adult children, she says:

Gm: In a way I feel guilty about not wanting to, I mean, about not wanting to be so involved. But I know I'm not doing them any good.

I: Right. So having to enter or find this whole new relationship.

Gm: Yeah, cutting the apron strings, I guess you might say.

Tammy, for her part, had no intentions of remaining dependent on her mother. She explained that her our perilous flight into drugs (see below) was a twisted attempt to escape the pain of living with the repercussions of her mother's addiction. Motherhood, in a double sense, provided a way for her to become more independent of her mother. Not only did she finally leave her mother's home (initially to a worse situation) but the practices of mothering introduced



meaning and content that helped to reorganize the direction of her life.

New possibilities arising from within the concrete situation of mothering begin to create a new world from a broken one. In spinning a new web, Tammy creates a world from the ground up in opposition to her mother's negative example and practices. In the absence of a benevolent heritage and fond memories and because the baby matters deeply to her, she struggles to create mothering practices that are guided by her connection to her child, and in so doing, she gives birth to a new self.

Tammy's Corrective Narrative

Tammy is an outgoing, tenacious, sometimes hot-tempered 17 year old. Her scrappy nature and sometimes tough language fit her self-described stubbornness. With long blonde hair, thin in appearance and steely in temperament, she is easily drawn into telling her story as she keeps a watchful eye or deftly attends to blonde and curly headed Joy. Our chatty interviews are interwoven with mini conversations between Tammy and Joy who happen to be one of the most verbal mother-child pairs in the study. Both partners are equally frisky in their playful style of interacting.

Although Tammy is comforting when that is called for with Joy, her typical style of being with others is much less yielding and more tough, and at times downright defiant. As she says, "I don't let people get over on me." With so little comfort and safety in her past, she learned to protect herself by being strong and separate. Her interactional style of overcoming others to protect herself, brought

forward from her precarious and abusive past, leads her to be defiant, combative and reckless at times.

With her parents' divorce at age two, she was at the mercy of her mother's abusive and erratic behavior. The few times that Pat was physically abusive remain indelibly imprinted on Tammy's memory in stark detail. More common was the psychological trauma of bearing Pat's verbal abuse, drunkenness, and frank negligence, mitigated only by an older sister's attempts to care for Tammy, or by weekends spent with her father. Tammy is equally contemptuous of her mother's drinking and her numerous liaisons with men whose own drinking would send the family into a tailspin of fighting, more drinking and total disregard for Tammy and her siblings.

Given her mother's different liaisons, Tammy was "uncertain of exactly where my father fit in" but he certainly represents a more nurturant and positive example of parenting in contrast to Tammy's tumultuous home life.

M: I guess just because he was always there when we needed him. You know, we'd be at my mom's house and we'd wake up in the middle of the night and nobody would be there, and we'd call my dad and he'd come and get us.

Compared to Pat, Tammy's father was reliable, available and "didn't take his own troubles out on his kids." He helped Tammy with homework without yelling at her as Pat did and "...he let us know it was time to be okay and to behave and listen to what he had to say, and we respected him for that." When Tammy began running away beginning at age 10 to escape her mother's drinking, her father's home became a safe refuge. Tammy attributes her resilience to her

father's example, "who laid it all out to people but without violence, which I like, but my mother is a woosh, she doesn't stand up for anything." Her resilience was honed once and for all the night her father died:

M: My attitude changed the night he died. Because my mom woke me up at 3 a.m. and told me and I said, "Don't lie to me." And she said, "No, he's really dead, he's gone." And I said, "Well I want to go to see him" and she said no.

By storming out of the house and finding her own way to the hospital (at age 12), she claims:

M: I was stronger because I went to see him in the hospital and went to his grave and my sister never did. My sister couldn't handle it so she didn't get all the anger and the frustration and stress out yet. But I did. I got it out right there cause I didn't want to all my life dwell on it. Because it's not worth it. He's gone.

Pat's obliviousness to her children's affairs made it possible for Tammy's teenage sister to become involved in drugs. She in turn introduced Tammy to drugs at age 7. Tammy concedes that her early "drug problem" was an attempt to escape her tumultuous home life. It should be no surprise that she did not do well in school and that she eventually got in trouble with the juvenile system for frequent running away. At age 15, she ran away to Los Angeles for four months where she did "a lot of bad things". Here she conceived her first pregnancy.

Unplanned and unwanted, she had no hesitation about aborting:

M: When I had the abortion, I didn't care. I didn't want the baby-- I didn't want that thing inside of me and I felt gross....I had been doing a lot of drugs. And I knew that would affect the baby. I wasn't ready for it because I still wanted to party and I still wanted to do drugs, and I still wanted to go out. And um so I kept it up, I kept partying, I kept doing drugs.

However, about a year later, she deliberately plans a second pregnancy with her boyfriend and conceives after three months of being drug-free "so that I knew that everything was out of my system." When the pregnancy is confirmed at 2 months gestation, she also abstains from smoking cigarettes for the duration of the pregnancy. Here are her reasons for getting pregnant:

M:and then I figured you know, that I have to be responsible and that I want somebody to love. You know, I wanted someone to care about and to take care of and um, me and [my boyfriend] discussed and we figured that we could have a baby and that's how it all started.

I: Was it hard to quit [drugs]?

M: No because the drugs weren't hard because I knew that that wasn't important to me. And I knew that the baby was important to me cause of the love that I had for her father. And I saw how he wanted a baby, and how I wanted a baby. And we were going to work together on this.

I: Why was it important to get pregnant?

M: Because I wanted a baby. I don't know how to tell you. I don't know. I guess, I'm guessing, I don't even know. Maybe I was afraid that he'd leave someday and I didn't want him to go....And plus, I just wanted to settle down and have a baby.

I: Do you mean that you knew that having a baby would really push you in that direction?

M: Yeah, because I had a big problem with drugs. And now you know, I didn't go to any drug things. I went to NA and AA which is Narcotics Anonymous and Alcoholics Anonymous and they didn't do anything for me. You know, because I would end up going in there messed up and I would laugh at everything. And I knew it would help me stay off drugs because I was off of probation but I felt that I needed that in my life. And I'm so glad I did it because now I don't feel the need to do anything.

I: Needed what in your life?

M: I needed someone that I have to take care of, that I have to do things for because no one else is going to do them.

Tammy describes how being addicted had led to a loss of horizon, a lack of purpose and sense of emptiness where everything was subsumed to the craving for drugs. Against this background meaninglessness, Tammy imagines that a commitment might reorient her life and open up a new horizon. She therefore decides to conceive after abstaining from drugs. An apparently mutual decision proved less significant to her boyfriend. Although he also, by his own report, quit drugs initially, their relationship eventually soured. When he urged Tammy to relinquish the baby for adoption, she refused and resolved to raise the baby on her own. Although they no longer date, she encourages him to have a relationship with Joy because she feels it is important for her daughter to know her father. Mindful of his continued drug use, she restricts and supervises his visiting until he can prove himself capable of caring for Joy.

Although Pat did not think that her daughter was ready to become a mother, she was reluctant to press for a second abortion because she thought her daughter experienced considerable guilt over the first one. She therefore reluctantly supported her daughter's decision to continue the pregnancy.

When Pat's heavy drinking resumed, Tammy was determined to leave home, not only because of her mother's drinking, but because she felt undermined as a mother by Pat's advice, even though Pat was out of the home most of the time:

I: Tell me a little bit about when you say you have more authority

now.

M: Because my mom would always tell me what to do with Joy. ...Whatever she had said, she expected me to do, no matter what. Her way was always the right way to do it. For instance, like changing her diaper, you know, she'd want me to do it every 5 minutes when it needed to be done maybe every 15 minutes when she was first born, and ah...

I: So how did it make you feel when your mom was telling you constantly what to do for the baby; how did that make you feel?

M: It made me feel like I really wasn't her parent.

I: Oh?

M: Cause you know, I had no authority over it; my mom did.

And as described earlier, when Joy is three months old, Tammy moves into a situation that, despite her friends' assurances, proves disastrous for her and Joy.

M: The people I was with, um, my mom was right. She told me not to move in there because of the drugs that had been going on there before. And then there was talk and I said, "Look, I really want to get on my own. I really want to move out and show my mom that I can do it. But I'm not living with you guys if you guys are doing drugs and having people over all night and partying because it's just not right for my kid. Well a week was fun. The first week was wonderful. And then there was people coming over wanting to buy drugs. There was people coming over wanting to sell drugs. And there was people walking in and out of my house that I didn't even know. I had a lock on my door. It was just really bad. Then there was talk about the place getting raided. And it was just not good at all.

I: So when did you leave?

M: I was only there for a month. Unfortunately, that long.

She goes into more detail when I ask her to describe the most difficult time of being a mother. Never surrendering to the deplorable living situation by

resuming drugs, her defiant attempts to confront the situation are powerless to change it. Having vowed never to return to her mother's home, the inevitably worsening scenario is turned around by a friend's offer of housing:

M: It was difficult and everybody's self esteem down there was like really low. Nobody worked and they had to beg their parents for the rent money. Me too. I had to ask my mom for money. Um, they'd sit around and get high all day and of course I'm in the room so it's a contact high for me. And Joy was in the room and I'd have to take her upstairs and go in the room and just everything there, everyone, the whole environment, the neighborhood, everything got me down. And so I was depressed and feeling bad which made Joy fussy. And I'd be stressed out and I'd yell at her and I'd felt so bad afterwards I'd just lay in bed and cry. And that's what I did usually the whole time I was there. And then my mom always made sure that Joy had food when I was living there. That was about it. I didn't eat....I didn't have any money to take the bus so it was really hard and it was stressful on me because....And then I'd go downstairs and there'd be like twenty people in the house. [And I'd say] "You guys have to leave." "Well Ron said we could stay." "Well I'm living here. My kid's upstairs sleeping. Get out!" And then they'd go get Ron. And then Ron would say, "We'll be quiet, we'll be quiet." At about 3:00 in the morning, I wake up with Joy screaming and people are downstairs yelling and stumbling everywhere, drinking beer. It was just really hard on me cause you know I couldn't handle them plus the baby plus my own feelings plus not eating didn't make me too happy. And the only person I had to talk to was Lisa, the girl that lived next door to me. You know, because she's a lot older and we've had our differences and our fights and everything. But she seemed like a really strong person. She's the one that kept me together when I was living there. I mean, you know she helped me out with Joy and stuff like that. Without her, I, I, I probably would have been a mess and without Jim telling me I could live here, it would have been worse. And probably I would have had Joy taken away.

Fortuitously, Jim, an older divorced friend of Tammy's, invites her to live in his home upon learning of her circumstances. Tammy hesitates at first, not wanting to be "pitied", but she agrees and moves into his household which

includes a 19 year old man, also a friend of Tammy's. Although this proves to be a much more stable situation for Tammy and Joy, by the end of the study she is considering moving in with her boyfriend to a house he shares with two other couples.

The obvious advantage for Tammy in living at Jim's home is that no drugs are allowed and there is no raucous late-night partying. Compared to the precariousness of the previous living situation, Tammy's daily routine is now fairly predictable. Her roommates will sometimes feed breakfast to Joy, giving her more time to sleep, but once they leave for work, she mostly plays with the baby and visits with friends who stop by. While Joy takes her afternoon nap, Tammy cooks dinner for the household. When both men return home from work, they eat dinner together and clean the kitchen. Joy becomes the evening center of attraction as friends visit. Joy has a regular bedtime, sleeping in her own crib in her mother's room. In contrast to Pat's home, Tammy now assumes full authority as a mother:

M: I liked it a lot better when I moved out from my mother's house because now I have more authority to be her mother. Now what I say sticks, not, not just, her giving me advice and me having to take it. And, ah, we get to spend a lot of time alone.

During my visits where both Pat and Tammy are present, it is clear that maternal authority rests with Tammy; Pat without quarrel defers to her daughter's more intimate knowledge of Joy. For example, Pat checks first with Tammy before feeding Joy or putting her down for a nap. Tammy also openly challenges her mother's practices that she disagrees with. For example, Tammy objects when

her mother calls Joy a "bad girl" for playfully sputtering with her food. Pat complies with no notable response, confirming Tammy's remark: "I can say what goes with my daughter."

Mothering as a World-Defining Commitment

Tammy's story deviates from the normative life course where financial independence and adult maturity ideally precede parenthood. Her example suggests that mothering, particularly for lower-class teenagers where alternative pathways to adulthood are limited, opens up the possibility of a meaningful future, even amidst an oppressive family background. Throughout her interviews, Tammy describes the power and directedness that issue from being a mother that were absent before becoming a mother.

M: Oh yeah. Before I was irresponsible. That's why my mom probably said that she wanted me to get an abortion. In the beginning, because I was really irresponsible. I'd go out, do drugs, then I decided: Oh well, I'm going to steal my mom's jewelry. Take all my stuff, sell what I can and go to L.A. So, I take off for 4 months to L.A. Don't call her, don't talk to her, and living off drugs. I mean I wasn't eating. I ate and slept maybe one week out of 4 months. You know. And I weighed 85 pounds when I came back. You know, so there's a reason for my mom not to think that I could handle it. And, you know, then I figured, well I'd be more responsible. And I wanted the baby because I wanted something in my life. I wanted someone that's in my life. And I had her and drugs are like disgusting. I hate people who do drugs. And some of my friends yeah, they do drugs but they're not around me when they're on them and if they are, then...I already told every one of my friends, "If you are around me when you are on the drugs, then don't consider me a friend. Don't call me. Don't come by. I don't have time." Cause it's sick, it's so sick. Especially if you can sit there and watch... I mean, you know pot, people think wow. Big deal, pot is nothing. But it is something. It's a drug. It makes you not remember things. It makes you act stupid and go, "Oh what was I just talking about?" That is so lame and so I just can't stand to be

around people who do drugs at all.

I: And that's because now you're a mom with responsibilities?

M: Yeah. I changed. I am a totally different person than I was. You wouldn't have liked me the way I was. Nobody liked me.

I: And did you like yourself?

M: No. Not at all.

I: And do you like yourself now?

M: Yes.

How might we understand Tammy's story: as self-delusion or as a credible possibility issuing from her direct experience as a mother? If we assume, as others do (Musick, 1990), that mothers reorient and reorganize themselves as they adapt to their new role by acquiring knowledge from an increasingly detached perspective, then we might agree that teenagers are unlikely to have the capacities within themselves to carry out such redefinition. But this stance assumes that mothers are fully self-contained and neutral selves who stand outside the situation, unmoved by the way the baby matters. When mothering is understood as a world-defining commitment (Rubin, in press) which pulls and guides the mother to perceive, feel, think and behave in ways that accord with the particularity of the mother-child relationship within an already meaningful social and practical context, then Tammy's self-appraisal (as fundamentally changed by becoming a mother) and "corrective narrative" (Benner, 1991)--become plausible. The commitment of mothering works a moral change in Tammy's life, giving birth to a relational self, a self borne out of emerging skills, meanings and habits of caring

and responsiveness to a specific child.

M: I always wanted to go out and I always wanted to party and I always wanted to be where everybody was. I had to be the center of attraction too and now I don't... We'd always go out and get drunk or stoned or whatever--anything. We'd always go to concerts and, um I was always the center of attraction; I was always the one that made everybody laugh out of the bunch. And I still do that, but I'm sober and now I'm more smart. You know, I realize how stupid I was. I was stupid.

In light of the dramatic rise in drug addiction among pregnant women, Tammy's story provides a counter-example of forswearing drugs and alcohol throughout a planned and wanted pregnancy. After Joy is born, one cannot imagine more pervasive "triggers" that could easily have led Tammy to resume drugs. Feeling trapped and depressed and with drugs readily available, her decision to abstain remained firm. Here is how Tammy describes her transformed world:

I: Well, how do you accomplish such a radical turn?

M: I think that having Joy made me more mature, made me wake up and realize that life isn't just a piece of cake and you don't have to just get up in the morning and go out and party and come home and go to sleep. That's not what life is about. Plus, I was, you know, I never had to pay for anything and now I do and now I feel a lot more responsible. You know, cause, and now I have someone to take care of so I have to take care of her and I like feeling that way. I like having that sense of responsibility.

I: And how has being a mother changed who you are as a person?

M: My personality, my attitude.

I: Oh, it has?

M: Yeah.

I: In what ways has it changed?

M: I'm not, I'm not such a smart ass, and my goals aren't just to go out and think of me.

I: What are your goals now?

M: My goals are just to live my life with my daughter and raise her the best way that I can.

I: So how is it to make that switch?

M: How does it feel?

I: Yeah.

M: It feels better. Cause she's a part of me.

Here the self-understanding of being a mother gives her a new ethical framework and directedness that reorganizes her activities. She is moved to act in new ways because of her connection to Joy--"she's a part of me"--that overturns her previous self-absorption and meaninglessness. The new purposes and concerns that arise in being Joy's mother strengthen her resolve to become a better person and a good example to her child. Even though she sometimes falls short of her aspirations and hopes, these aspirations and hopes only show up for her in being a mother. When I ask her "What is a good mother like?" she replies:

M: There is no just one good mother. You're just the best person you can be. Everything you think about, everything you do, if you think about how it would affect your kid, that's the best mother you could be. Because everything that goes through my mind, I think about what would come out of it for Joy.

She elaborates by recounting a friend's motorcycle accident where she could also have been hurt if she had agreed to go with him. In thinking of the

possible repercussions for Joy, she continues:

M: Everything I'm gonna do is going to effect her in some way--the kind of people I'm around, things I consider doing.

I: Is that a constraint?

M: I don't feel like it's a burden. I like that feeling because then I'm watching out for myself too. You know, if I do something wrong. I think it helps me. Cause if I went out on every single urge I had, I'd be in jail right now. Being in the wrong place at the wrong time. That's how I got my probation. [Two years before Joy's birth, she was charged with trespassing when she entered a friend's aunt's apartment. According to Tammy, her friend let them both in with a key but since her friend had previously stolen from the aunt, charges were pressed for trespassing.]

Here Tammy points to how her existence is interdependent with her child's. The practices of attachment and care create a privileged space for the mother; the experience of loving and being loved by a child offers a corrective experience that contrasts with her own painful and troubled past. Tammy fondly remembers the early months of feeding Joy at night where she would "just stare at her, I just couldn't believe she was mine." She recalls with deep emotion the recent time that Joy first said, "Mommy, I love you." These emotional experiences are corrective for Tammy and create a new moral horizon, a possibility described by Swidler (1987):

In loving and being loved, people give themselves over, at least for brief periods, to intensely moving experiences through which they achieve new awareness of self and others. Love can make possible periods of crystallization or reformulation of the self and the self's responsibility to the world (p. 108).

Loving and caring for Joy becomes a project which reorganizes her world.

The baby introduces matters of significance that pull her to be the kind of mother

she wants to be for Joy. Below, she describes how important it is for her to create practices that contrast with her mother's abuse in order to create that "bond that nobody can break because I never had that with my own mom":

M: But I don't want [friends] to put forth help when I'm here because she's mine. Like I don't let people change her diaper for me. Well I do sometimes and it's nice but usually I can do it myself. Because I don't want to get too dependent on them doing it. Because I'm afraid I would slack off on being a mother to her--that's always been a concern--because my mom did it to me. I'm afraid if they kept doing it, I'd be--oh, O.K. I can go do this or that and I don't want to be that way because that's the way my mom was to me. From one minute to the next I didn't know who I was going to be with. And that's not right and that's not fair at all.

I'm not trying to cut her off from the world. Everybody's involved with her--my family and friends. It's ok if my sister takes her for a day or so but when I'm there, I'm the one who does everything for her so she knows that I'm the one that's her mother.

This passage and others show Tammy's heightened sense of responsibility that arises in having to create a world in opposition to her mother's example. Because she cannot rely on a worked-out, stable set of caring practices in raising Joy, she is vigilant, guarding herself from becoming like her mother. Because of the meaning of being left in the care of others, Tammy feels compelled to do everything for Joy. Help offered cannot be accepted or refused based on the immediate situation but is read for how much she is like or unlike her mother. Tammy's "hyper-responsibility" (see Benner, Tanner & Chesla, 1992 for a similar response of nurses at an intermediate but not expert level) reflects a deliberative style of mothering where one is obliged to invent a set of practices out of whole cloth without the stable significance provided by being fluent or at home in a

working tradition. In the absence of authoritative family traditions, lacking stories and practices that cultivate notions of the good and rituals of responsiveness and love, the usually pre-reflective know-how of mothering that gets passed on implicitly through habits and routines must now be learned more deliberately and built up by way of contrast and imagination. Although this is probably the case for many modern parents to some extent because of rapid demographic and socio-cultural changes impacting family life, the shifting roles of men and women, and competing claims with the world of work, it is especially true for those with abusive histories where caring practices from their past provide a thin and shabby guide for developing practices of responsiveness to a particular child. Where sources of good mothering are limited, mothers must rely on their will and imagination to build up corrective habits, routines, an alternative mood and style of mothering that is animated, in part, by protestation over an abusive past.

But Tammy's story also depicts, in however fragile terms, the self-understanding of mothering that involves a moral framework in the sense described by Taylor (1989) which is not a belief system but an orientation to the good incumbent in loving and caring for a child. Her experience is directed, not only by her protestation of her past, but by skills, meanings and notions of the good lived out in being a mother. She admires mothers who are patient and attentive:

M: She's got patience, she's understanding with her kid. I've never seen her over-react or jump on her kid at all. Uh, she can be really loving with her, you know, and I see that whenever I talk to her.

And she condemns parents who fail, through neglect or indifference, to understand the meaning of their presence in the child's life:

M: Of course, every mother bitches about how their kid does this, and how their kid does that. But I don't like it how they say it around their kid. Because that puts a self image on them. That makes them think, "Well, I'm a brat, so I'm gonna be a brat for the rest of my life." They don't know. Even if they're a month old, I just can't stand it. Sometimes it's happened to me. I've said things and then caught myself knowing that I've done it. But, just they say things about their kid but they never say anything good about them in from of them which makes it seem like it's a chore for them to be a parent. It makes it seem like, "Oh well, I have to go home and I have to take care of my kid" after they go out. Well they're lucky they went out [said with much emphasis]. You know, that's the way I think about it. I'm lucky if I get to go out one night a week. But if I don't, okay, that's fine. You know, she's gonna get older eventually and I can do things [then]. And a lot of people think that they have to stay home all the time. Well, I don't. I don't have to stay home. I can take her just about anywhere because I don't, it's not, if it's not convenient for me to be there, then why, you know what I'm saying? Like I go to friends' houses now and I know that there's not gonna be drugs so it's okay to bring her. So where ever I go, it's an okay environment for me and for her. So that's good.

The moral distinctions she adopts as a mother provide a ground from which to evaluate behavior, including her own; leads her to live a drug-free life; and directs her to take a strong stand regarding what her friends can and cannot do in Joy's presence. For example, when Tammy is contemplating moving in with her boyfriend and two other couples, she calls a meeting with prospective housemates:

M: ...that if I live here, things all have to be for the benefit of my daughter. There can be drinking but not like a party and not all the time. But I just told them I don't want parties there and if there were going to be parties there, then to let me know a week ahead of time because I don't want to inconvenience you, because it's your home but it's going to be my home too. And I have to set down

some rules. If I'm going to live here, you're going to have to understand. I got everyone down and everyone gave their opinions on it because I can't fool around. I don't have time for someone to say something and not to stick by it. I have my life to live.

Tammy also informs them that if she moves in, smoking pot in the house is not acceptable because of the example it would set for Joy. Although she admits to having smoked pot a couple times since Joy's birth, "I don't like the feeling, because I'd end up worrying about her, thinking about something and getting paranoid and that's not fun to me." It is also of utmost importance to Tammy that her friends show an attentiveness to the baby. Unlike mothers whose relationship to the baby is undermined (i.e. Tamika of chapter 4 or Ann of chapter 5), Tammy is not jealous of the attention Joy receives from family and friends. She experiences the attention bestowed on her child as self-affirming:

I: So tell me about a recent memorable situation.

M: Well, me and Joy went over to my girlfriend's school and we saw our friends and everybody just like went crazy over Joy, they loved her. And they wanted to hold her and they wanted to play with her and she was being really cute. She was being really cute. And she'd like play and she'd talk and they'd say "pretty baby" and she'd say it back, and it was really cute. It made me feel good that people cared about my baby and not just me. You know, they weren't just friends with me but they cared about Joy too.

Tammy admits that she is more "cautious" now, taking fewer risks in potentially dangerous situations. For example, on New Year's Eve, she opts not to go out with friends who will be drinking. Instead, she stays at home with Joy, which has its own rewards:

M: [New Years Eve] was fun. You know, cause I like being alone with her. For a lot of people think it's boring, but I don't think it's

boring; cause if you don't make it boring, if you love the person, it shouldn't be a problem.

Other aspects of her life also come in for review. For example, she no longer wears tight-fitting, immodest clothing:

M: ...the clothes that I wore--like I'd wear spandex and stuff like that, and it's just--I can't get into wearing things like that anymore, cause I don't want her wearing things like that.

The world of mothering, with its perspective, demands and relational capacities introduces a deep desire to do the right thing that fits with the shared background practices available in the culture. This is not primarily a matter of willing, desiring and highly deliberative thinking but of adopting and being led by the possibilities that show up in a specific mother-child relationship as shaped by the webs of one's history. Although in Tammy's case, her mother's negative example compels her to be reflective and conscious of acting differently--"to make damn sure that I'm not that way to Joy"--her conscious awareness and deliberation is first conditioned by the background significance of Joy mattering to her that is ontological and therefore pre-reflective. The fact that she has had counseling that "helped her to get her life organized" and to come to terms with her mother has no doubt opened up the ontological possibilities available in mothering:

M: Well, it made me understand what I was going through throughout my pregnancy, and it made me understand how my mother is, and how my family is and how they're not going to change. It's mainly my mother. It was never my father. It was just her. Just the way she is, the kind of person she is. She just--one minute she's nice and the next minute she'll turn on you.

Below, Tammy offers a dramatic example of her mother's self-absorption

when I ask if her mother was a good mother to her:

M: I think she thought she was, but she really wasn't. I mean, it was like--she was the kind of person, she was the kind of mother that was there for you, to give you the loving feeling when it was right timing for her, you know. And whenever it was the right time for her. I mean, we'd go to hug her and kiss her goodbye when she goes on a date, and she'd actually yell at us and slap us for touching her fucking hair. O.K? Her hair! All right? I mean, stupid whore went out all the time, you know. It's just. And for touching her hair! Okay, I mean, that's pretty stupid. That's how stuck on herself she was.

Tammy's attentiveness to Joy, in contrast to her mother's self-absorption, is revealed throughout her interviews where she convincingly describes the simple pleasures of caring for Joy. The following story of how she allows time "to relax with the baby" when dropping Joy off at her mothers's before going to work demonstrates her responsiveness:

I: Is that for Joy's sake or your sake?

M: For both of ours because she doesn't like me just to leave her and go. Just to drop her off and go.

I: Okay. So it's a way of settling her and--how did you learn that?

M: Because it's just, when you just say, "Okay bye," and you just leave, they start crying, they feel really bad.

I: So 20 minutes sort of allows her to...

M: Yeah, to get her mind off of it and then I go talk to her and I always tell her that I'm going to come back.

I: And what's it like when you come back, is she still up?

M: Oh, yeah. She's--oh, my God, she gets so excited. She goes, "OOH." And she walks around the house going, "oh, oh, oh." It's so funny. She does that all the time now. She'll walk around going, "Oh, oh, mommy." And she'll run up to me and she'll hug me and

I'm going, Joy you are weird. It looks so cute and it makes me feel so good that she cares like that.

Numerous examples such as this give credence to Tammy's assessment of her more engaged involvement compared to her mother's wildly vacillating moods and unpredictable behavior:

I: Okay. How would you say your mothering style is different or similar to your own mother's style?

M: I think it's different because I'm more aware of Joy and I'm thinking more of Joy and not of myself. Everything revolved around [my mother].

The excerpt below shows how Tammy's self-understanding as a mother and responsiveness to Joy develops from knowing her baby, where knowing depends upon working out the notions of good in a particular mother-child relationship:

I: And how does a parent know what a child needs?

M: If you're really close to them, you just feel it, just by their actions.

I: Can you give me a for instance?

M: Like when Joy's walking around the house, around the house moaning, going "ooh, ooh," like that and she'll just kind of cry but she'll just keep walking around the house--she wants her bottle, or she's hungry.

I: Oh. How do you think you get to understand that?

M: Just by being around her and by studying, you know, the way she is. And you know like her actions towards me.

Time is essential in getting to know the baby in this insightful, responsive, engaged way. Tammy, in fact, emphatically denies that spending time with the baby is a "chore". Although she realizes she needs time away from Joy, there is

no sense that she needs to escape:

I: And if you had a Saturday to do anything you wanted, what would you do?

M: Anything I wanted? Uh, probably take her swimming cause she likes to go in the water. She likes to play in baths. So probably take her swimming. Like get me, her and a whole bunch of my friends to go swimming at the rec or something.

I: Okay. Why would that be important for you?

M: Cause it's fun. I like to swim myself and uh, Joy likes to be in the water, so.

Like all the teenagers in the study where mothering was not undermined, Tammy chooses an activity that will be pleasurable for herself and the baby. This is not to claim that Tammy in any way diminishes the difficulties, demands and challenges of being a mother and the need for time to herself if she is to be a good mother to Joy:

M: ...sometimes you have [with emphasis] to make time for yourself. That's important, that you have to make some time for yourself and I always have, you know, my mom will watch her sometimes or whatever, but it's important to have that time because if not, you get stressed and you take it out on the baby. So, I do believe that, but you know, if you're gonna have the babies and you should have, you should live up to that responsibility.

But she also concedes that without the special connection to the child, mothering can become tedious drudgery with great potential for abuse:

M: Uh, my girlfriend asked me if it was really hard, you know, being a mother at this age, and I said, it's not easy, I don't advise it if you don't really want a baby like I did. But uh, I said, "I wanted her, you know, and I knew what I was getting into." And, you know, I just gave her advice,...[but] I feel that I was lucky to change, because I loved her so much. You know what I mean? I loved her so much that I would have done anything for her, but a lot of

people, you know, depending on the person you are and depending on how mature you are, you never know. They could say, oh, it's a--like if I gave her the wrong advice, she could say, "Oh, well, it's no big thing so I'll just have a kid and then treat it not good."

I: So you're very, you're very sensitive when you give advice about how people understand the situation?

M: Yeah. Because you know I don't want her to think it's really easy but it is for me because I enjoy it. You know, it wouldn't be if I didn't enjoy it, and maybe she'd think, oh it will be easier for her and then have her hate it and have her take it out on the kid.

At my last visit when Joy was 15 months old and exhibiting the temperament of a curious and sometimes willful toddler, Tammy set appropriate limits and did not become embroiled with her daughter's growing independence. Tammy readily acknowledges in the coping episode below that her child's fussiness is sometimes taxing, annoying and perplexing:

M: Uh, I guess when she's-she's really, um tired it makes it really hard.

I: What's hard about it?

M: Oh, she gets really mean like her father.

I: Like what does she do?

M: She scratches you in the face, she hits you in the face. She throws tantrums when you put her down. Um, then she screams at the top of her lungs in bed when she's fighting sleep.

I: So, can you remember a recent situation like that?

M: Um, yeah. A week ago she just threw a temper tantrum; I don't know what was wrong with her. She didn't want to eat, she didn't want her bottle, she wasn't wet, she didn't want me to put her down, she didn't want me to pick her up, and then on Christmas, that was worse. I've never seen her have a tantrum as bad as she did. She started screaming and crying and all these people were here and

she'd just, like, she freaked out and I took her in the other room and she would scream at the top of her lungs; her face was beet red and I did not know what was wrong with this kid and so I just put her in her bed, I mean I rocked her a little bit and me and my sister were in my mom's room talking to her and stuff, but she just--and then she finally calmed down and I put her down.

I: How did you feel during it?

M: I was pissed cause I didn't know what was wrong, and then I was scared because I'd never seen her react that way before. You know I thought something was wrong. But, nothing was wrong; she just threw a fit. I guess it's because maybe she was so excited because there was so many people here, that was the only thing I could think of.

I: Is that generally what you would do? You would put her down or try to...

M: Try to relax her.

I: Yeah. Okay, and how did you try to relax her in that situation?

M: I'd just put it like a warm rag on her face and on her head and I talked to her cause she was sweating bullets. She was pissed. I don't know what was wrong with her.

Because of Tammy's abusive childhood and her own impetuosity, one wonders how she copes with sudden uncontrollable anger. She volunteered an early episode while still living at her mother's home when the baby's continuous crying so unhinged her that she almost became abusive. What she did instead was put Joy in her crib and leave the room until she could calm herself. In telling the story, she credited the school-based young mother's program, recalling almost verbatim the teacher's words of what to do in potentially abusive situations--"Put the child in a safe place, leave the room, calm yourself before going back to the baby". Learning that she could control herself in such a situation has been an

important coping resource. She denies that she has ever come that close in the year following this episode.

Without a doubt, Tammy remains impetuous and too quick to fight in the company of peers but her fighting now shows up as an issue for her against the background of being a mother. She is now more critically reflective about her fighting, noticing when she falls short:

M: Like the other day I almost got into a fight. But I don't fight anymore. I'm trying not to fight cause I'm supposed to be responsible, and I am....Most people who do fight, it's like they're hurting inside and that makes them get angry, and then they fight. And that's the way I used to be. Cause like little things like my boyfriend or just little things, would set me off and I'd fight. And, um, I'm not sad about anything or depressed about anything. So I just kind of, you know, I have a big mouth but I talk more than I fight. But if it came down to it, I wouldn't care, I'd still fight. But I try not to because what if, like we were in, in that store or whatever, and a cop came by. I can't get arrested. I will not have anyone take me away from my kid cause then I'd end up hurting the cop. I'm serious. Nobody would take me away from my kid. So I got to watch what I do. And that's the only thing that would get me in trouble. Fighting.

Tammy intimidates friends and strangers whose comments or inattention to the baby offend and provoke her. One episode where Joy fell off the bed while being watched by a friend angered Tammy so that a fight almost ensued. She also severely berates a mother on the phone who is known to be abusive to her own children and tells her she will fight her if she ever sees her. In a situation where she intimidates a fellow employee, she describes the mood and embodied responses developed during childhood that overtake her intent not to fight:

M: I was in the mood to fight, but I'm not like that anymore, but it just kind of popped up. I mean, I am but I'm trying not to because

it doesn't show that I have responsibility. I mean I know that I do but to other people looking back on me and my child, it makes them think, "Well what kind of standards does she have?"

In wanting to set a good example for her daughter, Tammy never fights in her daughter's presence. But she also concedes that she does not want her daughter to learn about her fighting from "war stories":

M: ...because it's not right and it doesn't make you look cool. I want her to know self-defense so she can protect herself but I don't want her to fight like I did because it didn't get me anywhere. I've gotten my ass beat three times and I've fought since I was 11. I want her to stick up for herself but I don't want her to antagonize people.

I: How do you want your daughter to handle problems with people?

M: I want her to talk them out but if somebody's hitting her, then I want her to beat their ass. And if she doesn't, to go back for more. And if she's really scared of the person, then I'm going to go with her.

Later, she adds:

M: She'll be able to handle it but it all depends on how I raise her, but not all of it. I'm going to raise her the best ability I can but she's going to be the way she wants to be.

Here she has a harder time imagining behavior and a future for her daughter that differ from her own ways of being in the world. It is perhaps easier for her to create practices that differ from her mother's than her own embodied responses to growing up in an abusive household.

Tammy's aspirations for the near future pivot on being Joy's mother.

Being a homemaker takes precedence over a "career" while Joy is young:

M: Because I wanna eventually be a housewife when I find the right person.

I: Oh?

M: I mean, I wanna have a career but not yet, not until Joy's like 10 years old.

I: Really? Describe why that's important to you.

M: So, so, I can, I can grow up with her. So we can grow up together. I think that's why it's good for you to have a kid when you're fairly young because then you're growing together.

Tammy's future may diverge considerably from her present hopes. There may be little opportunity for her to have a "career" or to be a full-time housewife, since the first is dependent on a good education (she is not a high school graduate) and the second is dependent on marrying a stable provider. It is perhaps more feasible to imagine her struggling to support herself as a single mother who becomes dependent on welfare or low-paying service or clerical jobs. If she marries, one can easily imagine her life taking the shape of the women married to blue collar employees described both by Lillian Rubin (1976) in Worlds of Pain or by Joseph Howell (1973) in Hard Living on Clay Street or the more recently published Brave New Families (Stacey, 1990) where current economic conditions demand that blue collar wives enter low-paying, often unstable jobs. Tammy, in fact, begins a poorly paying part-time (\$50.00 per week) telemarketing job during the study period that may be a portent of things to come, particularly when she loses her SSI benefits at age 18. She dislikes the job because it is "boring" and because she is away from Joy during that time. But the added money helps her savings account grow; moreover, she wants to set an example of work and self-discipline for Joy that she never had growing up. Early in the job,

she begins to experience the competing demands of work and mothering:

M: I hate going to work. Not because, not because I don't enjoy it, just because I don't like being away from her.

I: So how do you cope with it?

M: I just forget about it, or get on the phone and call. I do that a lot.

I: So tell me what's the most frequent number of times you've called home?

M: Five. Within a four hour period. Only a four hour period and they talk to you on the phone and the only thing she says is "hi", but I can talk to her for the longest time. The most she's ever said is "Hi, baby." And I say, "Hi, how you doing, Joy? I love you." And she goes, "Hi, baby, hi, baby, hi, baby." That's all she says. And I can talk to her forever.

By the end of the study, however, Joy sometimes accompanies Tammy to her job (when no one is available to watch her) with her supervisor's approval. Her supervisor permits Joy to be in the office even though he could be fired for doing so because "he's a good friend and knows I have responsibilities". Joy is welcomed by staff who are bemused by her in between their phone calls or as she plays with a play telephone in the area set up by staff.

This scene has little in common with Tammy's pre-pregnancy account of a drug-filled, purposeless existence. Joy has created existentially a "place" for Tammy that allows more forbearance, responsiveness, restraint, and affection than Tammy ever experienced in her own childhood. Tammy has not remade herself as much as mothering has remade her by giving her a commitment and a set of practices that introduce significance, meaning, identity and a future within the

possibilities and constraints of her immediate situation and the wider social understandings of what it is to be a woman and a mother. In her instance, a "corrective narrative" (Benner, 1991) has been fostered by counseling that helped her to understand and face the story of her impoverished past. Her story, for the time being, is a story of hope.

Addressing the problem of nihilism at the cultural level, Heidegger (1977) writes about the importance of "saving practices" for preserving and focusing matters of importance and worth from the leveling of technological understanding. Tammy's story reveals the equally important role and Kierkegaardian perspective (see Rubin, in press) that commitments and practices play in creating an identity, unifying a life and opening up a future. For Tammy, mothering offers greater possibilities and more freedom to act responsively. This is not a story of developmental arrest but of moral development, where development "entails change in the way the world is grasped, as a reorganization of practice, not (or not first) of knowledge" (Packer, 1991, p. 73).

Tammy's story offers a dramatic example of the self's remarkable capacity to reinvent itself via commitments and practices and the vulnerability of doing so in the absence of a positive projection for mothering. Given an oppressive maternal legacy where moral sources of care were lacking, Tammy must depend upon her own experience and imagination for weaving a new web. She is guided by the moral claim of the baby to create a new narrative of comfort and care in opposition to family norms and peer relations. She must create a new world for

her child and her self in relative isolation and separation, spinning a web of her own without the resource of participating in a responsive community, building new skills and routines that contrast with her painful and bitter childhood memories. To create a world for herself and her child is a remarkable human possibility captured in Adrienne Rich's poem "Integrity":

Anger and tenderness: the spider's genius
to spin and weave in the same action
from her own body, anywhere---
even from a broken web.

Tammy's vulnerability as a mother shows in that there is no one mothering her, no backup or invisible safety net of care and responsiveness to sustain her vision of the good. The possibilities for mothering in her situation are further constrained by the lack of material resources and the contradictions inherent in current social arrangements. Bergum (1989) offers this warning:

For many women facing the responsibility of the child, the move to mother in the economic, political, and social sphere can be either empowering or disenfranchising--and in some sense, may be both. At the same time as a woman may feel blessed by a child in her life, by the very fact she is a mother, she may be more oppressed. Poverty, lack of employment opportunities, lack of parenting support services such as flexible work hours, child care, or even financial assistance, make the endless tasks that are involved in caring for the young child very difficult. So for women, while they move toward a responsibility that transforms..., they are continually faced with the reality of their own 'other'-ness (a negative reality) in our patriarchal culture (p. 85).

Where forms of identity, significance and meaning are perhaps less and less available to teenagers coming to adulthood in an increasingly market-driven, drug-consuming culture, it is perhaps no surprise that mothering offers a source of

meaning, responsiveness, identity, future, empowerment and oppression. As society's most vulnerable mothers, their vision of the good and growth toward responsiveness may be all too quickly governed and compromised by a chain of disablement.

Conclusion

"...nothing living resembles a straight line..."
(Marge Piercy, cited in Howell, 1975, p. 25)

Being a mother for Tammy creates a corrective set of activities and demands that foster an emerging ethic of responsiveness and the possibility of a more hopeful future. In the midst of a frayed and threadbare community, pulled forward by her desire to overcome her past and to meet her baby's needs for care, Tammy scrapes together an altered future. The shape and direction of that future will remain inexplicable to the cool, dispassionate language of science where the twists and turns of fate and the full range of human experience resist prediction. The way to understanding the unevenness of a human life, so eloquently described by George Eliot (1964) below, is captured, if at all, in a story:

Every limit is a beginning as well as an ending. Who can quit young lives after being in long company with them, and not desire to know what befell them in their after-years? For the fragment of a life, however typical, is not the sample of an even web: promises may not be kept, and an ardent outset may be followed by declension; latent powers may find their long-awaited opportunity; a past error may urge a grand retrieval (p. 809).

Tammy's story expresses many of the same dreams and struggles of other teenage mothers and captures the potential learning and moral development that comes from "growing with a child." If we are to create a more hopeful, enabling

story for teenage mothers, we would do well to listen and support their emerging voices, for in sustaining their vision of the good, we might be inspired and challenged to more fully articulate--in our health and social welfare practices and institutions--the collective good of caring for all children.

Chapter 8

Finding the Blessing

Well, you know, [my mother] was pushing for adoption. She said, "You know, look how well it turned out for you," [daughter is adopted] and I said, "Yeah,...it did turn out well for me, but there's another side to it." And so finally she said, "Well, you know, what I want you to do is decide whatever is going to be best for you." Cause she knew that, you know, if I would have given him up, you know, I probably would have been heartbroken the rest of my life. But uh, she knew that I would have a lot of emotional problems if I would have given him up. She said, "Whatever's best for you, whatever you think is best for you, then I want you to do it. But you know you need to think about what's going to change and all that because if you give it up for adoption, you know, you'll still have your freedom. You know, you'll still have your chance to be a teenager. I just don't want you to lose, you know, your teenage years." And I don't feel like I've really lost anything, I've gained." (Sue, 16 year old mother of Bobby)

The four stories presented thus far show how family members, those immediately present as well as those in the distant past, shape the mother's transition to parenthood and how the mother's care of the baby in turn shapes family responses. This last family story provides another example of collective care. Sue's and her mother's story is told in full so that several distinctions among families can be drawn out more fully in this and the following chapters. First, the grandmother's life story offers a remarkable example of surviving an abusive past and the challenges, conflicts, lessons, emotions and triumphs in creating a positive maternal tradition. Second, a mighty struggle over the outcome of the pregnancy is waged between mother and daughter that successfully engenders a new understanding and validation of the teenage daughter; within the wider horizon of a renegotiated relationship, the teenager finds a safe harbor for embarking on

a world-defining commitment (see Rubin, in press) and the grandmother becomes the mother and grandmother she wants and needs to be. Finally, their story reveals that participation and membership in a sustaining community grants greater situated possibilities for mothering and family life.

Family Background

Jane (GM) is a white 45 year old divorced mother and ordained minister. She moved from the midwest to the Bay Area with her 19 year old son, her daughter, Sue, who had given birth 5 months earlier at the age of 15, and Sue's son, Bobby. Jane's 21 year old son remained behind in the midwest. She moved to the West Coast to direct a newly opened homeless shelter for women. Jane, Sue and Bobby live in private quarters of the shelter. (Jane's son had moved into his own apartment by the time the study began). Jane is financially responsible for her daughter and grandchild; her annual income is between \$25 and 40,000.

Sue was adopted at 5 months. Although Sue is biracial (mother was white, father was probably of biracial parents), I assumed she was white until I was told otherwise. Sue knows little about her birth mother except that she was 14 years old when Sue was born. Before Bobby was born, Sue was an A student and was involved in numerous school and church activities. She had many close friends. She denied that peer pressure influenced her to smoke, take drugs or get into trouble. She conceived her son at age 14 in the context of a relationship with an African-American 19 year old. He remains in the midwest so is minimally involved. Sue has been attending a high school with a nursery where Bobby is

cared for during school hours. Her grades have slipped because of the difficulty in getting her homework done. Upon graduating from high school, Sue plans to attend college and hopes to pursue a career in law or advertising.

Jane's Story: "A Lesson in Doing What One Must"

Jane was very engaged in this research project and eager to tell me her story, hoping that other families might someday benefit from it. She grew up in a small Mennonite community in the midwest, the oldest child and only daughter in a family of four children. She was terribly abused by her "sadistic and psychotic" mother and sexually abused by her step-father:

Gm: He started molesting me when I was 3, about 3. And then my mother was very, almost psychotic in her behavior. She was cruel, um, you know, I'm grateful for the things that she didn't do. Cause it could have been worse by far. But at the same time to recognize that she was a very evil, psychotic kind of person. And she not only beat me daily, I can safely say daily, but that she was sadistic as well. Some of her behaviors, she would get me to come to her, and she would smile and say come here, come and sit on mama's lap, and when I would do that, she would pinch me and twist my fingers that would cause me to cry and then if I cried, she would hit me. Because I wasn't supposed to cry. It was real sicko stuff.

Neither parent protected her from the unremitting abuse of the other. In the face of such oppression, Jane vividly recalls a remarkable set of self-discoveries and experiences at a very young age that suspended her from being totally vanquished. Her realization, at age 7, that the abuse was "evil" marks the first in a series of turning points that enabled her to survive the abuse:

Gm: And probably the thing that saved me was the recognition at an early age that this was all very wrong. This is all very wrong. And I just have to say that this was God's gift to me.

This "gift of understanding" was pivotal in defining herself in opposition to her mother. In the lengthy excerpt below, her mother's behavior provides a focus from which she must deviate, a powerful model of how one should not act.

Gm: And I began to observe the fact that my mother almost never told the truth. And so somewhere in that, I realized...that was wrong. Wrong, wrong, wrong. And then when I was about 10, and I remember this very distinctly, that all of a sudden I became aware that I was learning things....But at the same time, I realized that I was needing to make decisions. That sometimes things came up and I had to decide how to do something or what to do. And I didn't know. And I was aware of the fact that when I was trying to make decisions, I didn't know what I should do so I thought about what mom would tell me to do and then I would do the opposite. Because I already knew that my mother was backwards. And that's not what I wanted. I wanted to...be different.

I: Was it always clear?

Gm: Very much. Yes. I would just sort of know how my mom would do it and then I would do the opposite. And I think that saved me. That saved my life.

I: Talk about that.

Gm: It saved me because at a very early age I rejected my mother as a model. It was very clear to me, very clear to me that I did not want to do it my mother's way. I did not want to be hurtful. I didn't want to be devious. I didn't want to be spiteful. I didn't want to be hurting others. Um and I didn't want to be dishonest. And I decided that at an early age and when I couldn't decide how I should do something, I would look at that from mom's viewpoint, what she would do, and then I would do the opposite. And it always worked out well. It was just amazing. I would say, "Now I don't know how I should be, but I know how I shouldn't be."

I: Do you remember a specific situation where you can remember that?

Gm: Well, like um, having to tell the truth when it was going to create a problem. Like a teacher confronting me about something and me being aware that if I told the way it was, I'd get into trouble.

And if I told it the way I thought, it would keep me out of trouble. And I thought about that, which way I should go. And I knew, and I would always measure myself against adults. And my mom would say what was best for her, whether that was true or not. And then I could say, that I don't want to be like that, so I'll go ahead and tell the truth, no matter what. That's just one example. Or um, or if I wanted something that wasn't mine, not that I, I don't know that I ever saw my mother steal, I don't remember that. But I just knew that she would serve herself first. And that I want this, should I take it or shouldn't I? Well, if mom wanted it, she'd probably go ahead and sneak it. But I'm not going to do that.

I: So your example, of turning away from her example created new possibilities for you.

Gm: Well, it freed me to really look around and I began to observe other people and I would pick out people that were admirable to me. And I would want to be like them in spirit. Like there was a neighbor lady across the street that would bake, she was a German Mennonite lady and she would make zweibach which is a fresh bread. And she would offer it on Saturday mornings. I could smell the aroma in the street cause I played out doors. I knew she was baking and I knew that she would offer me zwieback. And she was very kind to me. And I would look at her and I would look at my mom and I'd say, I'd rather be like this than like this. So I began to look around and I would try to emulate the people that I admired.

The negative example of her mother provides a stable pattern of cruel behavior against which she notices other ways of being, acting and feeling. In the midst of brutal family habits and emotions, wanting to be unlike her mother provides an openness to contrasting experiences. For example, she recounts a critical experience of feeling remorse for causing harm to another child:

Gm: I can remember when I was 6 years old, I was really cruel to a classmate, and this was a girl that was in worse condition than I. I mean, her family was even more impoverished than I and she was being raised alone by her mother and even though my clothes were ragged, hers were more ragged. And one day, when we were walking home from school and it was cold and it was winter, and just out of meanness I took one of her mittens and I threw it in a

tree. And you know, I still grieve over that. I still do. It still hurts me way down deep inside that I ever did that. But it was such a profound experience for me because I threw that mitten in the tree and when I went home, I felt so bad about me, it completely changed my life. It completely altered my future because I suffered over the pain I caused another person. And I decided right then and there, it's not going to be that way.

In light of the abuse she suffers at home, this early experience sets up what becomes a rock-bottom life-long issue:

Gm: I am not tolerant of me being abusive to anyone. I don't tolerate it in others.

I: That comes out in your story when you were 6.

Gm: And I have never tolerated that in myself and I do not tolerate it in others. Even today if there is anything I cannot tolerate, even in the slightest, is injustice. Injustice or abuse between two people. I just cannot. It's a hot button that I don't really have any control over....If there's anything that I feel is out of my hands, really out of my hands, it's my response to abuse. And injustice.

The stand she takes on abuse is part of the very fiber of her being, organizing the central commitments of her life. Not only was it imperative that she not perpetuate the cycle of abuse in raising her own children but her previous work as a foster parent and her current involvement in shelter ministry have provided a lifeline for others in trouble. Jane is sophisticated in child abuse and domestic violence issues and believes that her story is somewhat unusual in that she herself has not become an abusive parent. That she was "born wise" "with a soft spirit" and "with more wisdom in me than my adult mother" allowed her to respond to other people's goodness and kindness. Although no one intervened during her childhood to protect her from the abuse, relatively rare and minor

episodes of care saved her from being emotionally vanquished.

Gm: I had a grandmother, my mother's mother was very good to me and I worshiped her. She was the light of my life. I didn't see her often. In fact one of the indications of the real terrible, blatantness of my life was the fact that I had a grandmother that I had seen a grand total of maybe 6 times in my total life and yet I worshipped her and I lived for her. It was like, when I was a child, and I wanted to die. I didn't want to live anymore because the abuse was so severe. I had a step-father that sexually abused me who taught me if I told, my mother would kill me. Well I wasn't concerned about her killing me, I was concerned about her not killing me and what she would do to me in the meantime. So I had no escape. And there was like no reprieve. There was no where I could go. He wouldn't save me from her and she sure wouldn't save me from him and neither one would protect me from the other. You know, and so when I was about 12, I decided I was going to kill myself. But then I thought about my grandma and that she would cry. And no way. No way would I make her cry. I wouldn't. I just would choose to suffer, rather than grieve my grandmother. She was just the light of my life. Well later I could identify, now I can identify that she was abusive to my mother. But I never saw her abusive and the little things that I could later say were abusive, at the time, were so low key, compared to my mother, that they weren't in the same category.

I: So did you worship her but from a great distance?

Gm: Yeah, they lived across the state, my grandparents did....But I would value the very little things that my grandmother did. Like when she came to visit, she would take me, she'd maybe be there a week, and almost every day she'd take me to the ice cream store and get me a milk shake because I was so thin. She wanted to fatten me up. And that was really valuable to me, just the fact that she cared about my thinness. She would also buy me a nice supply of clothes. I didn't get clothes other than from her. And um so she'd take me shopping. She'd buy me like three outfits and a pair of shoes.

I: Did the abuse stop when she was there?

Gm: Yeah. And it was just a good time. And my grandma loved me. She was a little unbalanced too, but she loved me and that made the difference.

Jane's convictions about the power of care to sustain hope are evident when she speaks to professional groups about abused children:

Gm: Just care about that child. You don't know what goes on in their life. If a caring adult can simply reach out and touch a child in a caring way, if they can just smile at them, then that may be the only light in that child's life. You don't know what kind of darkness that they live with day after day and if they can feel the warmth of a caring person, that may be the very thing that directs them to find that in their own life and want that. And I think that one of the things that happened to me, that because of that from my grandmother, I wanted that so badly that I created it in me. That the only way I could really find warmth and peace that I found in her was to create it in me. I had to become that to have my own supply. So I believe in that so firmly that if we can give that goodness to a child, then that might be the very thing that propels them to become that.

At age 16, Jane was kicked out of her home which was "being let out of hell." She moved to a midwestern city where she enrolled in school and worked in a hospital. A few months later, she became very ill with symptoms diagnosed years later as lupus. When she was unable to care for herself, a nurse who had befriended her introduced her to a family who took her into their home as a foster child until she recovered. Being cared for in a family that loved one another she credits with "completely altering the direction of my future." She now had a positive example on which to model her own life:

Gm: The value of my upbringing was that I wasn't taught how I should be, but I was taught how I shouldn't be, and I could identify that. So, I was real safe in determining what it would be like here at home, and then I'd just do the opposite. And it always worked. I was just, you know, really impressed that that worked. And so I sort of developed a pattern of teaching myself through observing others and through having that really good experience at age 17 in a foster home. But what happened to me was I not only identified that there was another way to be, another way to behave, another kind

of family situation that could be developed, and that I chose that, but I also could recognize immediately the value to my own life, and that I was a person that simply needed a break and somebody gave that to me. And it changed my life. And so I basically spent my life doing the same thing. Uh, and it's like, not that I feel like I have to pay that back, but because that's the way I want to be. I just believe so fully in people who need a break getting a break. That I just, it's just almost what my life is about. And that's what this ministry is based on.

She married at age 19 and returned with her husband to the small community where she grew up. One year later, she cared for her first foster child, a 14 year old boy. She then gave birth to two sons two years apart beginning at age 22. Once her youngest child reached 2, she resumed fostering infants. Although she had come to terms with foster children eventually leaving her care, when Sue came to her at 4 days of age, she fell in love in the first five minutes of holding her. Jane ended up fighting the social welfare bureaucracy to adopt Sue because laws at the time prohibited foster families from adopting foster children. The rules were waived (with the advocacy of a social worker and pediatrician) only because Sue would have been difficult to place as an adoptive child: she was biracial and had severe food allergies. When Sue was older, Jane again fostered teens and became certified as a therapeutic foster home for behavior disordered children resulting from physical or sexual abuse. Here she sees the fulfillment of a dream that first took form when she herself was a foster child:

Gm: One of the goals I've always had, since I was in foster care at 17, even when I was 19, I would lay in my bed and think about some day I will have a group home for teens. So, maybe that will come to fruition. Actually, I've done it several times. When Sue was 13, I woke up one morning and I realized I've always wanted a group home for teens, and now I have it. I have a 13 year old daughter, I

have a 15 year old son, a 17 year old son, and a 16 year old foster daughter. This is a group home. I've done it. Hooray, I've arrived at last.

Jane's story does not gloss over the difficulties in overcoming her abusive past in caring for her own children. As she makes perfectly clear, her mothering practices had to be "self-discovered" and "self-developed". When her oldest child was two, she sought professional help at a child guidance center and enrolled in parenting classes.

Gm: I had a lot of problems, behavior problems with him. And I didn't know what to do. I knew that I was being with him the way I didn't want to be. I didn't know how to handle him and I was frightened by my own frustration and inappropriate behavior with him, so I went to a mental health center and I took a parent effectiveness training class and it completely did change my life, and uh, so much so that I later became a certified parent effectiveness trainer, instructor myself. Uh, and that, you know, it was like, again it was I didn't, I knew how I didn't want to be, but I still was trying to identify how I wanted to be. I knew how I wanted to be, but I didn't know how to bring that about, and the effective parenting classes helped me learn how to bring about what I, the kind of relationship that I wanted with my children.

She described the parenting classes as transforming her understanding of her child, and therefore, her relationship to him:

G: I think before that time it was real, real important to me to be a good parent and to have a good child....That I be a good parent and he be a good child. And after that time, it was more important for my child to be themselves. And for me to, to be fair and to be just and to be supportive and to be really nurturing of who they were rather than making them be who I wanted them to be....I guess what it helped me identify was that my child was not trying to make my life miserable....You know and that the frustration and hardship to my life was not the intent of this infant. You know where having been raised in an abusive home the strongest message I got was that I was responsible for my parent's [problems], and of course then I had to unlearn that the child was responsible for what's going on

with the parent.

Jane continued to foster other children; over time and by default she became the most powerful spouse in her marriage:

Gm: It's probably why I've become so strong is because I had to. It's really kind of a Catch-22, when a strong personality marries a passive, almost weak personality, which happens in a lot of situations, but I wasn't strong when we were married. I wasn't a strong personality. I think we were both passive, but what happened was that I had so many parenting responsibilities and so many growth responsibilities for myself, that one of us had to take an active leadership role in the home and he didn't. And because of my own sense of responsibility, I did. And then what you have is you have a woman that is growing in her own strength, and uh, a dominant personality. So there you go.

At age 37, she divorced her husband after 18 years of marriage and moved away from the rural community to a midwestern city where she found work to support herself and her children. She eventually received her Bachelor's degree and for several years worked as a financial consultant in an insurance firm where she became the first woman partner. In 1985, she was called to the ministry and was ordained in 1987. A year later she received a telephone call informing her of the position directing a women's shelter in the Bay Area. As the next section makes clear, her eventual decision to accept the position was complicated by the disclosure of her daughter's pregnancy.

The Story of Sue's Pregnancy

Unlike other grandmothers in the study who came to terms with the daughter's decision to keep the child well before the birth, Jane remained adamant that Sue give the baby up for adoption until ten days before Bobby was

born. The incompatibility of the mother's and daughter's positions regarding keeping the baby "almost tore the family apart".

Because Jane had discussed birth control with her daughter, she felt betrayed and deceived by Sue. Since she looked forward to soon being free of parenting responsibilities, she resented what she believed would drastically interfere with her plans for greater independence and financial security. Although Sue claimed that she would be the mother to the child, Jane felt that she would end up being responsible for the practical and financial care of the baby. Being free of parenting responsibilities was all the more pressing for Jane because of her serious health problems associated with lupus.

I: What was at stake for you with the whole thing?

Gm: Yeah. I uh, first of all I didn't want to be a parent again. And I really believed in my heart that, that for my child to have a child meant I would be a parent again. And I spent most of my life parenting. I was the oldest of four, so I became a parent before I understood the term. I helped care for my brother when he was born at my age 4. Parenting never stopped for me. And about the time I was going to see daylight, when Sue was 15, and my, you know, having my children out on their own was so close at hand, the last thing in the world I wanted was that to, you know, be thwarted. And I was pretty angry about that.

I: And because of her age, you just would have assumed that she would not be the parent, is that right?

Gm: That's right. I assumed that I was going to bear the brunt and care for this infant. Uh, and of course I had great visions of how that was going to completely alter my life. And it did alter my life, uh, pretty dramatically, but not in the way that I thought it would. I thought that I would have most of the parenting responsibilities and I haven't. I thought I would have all of the financial responsibility and that's true....So, that altered my life a lot...What was your question?

I: Uh, well, just what was your feelings about the pregnancy, and what was really at stake?

Gm: What was at stake for me, I think, was personal freedom, financial freedom, uh, and just a lot of grave concern around that, you know, how to care for another person when I was having major health problems, and could hardly care for myself....I was disabled about 6 months out of every year because of the climate.

I: Disabled and working or disabled and not working?

Gm: Disabled and not working mostly. I was not very functional about 6 months out of the year. Because of lupus.

I: That helps me to see how the weight of this would just...

Gm: Yeah, right. And I was having, uh, I was getting worse with age instead of better. I had a lot of concerns about my lifespan.... And so, and when I was in [the midwest] I felt very, very bad. I was on chemotherapy. My life was like a survival. I was the sole caretaker of three children who were nearly grown and I was beginning to feel like I was beginning to have the freedom to die if I needed to because my children were now at a better place to care for themselves. And I'm, seriously, there were times when I wanted to die because I was so miserable with the disease, but I kept saying, "I can't die, I have these children to take care of." And there were times when it was really hard on me to just simply not have that freedom.

I: Wow, that makes the whole pregnancy then...take on a whole new light.

Gm: Yeah. And so, you know, I grieved over that as much as anything because I, I uh, because of those times when I was really ill and hospitalized or bed fast or not capable of caring for myself and I would just suffer immensely, but I couldn't let go because of my family. I can't leave them uncared for. I'm sorry God, but I can't do this. I have to stay here. I don't have the freedom to die....And I've been in that position for 16 years. And for the first time I was, I was getting to a point where I felt like if I died, my children would be okay. It wouldn't be good, it would definitely not be good. A person is never old enough to be without their parent, I just don't believe in that. I know 90 year olds on their death bed say "I want my mom." I mean, you know. So, but at the same time, I knew that

they're, that they would be more capable of surviving life, and then for Sue to get pregnant. I just said, "No! No!" It just completely. And then also, I felt like my own survival, for any added time, was dependent on my getting out of [the midwest]. And I needed to come here. And I thought I wouldn't be able to do that because of the pregnancy, because how would I just do that? How would I just bring all this with me? But I did. And it's worked. It's a lesson on doing what you must. I don't know. But uh, I think I don't feel the same pressure, you know. And then I was concerned--I needed to add this--that when, when Sue, when Bobby was born and the decision was to keep him, I was really concerned about what would happen to Sue and Bobby if something happened to me. And uh, so I talked with family about that, with the boys, and my oldest son said, "Mom,"--and I said at one point, I said, "I don't know what's going to happen to Sue and Bobby if something happens to me. I, you know, I just can't, I don't think I can bear this, this added responsibility of this infant." And [my son] said, "Oh, Mom, if something happened to you, I'd take care of her. I mean, why do you worry about such things?" I mean, that was--and he would, he would.

The meaning of Sue's pregnancy was full of foreboding for Jane; with the physical and financial demands of caring for another child in mind, Jane's plans for greater independence and hopes for improved health seemed thwarted. But for Sue, becoming a mother held out the only possibility of connection to blood ties. Once Jane understood what this baby meant to Sue, she grudgingly accepted her daughter's decision:

Gm: I was totally opposed to her keeping the baby until about 10 days before his birth. But at that point, it really, it not only appeared that she wasn't going to willingly adopt the baby out, but when I realized that even if she ultimately did adopt the baby out, that it would be so against what she really wanted that she would maybe never recover from that. And I, we had done some counseling and the social worker that counseled with us felt very, very strongly that Sue had bonds with the baby, that would forevermore wound her. And that she would be left with a wound that she would never really fully recover from. And as I worked that through, I could identify that the reason, the biggest reason that

I really wouldn't want her to keep the baby was because I didn't want it to ruin her life. It wasn't so much, even though I was very angry about it would alter mine, I knew that my life wouldn't be ruined exactly because I could recover but I wasn't sure that she could if she kept the baby. I didn't want her to lose the freedom of her youth, I didn't want her to have the overwhelming responsibilities, I didn't want her to possibly miss out on her future education. There were just lots of things and I felt that it could really ruin her life if she kept the baby. But then when I began to identify that keeping the baby might very well be the lesser of the evils, because if she, you know, my first priority was to protect her future and when I began to see that it might be more harm to her to adopt the baby out than to keep the baby, then I had to really rethink my whole position. And the really unfortunate thing was that there were no good choices. There were no good choices available. The future would be altered no matter what we did. So then the priority became how do we live with this altered future in the least harmful way. And when I began to really look at her and to identify the bonding that she had with her unborn child, when I thought about the kind of person she is and could realize that, that most likely if she had adopted the baby out, most likely she would have spent the rest of her life depressed and thinking it was because she didn't have her child. And the only way she could identify the hardship of having a baby was simply to have the baby. That she would really never be able to get in touch with what she would be spared from. Because she hadn't experienced it. So I knew that trying to protect her from the hardship wouldn't really protect her because she'd never really get in touch with what she'd been protected from and it wouldn't benefit her. And I feared really much that she would spend the rest of her life hurting over not having her baby. And I didn't want that. I knew that would be more ruinous than going through the hardship of having the baby. Plus the second thing was, as soon as I realized that because she's adopted, I realized that if she didn't keep her baby, then that would be severing a biological link for her and to also identify that her possibility of ever connecting with her biological parents is very, very slim. Um and if she doesn't do that then the only biological family she will ever have in her life will be her own offspring. And how could I possibly ask a person to part with their only links, their only biological links. And as soon as I recognized that, I had no more heart left in me to ask her to give it up...[And] I began to identify that I was stronger and more able to pay the price than my daughter would be.

A social worker sealed the family's fate by advocating on

Sue's behalf:

Gm: We did counseling with a Lutheran social worker and I was really angry with her because she was not encouraging Sue to adopt....There was times when I was pretty unhappy with that person, because I felt like she was supporting Sue's position when Sue wasn't the one that was really going to take care of this child. You know, I really felt certain that it was going to be me, and I was saying, "No, no, no. I wouldn't let you bring home a puppy without my permission, why would I ever let you bring home a baby? No, no, no." And so I had this social worker over here instead of patting me on the back and saying, "You're right, you're right, you're right. This is going to be terrible. We've got to convince this kid to give up this baby." No, she didn't do that. Instead, she became Sue's advocate by learning about Sue well enough to be able to come back to me and say, "You need to think about what your intentions are and what you hope to accomplish here....What's your bottom line, what is most important to you?" And I had to really identify that the important thing to me was to do damage control. You know, and I could identify that I didn't want Sue to keep the baby because I thought it would ruin her life as well as the baby's, and if that happened, it would severely hurt my life. So once I recognized that the purpose was not to punish Sue but to protect her, then I had to open my eyes a little more and say, "Okay, what is protective to her." Is keeping the baby more harmful or more helpful to her life than not keeping it. And once I could identify that for her not to keep the baby would damage her in a way that she maybe would never recover from. I know my daughter well enough to know that she would have spent the rest of her life depressed because she would have thought that having the baby would be better than not having the baby. Well, my God, she was right. You know, and once, once I could see that the only way she was going to see what she needed to see was to keep the baby, then that became the thing to do. And I really had to process that all through and I think had, had there been a person there that would have supported me against her, instead of helping me really look at the truths, I could have promoted maybe the greatest mistake of all....And the other thing was, in our particular situation, for that social worker to come back and say, "I don't think we can find an adoptive home that would be as good as your home for this baby.

I: How did you feel about that?

Gm: I, I felt that was true because I knew that if we worked through, if I worked through my anger and my pain, to love that baby, that it would have as good a home as what I'd ever want.... And I knew in my heart that that was true....And once that really hit me, that it would be harmful to Sue and that the baby would probably not have any better care elsewhere, uh, in fact, you know the social worker said, "If I were looking for an adoptive couple or an adoptive home for this baby, I would want you." I went oh, shoot. My God. Don't tell me this.

I: It was stacked against you.

Gm: I know. Don't tell me this stuff [laughter]. Okay, well, I guess we'll adopt this baby....[and] out of that experience, it's really become uh, apparent to me that I, I think that having adopted this baby out wouldn't have healed the pain as much as keeping it has.

Through a protracted struggle over the pregnancy and amidst great ambiguity over their future, rapprochement finally came when Jane understood what was at stake for her daughter. Even though Jane recognizes that she could exercise her power and make Sue submit, she knows that no good (and only great harm) would come of that. Here and in the following section, Sue shows up for Jane as a person in her own right with her own perspective and concerns, deserving of responsiveness and attention. (Tamika of chapter 4 and Ann of chapter 5 do not show up for their mothers in this way). That Sue has granted the very possibility for her daughter to become a person in her own right, and then to struggle and confront each other when they disagree, testifies to the strength of their relationship.

Coming to Terms With One's Prejudice

Jane revealed that her grandchild's ethnicity was a source of personal conflict and an occasion for coming to terms with her own prejudice. Although

Sue was raised with the knowledge that she was biracial and although Jane conveyed pride in her multiethnic roots, Jane always identified her as White:

Gm: In my mind, she's always been White. She's my White child just like my blue-eyed blond boys are my White children. And what I had never really quite identified, was that although in my mind's eye I saw her as White and identified her as White, she didn't. She didn't. She was raised with the knowledge that her birth parents were of different ethnic backgrounds and she was a favored child.

Although Sue does not look biracial, there is no mistaking that her son is part African-American. In Jane's words:

Gm: I think another aspect of the relationship with this child is...the fact that he is so obviously Afro-American. And um I've never, I always considered myself an unprejudiced person until this event. And then what I recognized was that I wasn't unprejudiced at all. That I was very very angry about having a Black grandchild. And that I was a bit ashamed of that. And so I really had to work with myself a lot to overcome that. And probably what really brought a finality to me about being rid of it was when I expressed what was very prejudicial to Sue about the pregnancy. Was that when I would say, but I don't want a Black child following me around the rest of my life calling me grandma. [laughter]....And when she was able to say to me, "Mom, that's prejudiced, and you need to understand that as long as you're prejudiced at all, you're prejudiced against me"....And I really appreciated her really confronting me about that because that was an issue I really needed to face. You know, I had to accept the fact that I have a Black daughter.

Through conflict and confrontation, Sue moves her mother to better understand herself as a person who identifies with being Black. That Sue corrects her mother's understanding of who she is on her own terms supports the daughter's growing sense of agency and speaks to the deep connection between mother and daughter.

The Creation of a Positive Tradition for Parenting

Jane aptly describes her own parenting skills as "self-developed. They just weren't given to me." Because it was imperative that she not harm her children but care for them in a loving, responsive way, she resolved to create new practices in her own home, fervently hoping to interrupt the family legacy of abuse.

Gm: So one of the commitments I made um before I ever became pregnant with my first one, was that I would break the pattern.... And um I just really feel blessed that I was able to do that. And to raise a pretty sound and solid family. And what I see for Sue is that where I sometimes struggled to break the pattern, she has no struggle.

I: Because she has a richer possibility and tradition to draw from?

Gm: Right. She has no, I don't think she really has a strong tendency to abuse like I even had to decide against. That's not even a factor for her. But at the same time I see her having the same kind of values that I had only she has in her own background where I just sort of had to start anew. I created the new tradition and she's really carrying through with that. In a really good way.

At the same time that she acknowledges that she was not completely successful in being the kind of parent she wanted to be, she speaks with soft and well-deserved pride about what a good mother her daughter is. When asked to describe someone who exemplifies a good mother, she without hesitation talks of her daughter, noting her patience and devotion to Bobby.

Gm: She's not the kind of parent I was when I was 20. She's not like the kind of parent I would have been at age 16. She is like the kind of parent I am now.

Because of their greater experience in childcare, grandmothers often coach teenagers in mothering skills and Jane is no exception. But the example she

describes is striking for how it expresses her concern for elaborating a more positive tradition of parenting by acknowledging and repairing the mistakes she made as a mother:

Gm: I know that I made very obvious mistakes in parenting [Sue] because of my lack of experience and now as I go back through this process with her child and her participating so fully in that, it's like, I can identify maybe the mistakes I made with my own and almost can correct that visibly in front of her, and then I think she gets some healing from maybe mistakes I made in her past. To be able to say, to be able to say, "Gee, you know, I never thought about this, but I bet when we take things away from little children it frustrates them, because they don't understand." And then for me to also be able to say, "Sue I can't remember how many times I took things away from you that were harmful, and I didn't give you anything in exchange."

Gm: And I think that working together on this teaches both of us that we can't.... We can't always do it right and that's okay, that's acceptable, that the intentions are good, the motives are pure, and the mistakes will happen.

Jane's project to create more possibility for the kind of mother her daughter can become surprises her since she was so adamantly opposed to the pregnancy.

Gm: I'm beginning to think that this is such a wonderful opportunity, this extended family, to just correct a lot of things....I think it's a wonderful opportunity to take what could have been a tragedy and turn it into an incredible value.

She acknowledges that this new parenting situation is a gift not only for her daughter and grandchild but for herself as well:

Gm: Uh, I think it's good for my life. I think I was a good parent, but I'm better now, than when my children were little. And I think every, every honest parent almost has to say that because you can't be as good twenty years ago as you are today, unless you've just really gone down the tubes.

I: Yeah, and experience counts.

Gm: That's right, and as you look back and you see your mistakes, and if you learn from them, then this is a time where you can live what you know in a way you couldn't earlier because you didn't know. And uh, it's just altogether different. It's a good experience for me. It's a good opportunity to be able to parent in the way that I would have parented, had I known.

No Regrets, No Stigma

During the four months that I got to know Jane, an additional shift occurred in her understanding of the pregnancy. In her first separate interview when Bobby was eleven months old, she talked of regret over the timing and circumstance of his birth, feelings which she had openly acknowledged to Sue:

Gm: It's interesting, as much as I enjoy him and I love him, I don't, you know if something happened to him, then that would certainly be a loss to my life, but at the same time, I still don't feel glad that he happened when he did. And that's interesting. You know, sometimes you hear parents say, you know this late-in-life baby for instance, I didn't want it to happen but I'm so glad now that it did. You see, I don't feel that way even though I love him dearly, I am not glad that he happened when he did. You know, and even I and Sue can say that together, "Isn't he so wonderful? Isn't it too bad it didn't happen five years from now, when there would be less pressure, less alteration of lives, when there would possibly be a two parent home?" So that's kind of interesting to me. I'm still, as much as I love him, I wish the timing had been different.

This excerpt reveals her continuing qualms and reservations. But two months later at our next interview, Jane has had a change of heart which she acknowledged to Sue when she said of Bobby: "I'm really glad that you are."

Gm: And Sue said, "Bobby, did you hear what your Grammy said? Do you think she's well?"Ever since he's born...I had been saying things like, "Sue, we really love Bobby, but I still think you would have, it would have been better had he been born 5 years from now." And about 6 weeks ago I realized, no, that isn't right. I need

to stop that because it's okay that he was born... because had anything been different, he wouldn't be who he is. Had ANYTHING been different.

I: That's very different from the interview last time we did.

Gm: Yeah. Huh-huh, yeah, and it just really dawned on me that no, I'm, you know, he's not going to be raised with the impression that he was born at the wrong time....But what really became apparent to me, uh, it just dawned on me the unfairness of that thought process to think that he needed to be born at a later time, because 5 years from now, he wouldn't have had the father that he had. Uh, and he wouldn't be who he is, and I wouldn't change this child for anything, nothing.

I: So what, was there any specific thing that happened?

Gm: No. I don't know. It just--I think maybe in a moment of appreciation of him, for who he is and how he is, and the recognition that he is who he is because of all the components that made him up including his father and his mother, and had anything been different, he wouldn't be who he is. And that just shocked me to think that I wouldn't--I don't want him any different. I, you know, everything is okay, is perfectly okay. Right timing.

Here in a transcendent experience of love, Jane sees him for who he is.

She goes on:

Gm: I feel no reservation about him. Or how he was conceived or when he was conceived or nothing. That is all gone, and I think that is going to be healthier for him than, you know, I could, I could love him for all I'm worth, but if I, if I participate in his life, in his growing years, with an inner attitude of too bad you were born when you were, you know, that's putting something on him he doesn't deserve....And for me it was real critical to just recognize some of those things, so that I could completely be free of any, anything there that is anything but good.

She interprets this "turn" as significant for her family:

Gm: Because there will be, as far as I'm concerned, there is no stigma at all to his birth. Nothing. No stigma to his birth, no stigma to his existence, nothing at all.

She not only comes to accept her grandchild without reservations, but in an ironic twist, she believes that Bobby will benefit from the very special advantages of being raised as an infant in an extended family with a mother and grandmother who cherish him. Her earlier reservations over the circumstances of Bobby's future stemmed in part from her presumption that children are best raised in a two-parent family. But in reflecting on her own experience as a mother, she thinks that many young parents often feel an overwhelming responsibility for how the child turns out, partly because of inexperience and the pressures of daily life. She gives examples of how it was important that her young children learned to do certain things correctly (like holding a cup by its handle) but she is now convinced that such a stance makes it difficult to simply be delighted in the personhood of the child. She finds her earlier expectations as a new mother ludicrous; she now favors allowing Bobby to "just let him develop out of his own doings"--a stance which is less burdensome for children and parents:

Gm: [I feel] less need to direct and train him. Less need to, I guess I just feel a lot more freedom to just let him be who he is. I'm no longer assuming that it's imperative that to put them on the right path. I think when you're expectations are less, then you feel less unhappiness in your relationship to them. Um you, because when you have expectations that aren't met, then you get unhappy. You feel a lot of pressure...

I: And you feel really responsible.

Gm: Sure and you have a greater need for response from the child and I don't feel any of that stuff with Bobby.

We can understand Jane's frustration over her young child's behavior which seemed to make such a mockery of her deep desire to create a family based on

love. Fortunately, the parenting class offered some concrete guidelines and new perspectives that were useful to her in creating a new tradition. The skills she learned allowed her to parent in a highly deliberate and self-conscious way (she referred to herself as an "intentional" parent) that made it possible to overcome the impoverishment of her background.

It is only within the narrative reconstruction of Jane's life that we see how Bobby becomes a profound gift and a blessing. Spared from having to mold Bobby in a certain way, she is free to just be delighted by him. Whereas she initially turned away from his ethnicity, she now takes pride in his multiethnic heritage as a bridge--across peoples and between her daughter and herself. Bobby is also a gift in the very tangible way that he is testimony to the fulfillment of her dream for interrupting parental abuse. Jane with great courage has created the possibility for her daughter to become the kind of mother that she would have wanted to have been. And as her daughter's account reveals, she is the kind of grandmother that both Sue and Bobby need. Lastly, her grandchild as "gift" affirms her faith and the possibility for good working in our lives:

Gm: An opportunity for good. Yeah, I just believe that. I believe that, that all things can be worked, used for good in the life of someone who loves God. It's like, uh, the deepest wound becomes the greatest healing because that can be turned to joy, and I know that not all bad things that happen to people are used for good, but I believe it does happen to people who love God because you have a divine intervention that helps. And uh, if I persevere and I hang in there and I let those wounds be healed, then, then that healing...It's like any, it's like when you break a bone and once that heals, it's stronger, it's stronger. And I think uh that your sorrows when they're healed becomes a greater joy. I can't tell you how much I suffered over [the pregnancy] but I can also tell you how

much joy he is. So, you know, that's part of it.

In contrast to the family crisis of the pregnancy, coping instances in being a grandmother are minor. Because her daughter has assumed primary responsibility for Bobby, care for the baby does not interfere with Jane's job responsibilities as she had expected and feared. Her job flexibility allows her to easily reschedule most things so she is available to help care for Bobby. The only "minor" frustration she notes is the "noise level" of Bobby's fussiness at dinner; if his whininess interferes with having a relaxed dinner, she asks Sue to take him away from the dinner table. Although the financial responsibilities have played out as she expected, she has been surprised and pleased by the kind of mother her daughter has turned out to be:

Gm: Well as it's turned out, she has not pushed him off on me at all. Nor anyone. In fact, she is so caring for him that she won't allow anyone else to babysit him but me. That's if mom can't, she says, if you can't take care of him, I don't trust him with anyone else cause you know his needs, mom, you know him so well. And nobody else knows him like you.

I: How does that make you feel?

Gm: Good. Mostly because I feel her sense of protection to him and that I would be so typical and so understandable if she would just simply leave him with anybody just because she needs the break. But she doesn't do that. But at the same time, she doesn't do that to me either. You know, for me to watch him sometimes in the evening for her to do homework simply because when he's awake, he just requires a lot of attention. And so I take care of him when she does homework. Other times I will take care of him when she goes to church on Wednesday evening or Sunday evening. Most of the time, wherever she goes, she takes him. Except if the weather is bad, or if it's just simply not appropriate to have a child there. Then rather than have her stay home always, then I'll take care of him. But she's done better than I anticipated she would do. And

now after almost a year of having him, I am glad that she held out and was firm in her decision to keep the baby. I'm glad that she had the strength to do that.

Jane's life story offers a remarkable account of holding on to fragile threads of hope to survive childhood abuse and then to create a life and a self in sharp contrast with her past. Because of, yet in spite of great suffering, she has remained open to creating possibilities and living out notions of the good in caring for others in the very specific commitments of mothering, foster mothering, and ministering to homeless women. The very strong stand she takes on creating a life in opposition to her mother's negative example becomes a personal telos that orients her to doing good. Her story lacks in bitterness or despair but is described in the language of grace and blessing where life's challenges and rewards express God's unfolding purpose.

Sue's Story

Sue is an attractive sixteen year old teenager with shoulder length, dark brown curly hair. She has an engaging smile, is soft spoken and somewhat reserved during the interviews. During the interviews and observations, she cares for Bobby with confidence. She is one of the most nurturant and sensitive of all the mothers in the study, and one of the youngest.

Sue had not planned to become a mother at this point in her life. When the pregnancy was confirmed, she had fleeting thoughts about an abortion but did not have the necessary money to seriously consider it. Her story of the conflict over the pregnancy is entirely consistent with her mother's account. Her words

confirm how the meaning of the pregnancy was deeply shaped by having been an adopted child. Being without biological ties, her connection to her unborn child was all the more precious:

M: He's like my lifeline....I can't even imagine what my life would a been like if I would have given him up, cause he is, he's just like, he is, he's just my tie.

I: Your tie to?

M: Well, to myself. I think more to myself because uh, he's a part of me, and I've never had anything that's been, had anyone that's been a part of me, had a part of me in them and that's how he is, I mean, you know, I have relatives out there that I'm a part of them but I don't know who they are.

Sue described the events around Bobby's birth as traumatic. Following twenty hours of labor, she was too exhausted to hold the baby and then felt abandoned when her mother and boyfriend left with Bobby for the nursery. Because of excessive blood loss during delivery, she was hospitalized for five days (which happened to fall on her birthday and Easter) and then rehospitalized two days later when she began hemorrhaging again. Throughout this period, she was separated from Bobby and her mother, who was at home caring for him. Nevertheless, Sue breastfed for the first two months and stopped only when she was medically advised to do so.

After the traumatic neonatal period, Jane resumed working during the day and remained very involved in helping Sue care for Bobby at night. During the early months, Sue and Jane slept together on a sofa bed so that they could take turns in caring for him. Sue felt cared for by her mother during this time but was

disappointed by the father of the baby who was unemployed and reneged on his earlier promises to financially support the baby. When asked who stands out as a good mother, Sue names her own mother:

M: Because, well, she, she tries so hard to just, you know, give us what we need, cause you know my mom, after my parents got divorced, I know it was really hard on her cause she had three kids to deal with and out on her own. She had to go out and get a job. I mean, it was really hard for her. And she overcame a lot of, a lot of overbearing odds.

Sue appraises good mothering with an appreciation for what her mother has dealt with in raising a family. Sue felt well cared for by her mother as a child although the events following her parents' divorce were difficult. The family moved from their life-long home where Sue was a favored child in the community to the city where she was teased for being biracial. With her mother then having to work full-time to support them, Sue returned to an empty house feeling "kind of lonely, but you know you got over that, too." Sue thinks she is similar to her mother in that they share Christian values. What is most important for Sue is that her son grow up "knowing right from wrong."

Although Sue obliquely refers to conflict with her mother, she reports no conflicts with her mother over the baby. That their relationship has changed is seen below:

M: ...we don't really have that many fights but when we do, I think I'm more obnoxious actually.

I: You're more obnoxious now?

M: Yeah. Because you know, it's like I have my own baby now, you can't just yell at me about this stupid stuff. That's how I feel,

you know. Cause before she could just yell at me about anything and now half the stuff I just don't tolerate it, I'll just yell back at her.

I: In any ways has it made your relationship closer?

M: I think, yeah, I think it might have in a way because you know uh, I don't know, I just, it just feels like it's closer cause you know, she, she realizes you know what's going on with me and you know she helps me out a lot. And I think I've grown closer to her in the fact that I realize what she goes through with different things. I think it's just good for me to experience, you know, all this.

At least in Sue's eyes, since she and her mother are now more equal in status, she is more willing to press her point and perspective to make herself heard with the hope of being better understood. Their more open fighting has not walled them off from each other but has brought them closer by better understanding their different and shared perspectives.

Sue dislikes being financially dependent on her mother. Previously, she earned spending money by teaching piano and tutoring younger children but now with the baby, she has become totally dependent on Jane to buy what she and the baby need. She has not had any new clothes in the past year and when she has received money as a gift, she has spent it Bobby. Partly for this reason, she dreams of eventually moving back to the midwest where she could live and share expenses with a friend. The second reason to return to the midwest is for Bobby to know his father and become familiar with African-American culture directly rather than through stereotypes, which was her personal experience in growing up in an adoptive family.

"I Feel Myself Growing More With Him"

Although Sue assumes primary responsibility for Bobby, Jane is always in the background offering tangible help, respite, validation, correction, and support in ways that affirm Sue's good mothering. When necessary, Jane intervenes on her daughter's behalf (i.e. in the school system), when Sue's good sense as a mother is discounted by nursery staff. When Jane is away on business for a month, Sue experiences a disrupted sense of security:

I: ...what would she be offering that you really feel the lack of when she's not here?

M: Well, just her being here. I mean, she's my mother....I guess just being with her because she would usually take me to school in the morning, but, and then, you know--I guess maybe it's just, maybe the security because I know when she's here in town I can always get a hold of her because she works here. If I ever need her, all I have to do is call downstairs and she's here. And like when she's out of town, she'll still, she'll call every day, but I mean there's no way I can just say, "Come up here, Mom, I need you."

Although Sue managed quite capably during the time that her mother was out of town, Jane was not available to take up the slack or to enjoy the baby with her. In this mother-daughter pair, having a partner who shares in the delight of the baby validates the mother's strong emotional feelings. Sue and Jane both describe numerous times of sharing stories and "marveling" over Bobby's accomplishments, for example, when he first learns how to turn the wheels of a toy car:

M: We have like a little toy car that he plays with and he was just um playing with the wheel, but he was doing it with his finger and making it go round and round, and he was just looking at it. He was really concentrating on it, just noticing how when he did it with

his finger, it just went in circles. It was neat cause I mean you could really tell that he was concentrating on that one thing and I've really never seen him really concentrate on anything else like that....It was almost like a connection that he made with it. And so me and my mom, we were just marveling over that for a while.

Or when he takes his first steps:

M: I was at my friend's house and he took like--this was when he was just starting to walk--he took like 8 steps and as soon as he did, I called my mom and I said, "Guess what?" I said, "He just took 8 steps." She said, "Really? Tell him congratulations." And so then, then you know, when we came home, she said, "I heard you took 8 steps." And so from then on she, I mean, she counted every step that he took, and one time he took 49 steps and then she counted all the way up, 49 steps and then he fell down. And she just loved that.

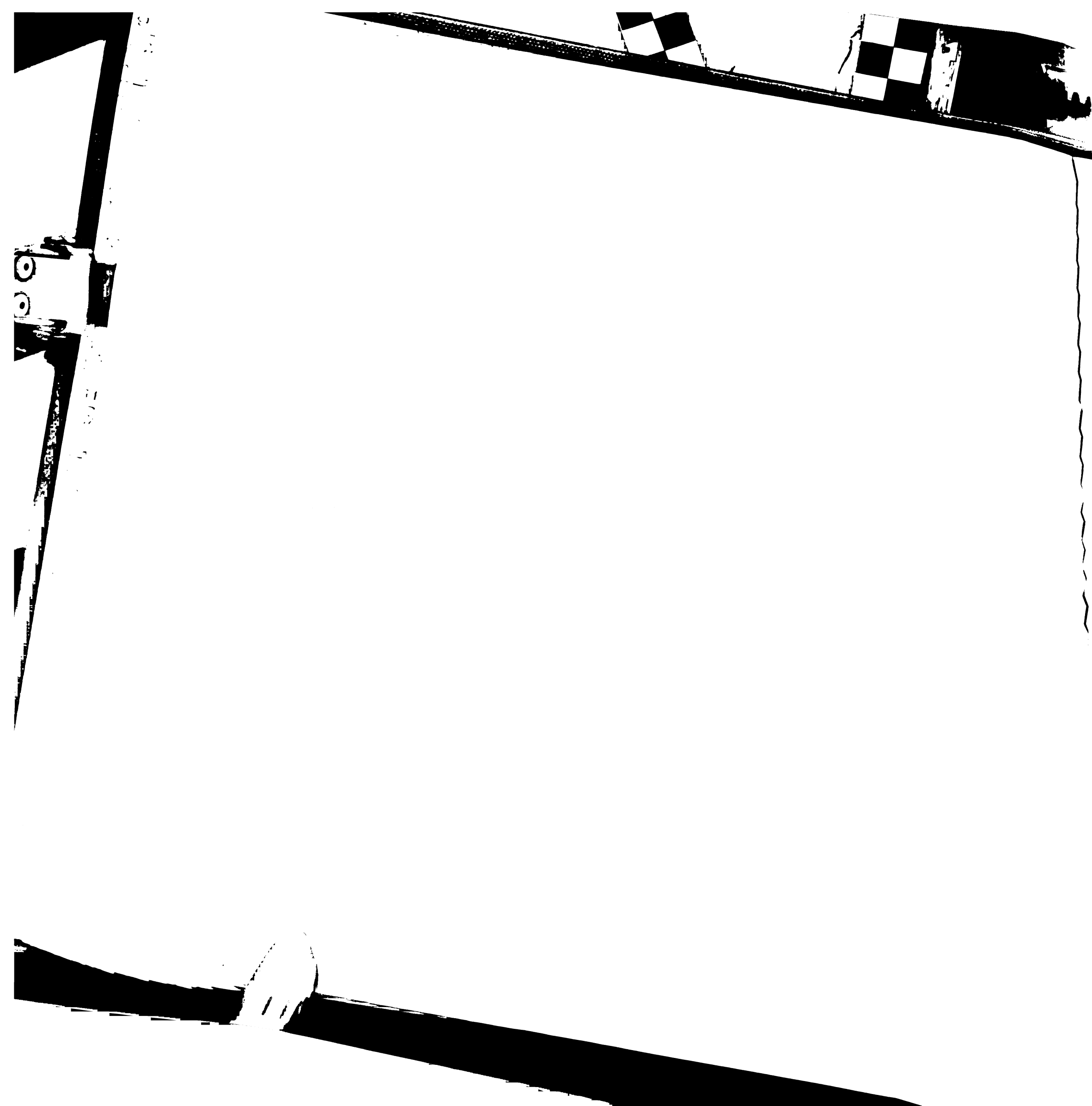
Jane makes explicit the good inherent "in enjoying him for who he is. So that he can learn something about himself that is going to be really valuable." To be cherished and adored by two parents or by a mother and grandmother not only creates a world and community-of-memory (Newson & Newson, 1976) for the child but an enabling community for the inexperienced mother.

When I ask Sue how she learned to be a mother, her reply reveals that her mother's coaching is so much in the background (Bobby is nine months old at this point) that it is hardly noticed:

M: It just kind of came naturally. Uh, my mom, you know, had a few pointers here and there, but she really hasn't, you know, told me really anything about mothering. I guess she just kind of let me learn it on my own.

Much of what Sue learns now is taught by Bobby in concrete situations.

For example, she describes how she has learned to diaper him standing up because he hates laying on his back:



M: For the longest time, every time, you know, I'd want to change his diaper I'd lay him down, and he hated it. He would just squirm around. He just didn't like it....So I just started changing him standing up because if he was going to insist on being up, then he was just going to have to learn to stand still while I did it. And he did....Nobody can understand how I do it or why I do it, but...

I: What have people actually said to you?

M: Well, one person, one of the mothers in the nursery said, "How can you do that and he's not even facing you, he's facing the wall and you're changing his diaper while he's standing up?" And I said, "It's just easy. Believe me, you'll become practiced in about four months." And she said, "I guess." I said, "Yeah, you will."

This skill develops in response to making sense of Bobby's behavior:

M: Well, I guess he feels like if he's laying down, then he's going to miss something. And uh, if he's standing up, you know, he can still see everything. So if he's laying down--I don't know, maybe that's why he fusses, maybe it's not. But I guess that's kind of what I make of it. It makes sense. When you're laying down, you do miss a lot of stuff.

I: Well, that--you're very sensitive to what he's possibly feeling at the time.

M: Yeah. Cause I know, he never sleeps. He's not really a sleeper and he never really has. It's just because he wants to observe things.

This situation does not become a contest between her will and Bobby's

will:

M: Yeah, I've seen it [a contest between parent and child], but I don't think it's really a fight because obviously they don't like it and it needs to be done. You might as well make it pleasurable. I mean, in some instances you might as well make it so it's not so bad.

Here in letting Bobby lead the way, her activities express the good of responding to a particular child in a specific situation. I observed many similar

situations where Sue followed the lead of the baby and often grasped his perspective. In one episode, Sue noticed ants in a corner of the room and went to get a broom to clean them up. When Bobby came over to see what she was doing, she tried to lead him away by taking his hand. When he resisted, she dropped his hand and walked away from the ants. As he followed her away from the corner, she remarked, "Oh, you were just coming over to see what I was doing." This minor episode does not escalate into a battle over the child's thwarted sense of independence for Sue correctly understands that he is simply interested in what she is up to.

Numerous other situations show that Sue acknowledges Bobby's perspective. When she tries to remove him from the back of the couch so that he will not damage the blinds, he fusses. She responds by pulling up the blinds so he can see out the window. As she holds him, she quips, "I don't see what's so wonderful up there. But you like it, huh?" Again, this is a good instance where Sue grasps his world. She then shows him how the blinds work, saying, "If you pull hard, look what happens."

In the following episode, she does not follow Bobby's lead because the situation is dangerous:

M: And uh, he wanted to go outside, so we were sitting out on the deck, and he wanted to go down the stairs and I wouldn't let him. He screamed and screamed at me and kept on pushing and trying to get down the stairs. So finally I just couldn't hold him back any more and I brought him back in the house and he screamed and cried for like 10 minutes and he wouldn't stop. And he just laid on the floor and just screamed. I mean, he hated it. He wanted to be outside and I couldn't let him be out there because he just, I was

afraid he was going to throw himself down the stairs. So I had to bring him in.

I: So...was that a dilemma in any particular way?

M: Not really. No. It was just that he wanted it his way and it couldn't be his way, and he just has to learn that everything doesn't always go his way. So, I just let him cry.

Sue has learned from similar situations that Bobby is sometimes just inconsolable and that letting him cry over frustrating situations does not make him "lose trust in me." When asked, "And how does he show that?," she replies:

M: After I take something away from him, he'll still run up to me and just want to, want to be with me. And it's like when he's in a bad mood or something and he's not feeling well or whatever, he'll follow me everywhere.

When I ask her to describe what might be his perspective:

M: I don't know. It's just, I don't know. You just wonder what's going through their mind, what they're thinking about when they're throwing these fits. I'm sure, you know, in a sense that they're hurt, but there's really nothing that I can do about it. You know, or we just try to do it without hurting his feelings...

Sue defines a good mother as "somebody who's always there for their baby and somebody with a lot of patience, a lot of patience." Having patience shows up for her with her son's growing independence and temper tantrums which sometimes "get on her nerves". Although she gets frustrated with his crying, she does not believe that it is his intention to frustrate her. Here we recall a similar interpretation by Jane that may reflect Jane's coaching of Sue (see p. 272).

Sue's daily routine is largely structured by being a high school student; Bobby can attend the on site nursery until Sue completes school. When Jane is

unavailable to drive them to school, Sue uses public transportation which involves transferring buses and then walking several blocks, often with a sleeping baby in her arms. Although she has developed a routine for getting herself and the baby to school, she is sometimes late for her first and most difficult class. Since the teacher does not allow late arrivals, her grades have suffered in that class. However, she accepts the teacher's strictness with equanimity "because she's a good teacher and she's fair" and her circumstances are "really no excuse". But what Sue doesn't tolerate are the rules set by a nursery worker when they conflict with Sue's own sense of her child's well-being.

M: Okay, um, just the other day in the nursery it was hard because um we had the, they wanted us to put all the babies in the crib and you know I don't find any problem with that, it was right after lunch so they could clean up so the babies wouldn't pick up things off the floor. And that was, that was okay with me except when I put him in his crib, he started crying and tearing, he just didn't want to be in there. And I needed to go to class [but the nursery worker], she just didn't want me in there. She said, "I cannot let you stay in here. You can't stay in here."... And we argued about it for a little while and I said, "Well, you know, I'm not going to go to class worrying about, having to worry about what's going on with him." You know, no class is that important to me. I don't care what it's about.

She goes on to describe how the worker "made it sound like, I had no right to be in there in the first place" which she flatly rejects: "I mean, he's my baby, I have a right to be in there, and as long as I don't have a problem with it, then there shouldn't be a problem." She finally leaves with Bobby for home because she knows from previous experience that he will not be attended to when the staff clean the nursery:

M: Cause like one other time that happened and I stayed in there

like all period with him...and [the nursery worker] said, "Well, they're only going to be in their cribs for like 2 minutes." They were cleaning for like over a half an hour...[and] when he's crying and stuff that means that something's wrong with him, and if she's just not going to do anything with him. She just wanted me to let him cry. And I said, "No, no."

Sue's attachment to Bobby is readily demonstrated in this story of conflict.

From a Kierkegaardian perspective, her commitment as a mother relativizes other concerns such as attending class (see Rubin, in press). In setting up a world of significance, the baby redefines what matters. In the above conflict, it is not a choice for Sue to leave or stay but a moral imperative to stay with him. Just as it is equally important for her that she no longer take Bobby to a nursery on weekends, as related by Jane:

Gm: Now [Sue] is saying, "I'm not going to do that to him. He's in nursery all week, I'm not going to spend, spend his weekend putting him in another nursery. He needs to be free of that on weekends."

Being out with her friends does not matter as much to Sue as it used to:

M: I would always go out with my friends, always, always. I would always have to be with them. But now I go out, I guess, about once a week or so. And you know that's okay, and I don't mind, you know. It's not, it's really not a big thing.

Like other engaged mothers in the study, attachment showed itself as a defining relation set up by the baby that was expressed in many ways, including physical responsiveness. During two visits, Sue held Bobby in her arms as he fell asleep; she made no move to put him in his crib for the duration of the interviews. She speaks of him now as "overflowing her arms" and indicates below the ways he is always on her mind.

I: Okay. And how has being a mother changed who you are as a person?

M: I think I feel myself growing more with him. Like uh, how could I explain it? I think I've changed like in the sense that whatever I do I always need to be, I always, I'm always reminded that he's around, so you watch what you do and things like that, you know.

Later, she adds,

M: Well, just having new responsibilities. You can't just be a normal teenager anymore, you have to think about the child, you know. Whereas before you could just take off and go whenever you wanted to. Now you have to think about the baby. You know, do I have enough baby formula to go to the mall, do I have enough, you know, food for him and is he tired, is he sick, should I take him home--stuff like that. And then, you know, and then if I still want to go, well, who's going to take care of him if I go and it's just stuff like that. It hasn't ever really been a problem, except for when I want to take off after school to go to the mall, I'll just take extra formula with me to school.

When I ask, "What aspects of mothering are you best at?" Sue replies:

"Always being there for him." "Being there" expresses the stand she takes on mothering, not in the spatial sense of being close or far from the baby, but existentially in the way the baby has significance and value for her. We see Sue's understanding of mothering as "being there" in her insightful knowing and appreciation of Bobby, her skill in caring for him, and in the way she confronts the nursery staff and stands her ground for what he needs. What she likes most about being a mother is:

M: ...just being able to watch him grow and...seeing his love. I mean, I can almost tell the way...he loves somebody. I know he loves my grand--his grandma. He loves her. I mean, you can just tell just by the way he looks at her and smiles at her. The way he'll run to her. I mean, the same way I can tell that, I mean, he really loves

me, but you know, it's kind of hard for him to show it. But he tries his best. It's like lately what he'll do is he'll run up to me and he'll just grab on the back of my pants and he'll just hug me, he'll hug my legs. And it's like, you know, it's like, he knows what he's doing.

The baby provides background significance from which she judges losses and gains. Her world is no longer that of a "normal teenager" with the freedom to do as she pleases; but her new world is not without its own possibilities. As she convincingly argues in the excerpt appearing at the beginning of the chapter, mothering for her involves more gains than losses as she experiences the situated freedom of mothering made possible by the grandmother's generous care of baby and mother. Given the shared practices of caring for Bobby, she has not been forced to relinquish all other pursuits; her educational plans in preparation for an eventual career seem entirely plausible.

Conclusion

Sue does not have hard, rough edges like Tammy of the previous chapter who finds so little validation and confirmation from her own mother or community in being a good mother. Sue is much softer and more tender, yet strong and authoritative, a remarkable possibility offered by her mother's good mothering of her. For Sue, like Tammy and Maya, mothering is an identity-forming project. Like Maya but unlike Tammy, resources for mothering are available to Sue in the grandmother's example and support. Here in this family's story we see the unfolding of care as a collective practice which articulates the "right" kind of involvement for this baby and this mother:

I: And ideally, how would you like your mom to be involved as the

grandparent?

M: The same as she is.

I: It's not too much and it's not too little, it's just perfect?

M: It's just enough.

As for Jane, her life is full and rich. The baby has not curtailed her plans and because her health has improved dramatically, having the freedom to die is no longer an issue. She feels called to her work with homeless women and the flexibility of the position allows her to be available to Sue and Bobby. In creating a positive tradition of mothering, Jane's promise, made years ago, to break the cycle of abuse has been fulfilled with this child. Through the labor of spinning fragile threads from her broken past, she has rewoven an oppressive legacy into a strong and resilient web that nurtures mother and child, creating the possibility of safety, faith, hope, and love.

Chapter 9

Teenage Mothers' Narratives of Self

The conventional popular and academic wisdom--that teenagers who become mothers "too soon" jeopardize their development and future--has remained relatively uncontested in academic and social policy arenas until the controversial research of Geronimus (1991, 1992). From several small-scale studies conducted among Black low-income samples, she and her colleagues argue that poverty is indeed highly implicated in the lives of many young mothers but well before they become parents. According to Geronimus, early childbearing is more fruitfully considered a "sensible" and "adaptive" response to a context of impoverishment and despair where precious little future exists to be jeopardized by parenting. This distinction has stimulated an important debate regarding the relationships between early childbearing and poverty by refocusing attention on the grim set of life experiences for certain teenagers which makes having a baby desirable and "appropriate" in a context that offers a very narrow range of future options. Within an impossibility context, having a baby may supply a future and social identity that are familiar and consistent with the wider social world of restricted educational and employment opportunities. This contextual understanding of teenagers' lives helps to explain why some teenage mothers do not consider early mothering to be a negative event that threatens plans for their future; as a member of impoverished and socially isolated communities, they know only too well the fate that awaits them regardless of when they conceive their first

child.

Although Geronimus' research program has focused exclusively on poor Black women, her work raises important considerations regarding the pre-pregnancy context and temporal experience of teens from diverse social and ethnic backgrounds. This chapter addresses the teenager's experience of identity and development among a more diverse group of mothers using the paradigm cases presented in the previous five chapters as points of contrast and similarity with interview data from the remaining participants. Questions to be addressed in this chapter include: How do young mothers describe their pasts and appraise their futures? From their perspective, what opportunities and possibilities are furthered or narrowed by mothering? Do they describe changes in identity as a result of mothering? If so, what do they consider as challenges, turning points, pleasures and restraints in becoming the mother they want to be?

In interpreting young mother's understanding of self and development, three patterns emerged. The first group described the pregnancy as an idyllic fantasy and plan for gaining a sense of connection and repairing their isolation and exclusion. If not deliberately planned, the pregnancies among this group were often initially desired but later resented when the baby ultimately failed to save or repair conflicted relationships or correct for a diminished future. Tamika of chapter 4 and Ann of chapter 5 exemplify this pattern where having a baby offers a romantic quest to correct for a shabby, unpredictable, and desolate world. However, their attempts and desires to be the mother one wanted to be to the

child were continuously undermined by a context that attenuated the baby's and mother's needs for responsiveness and connection. Because having a baby ultimately failed to secure a more hopeful future or sense of connection, these teenagers offered few stories of becoming more mature or responsible.

Tammy of chapter 7 exemplifies a second group of mothers who also enter mothering from a shabby, unpredictable world. These teens also described an empty pre-pregnancy future, but one that is altered as the baby establishes a stable point of significance around which they organize their lives, establish an identity and imagine a future. They offer stories of becoming more responsible and responsive to the self and the baby, in some cases saving them from self-destructive activities. Unlike the third group of mothers, their practices are largely self-developed in opposition to their negative family heritage as they attempt to make up for what was lacking in their own childhoods. As a result, they press into the possibilities of mothering by trying to make everything right for the child.

A third group of mothers, exemplified best by Sue of chapter 8, were better mothered themselves and described mothering in less romantic terms as a means of saving them from a bleak past or empty future. Prior to the pregnancy, they imagined a future extending ahead of them that included educational or vocational plans. Because of substantial family support and fluid family responsibilities for caregiving, mothering did not foreclose their plans or obstruct other opportunities for projecting themselves into the future, organizing their

lives, and becoming responsible and responsive selves.

Inheriting a Diminished Future

Tamika's (see chapter 4) and Ann's (see chapter 5) accounts of mothering reveal a desperate attempt to mend and heal a precarious, shabby world through a desired pregnancy. Both described impoverished childhoods marked by betrayal, rejection and adversarial family relationships that left them bereft of a sense of place, worth, and future. It was not uncommon for this group of mothers to have desired pregnancy from very young ages; Tamika recalled wanting to become pregnant around 11 or 12 and another teen had two miscarriages before eventually giving birth at age 17. Within their temporally constricted personal worlds of impoverished pasts and foreshortened futures, where the lack of responsive connections created a self described as "adrift" or "wild", the pregnancy became a desperate means of keeping a boyfriend (in Tamika's case), of saving the parents' failing marriage (in Ann's case), of escaping the certainty of a bleak future. Only after the birth, when the baby introduced burdens and demands and recreated conflicted relationships did these teens report misgivings and resentment over the baby. Tamika, who looked forward to having a baby even when it failed to keep her and her boyfriend together, eventually said "I wish I had waited" and claimed that she never wanted another child.

The profile of this group of mothers seems consistent with the cultural stereotype wherein teen mothering "risks the future" but this stereotype fails to capture how a diminished future precedes and prefigures the pregnancy, giving

little reason to avoid pregnancy. The following excerpt highlights how mothering does not jeopardize the future from the teenager's perspective but is a reasonable, albeit romantic, "plan" within the narrow possibilities of an already diminished future:

#1M: I did want to get pregnant for the longest time and I tried to get pregnant and I didn't. And I decided, [my boyfriend] will not believe me till he dies but this is the truth, I was learning computers and things like that and my girlfriend said she could get me a job and I was close to graduating. I said, it's gonna be so good, I don't want to get pregnant now. And I said, as soon as my period comes, I'm gonna start to take my pills again regularly.

When opportunities for a meaningful future seem remote, having a baby sets up the hope of a future and identity that contrasts with the despair of an endless present, as Tamika's and Josie's narratives present in stark detail. Within their social world, time comes to an abrupt halt ("stops dead" in Josie's words) in adolescence. As children are "lost" to the streets, the very real possibility of early death and the grave and contradictory demands for survival absolutely curtail any sense of future. Josie remarks:

Gm: I can't see myself going forward. I can't see myself going backward. I'm just at a standstill. I'm not moving. I'm not doing anything. I don't know where I'm going but I know where I been.

The despondency of being a "wild person" where nothing is of value to direct one's life correlates with Tamika's admission following the birth that "I didn't care at first...about my life". Although the baby exerts a pull to remain off the streets, the oppressive demands of an utterly precarious world effectively circumscribe any future hopes or plans. Here there is nothing to anticipate as one

day follows the next in a bleak and interminable certainty. When I ask Tamika what she hopes for tomorrow, she soberly replies:

M: I guess just for my baby to live...I guess just for her to wake up in the morning.

I: What about for yourself? Is there anything you hope for yourself?

M: Not really.

Within an impoverished and unpredictable world, the baby does not create a place sustained by responsive connections but only serves to recreate the teenagers' earlier disconnection, isolation and exclusion. These teens did not experience the possibilities of "growing with the baby" that are based in the mothers's growing responsiveness to the child and to the self. Their stories of mothering, compared to other mothers, more often described a disengaged, conflicted, and ambivalent relationship to the baby that was predicated on the family's competitive relations that constrained the development of responsive relationships. Ensuing power struggles in the family frequently erupted over "whose baby is this?" which effectively stabilized the family disconnection while rendering the daughter incompetent and excluded from caregiving. In a recriminating web of family contempt, anger and mistrust, the mother felt increasingly displaced and resentful of the baby who failed to rectify her disconnection. (See chapter 10 for an examination of the family's patterns of caregiving that prefigured the daughter's relation to the baby.)

The family's disconnection and the demands for survival consistently leave

Tamika without stable and responsive connections that might pull her forward to be the mother who stays home with her baby. Mothering does not bolster her sense of connection or development but only confirms her alienation and despair. Without a growing sense of responsiveness to the baby, she, like other mothers of this group, continue to place themselves and their children in situations that they concede are dangerous, or give up the care of the child all together. Tamika, for example, is pulled back to the streets; another teen concedes that she allows the father of the baby to take his son into situations that she knows to be unsafe. Although they express some misgivings about doing so, these teens present themselves as hapless victims, seemingly resigned to whatever befalls them. Absent in their stories is any growing sense of power or agency to act in accord with what they claim to be best for themselves and the child. Their fragmented and conflicted stories of being a mother accurately portray their fragmented and incoherent personal worlds.

Inventing a Future From an Impoverished Past

A second group of mothers, exemplified best by Tammy, experienced mothering as a focal source of significance and catalyst for becoming more responsible and mature. Although these mothers also embarked on mothering from limited horizons, often describing themselves as being "on the wild side" or involved with "the wrong crowd" prior to the pregnancy, their connection to the baby contributed to new narratives of self and new visions of the future. Unlike the first group, becoming a mother redirected their lives into more positive

directions and opened up a future that brought anticipation rather than dread.

As seen in the excerpt below, their childhood stories often revealed a troubled family life where the lack of responsive connections set up a self-striving story of overcoming one's past and the need to create oneself in opposition and isolation:

#14M: I feel people have two ways of going in life. You've got to go this way down the road or that way, and I could have went the other way. I could have just went into drugs and been a loser and not cared--no one cares about me, so why should I care about myself. And a lot of kids do that. They figure, well, no one cares about me, so why should I care about myself? But then I always thought, I wanted to be something in life because I had to do it for me, because no one was going to encourage me or help me, I have to do it for myself.

This same teenager, who becomes pregnant at age 18 in the context of a stable 2-year relationship with her boyfriend, who works part-time and is planning to enter a community college in the fall, speaks of the responsibility engendered in becoming a mother:

#14M: ...responsibility. Something that's growing--I will grow, you know. You grow every day of your life. You learn something new every single day of your life. And it, she's an experience to learn stuff, you know, because the hardest job I think in the world is to be a mother. To have, to raise another human being, to have responsibility for that.

This common theme of becoming more responsible and mature through mothering showed up in many ways among the mother's (and father's) accounts. Although pregnancy was most often unplanned among this group (Tammy is an exception), the baby introduced needs and demands that altered the young mother's way of being-in-the-world. In sharp contrast to a world before baby when the self was relatively free of responsibilities, limits and demands to become

a responsive, responsible self, the baby's requirements now required acting in new ways such that earlier interests and priorities appeared trivial or meaningless.

Tammy's dramatic story details how mothering literally reorients her life; she deliberately plans a pregnancy "in order to become responsible" and ceases drug use before becoming pregnant. Her connection to the baby pulls and guides her to develop new habits and make new demands of friends and family members; only after becoming a mother does she begin to place herself in less risky situations and she feels compelled not to fight others. She also keeps a steady "boring" job so as to be a good role model to her child. Her future now has a direction that is oriented by becoming the mother that she imagines her child to need. Even though developing new skills to match her aspirations are fraught with difficulty, her aspirations (for example, to not fight) only arise in being a mother. As new concerns organize her activities and relationships to others, Tammy experiences the self and world in new ways.

Referring to their lives before the pregnancy as a point of comparison, where responsibility to self and others was largely absent, the demands for becoming responsible reorients what is now salient in the mother's world. For example, one mother describes her child as an "inspiration":

#14M: If anything, I think I'm probably doing better than if I didn't have her. Because who knows if I didn't have her what I'd be doing. Maybe I wouldn't be working. I probably would be working, but I don't know, I guess she's kind of an inspiration for me to do things, you know. Because now I don't only have to do it for myself but for someone else as well, and it's not just my boyfriend but it's my child.

In speaking of the baby as "a part of me", mothers acknowledged the ways that they are salient to the child and the child is salient to them that alters what is considered important. "Growing with the baby" acknowledged this new sense of salience and connection that overturned the mother's previous separateness, and in the best circumstances, provided corrective experiences and an ethical horizon for elaborating a self and a future that is connected to becoming the mother and person one wants to be.

Tammy was by no means alone in describing new priorities and concerns that strengthened her resolve to become a "better person" and a good example to her child. Another mother, referring to herself and her boyfriend, said:

#1M: It's funny because we're a lot more mature now that we have a baby. We just don't think about what movie we're going to go to.

Other evidence of their altered world showed up in many ways. One teen, talking about her old friends, said, "they don't count and I don't have time anyway. I don't fit in that world anymore." Friendships were now evaluated differently as they found themselves drawn to other parents:

#1M: When I'm at school now, it's with my friends who have babies and when I'm not, it's with people who are older and have children. Cause I can relate with them because you go through the same things.

Several reported being less moved by peers to party or drink as they often had been before becoming pregnant. One couple gave up smoking cigarettes on their baby's first birthday; another teen recounted wearing seat-belts regularly for the first time and others described deliberately putting themselves into more

positive situations since becoming a parent:

#5M: I kind of feel like, I've started making conscious efforts in my life to make my life more positive....I try to make my life better and happier. As opposed to letting life happen to me....And I know getting pregnant was one of the things that really started getting me to open my eyes and grow up and take care of my responsibilities.... I don't think I'd be where I am right now if I didn't get pregnant. I think it would have taken me a few more years so I maybe would have been at the same exact point anyways. I don't know. I can't go back and do it over.

Continuing or returning to school, or working part-time, assumed new importance as they began to think seriously about their future (and the child's future) for the first time. Rather than "just letting things happen," one teen said:

#5M: I started acting more responsible. And going along with that, feeling more responsible. It gave me a little more ambition in my life... Well I used to just want to get out of the house and do my life. And now I want to finish school and stuff....

Other mothers and children are now noticed as they had not been before:

I: How has being a mother changed who you are as a person?

#14M:I notice kids more often and I just think about a lot more things now. Like life in general. I mean, I always have, but more to about how my daughter's life is going to be.

I: So what kinds of things do you think about?

M: Like uh, like I see kids walking around and I just think about [my baby], and every time I see a little baby, I automatically--boom, [she's] in my head, you know. Every time I see a little kid come in to work--oh, how old's your baby? Oh, mine's, you know. And uh, just about how drugs are now days. And how our environment's going.

I: So you think about all those things?

M: Yeah, more or less than I would before because now I have a child to worry about. You know, I have someone else to worry

about besides just myself.

Another tells me of her reaction to a news report on starving children in

Ethiopia:

#1M: I was watching a show about the Ethiopians and how they're starving. And I saw a little baby about [my son's] age and his arm was as skinny as my thumb and I started crying. And I looked at [my son] and I was so happy that he's healthy. And I was telling myself, I'm going to be nicer to him. Like in the middle of the night, I'm grouchy, and say "Would you just go back to sleep." And I said, I'm really lucky that he's healthy and I don't think about it all the time and I should.

I: Did you learn something from that situation?

M: Yeah, I mean I know there's starving children out there but I hadn't thought about it for a long time so I realized that not every baby's like him. And how the mother's must feel, not being able to provide for their kids, because I take for granted the food and the clothes that he wears.

Fathers who participated in the study offered similar accounts of how becoming a father reorganized their goals and priorities. Here one father describes himself before becoming a father:

#1F: I'm not going to lie. I was a little punk. And I wasn't thinking about supporting no kid. I didn't know what the heck I was going to do....I didn't have no job. I wasn't going to school. I wasn't doing anything except just hanging out.

The responsibility of fatherhood changed him...

#1F: 360 degrees around. I don't go out anymore. In a way I kind of like the responsibility because if I were to hung around with the kind of guys I was hanging around with, I would have just ended up in trouble, on drugs and stuff. All those friends are on drugs now.

In speaking for himself and his girlfriend, a 24 year old father talked of how parenting...

#7F: ...helped us to straighten out our act. You know, it gave us more responsibility, it gave us someone to care for besides ourselves.

Although this particular father had job skills as an auto mechanic, his work had little meaning before becoming a father:

#7F: Work didn't mean nothing, I could have lost my job and gone to get another job and I wouldn't really have cared. At the time I didn't have any definite plans.

He concedes that before the pregnancy,

F: ...it was really hard to change my ways. But that baby right there did it....with her, it really made me think about everything much more, and it's much nicer. Now I'm back on track towards my goals, you know. I have a lot of things going for me. I've got something to go to work for (emphasized). Not to go to work to get money so I could party. You know, I go to work to set up my future, to set up her future. And it's given me a totally different outlook on everything.

Unlike the first group of mothers whose relationships to the baby were primarily disengaged and conflicted, this group was more responsively engaged with their children. They reported knowing their babies better than grandparents or boyfriends which grandparents confirmed during their separate interviews. In the following excerpt, a mother described coaching her boyfriend in skills that had become routine for her:

#7M: ...like if he'll think that totally something else is wrong with her and I'll know what's wrong with her, and he'll say, we'll let's try this, maybe she doesn't want to go to sleep. And I mean he'll end up listening to me finally, and--but--and sometimes, you know, I don't want to feel like I know it all and that he wants--I know he wants to be with her, I know he wants to know what's wrong with her and he wants to know her, too, and I guess he just doesn't like to--I mean, I guess I can't explain it too well, but. It's easy for me to read her, much better than he is.

Only over time did mothers learn to develop this skillful know-how and responsive engagement with their child:

#7M: Well, because you're around them all the time and you, you try to sense it. You know, I guess you just know.

I: Okay. Was it always so easy to read her?

M: No. For the first few months when I brought her home it was very hard because she would wake up in the middle of the night, I know she'd be hungry, but you know it'd be hard to put her back to sleep or you know. But after that it was pretty easy.

I: So, when would you say it became easier to read her?

M: Oh, about 4 months, 5 months.

Another teen, who lived at home with her parents, recalled a critical weekend when she was left alone with her five month old baby for an extended period that was pivotal in gaining a sense of confidence in caring for her child.

A responsive ethic also shows in the way these mothers describe learning to change their practices in response to the changing infant. When asked, "How did you learn to be a parent?", this mother responded:

#1M: Going day by day....As of today, I know how to be a parent of an 11 month old. Next month I'll know how to be a parent up to a one year old. As time goes by, I learn to be a parent up to that age.

Another mother states that a good mother entails...

#7M: ...growing with her. Just, just uh, as she gets older there's a lot more things that, that, that age always has something new for that baby to learn, and there's always things that you keep in step, like now I'm trying to train her on her training cup so she can drink out of a cup because in a year we don't want her on the bottle anymore. It's pretty challenging for you, too, for me actually. Because it's fun. You know, you're learning too and it's fun

teaching her because you know you feel, that's my baby, I taught her that.

Compared to the first group of mothers, this group had little difficulty in describing pleasurable instances in being a mother. They described the very ordinary activities of caring for the baby or watching the baby learn new things.

#1M: I don't know, just playing with him, just holding his bottle as he's falling asleep, or just holding his feet and his bottle. Cause I'm comforting him. And then him learning things.

Another young mother describes the mutual pleasure of following the baby's play as they "fold" the laundry:

#16: She always likes to throw her stuff out. And then I fold our stuff and I try to put it away before she can get it, but usually she gets it and starts unfolding that stuff again, so it's not frustrating because I know, you know, if I was going to get mad that she's unfolding the stuff, then I would just do it when she was taking a nap. So it's fun for her and fun for me. And we spend an hour or two up there just doing that, and we just have fun, depending on how much laundry there is, too.

The instances of pleasure they cite presuppose a relational competence on the mother's part that makes it possible for the child's pleasure and particularity to be salient to the mother. They delight in the baby's "firsts", the first smile, first tooth, first step, first birthday and in the baby's emerging skills and engagement with the people in his or her life. They take pleasure when others pay attention to the child, taking credit for how the baby's development seems to positively reflect on them (see p.).

These teenagers recounted bleak histories and empty pre-pregnancy futures that were similar to teenagers of the first group. However, they differed from the

first group in two respects that perhaps allowed them to become more responsively engaged with their children. First, unlike Tamika and Ann who offered no stories of being cared for as a child, teens of this group often told of at least one person's care and responsiveness during childhood that was more attentive and reliable than the care received by the mother's mother. Their stories of this person included fond memories that showed the child to be seen and acknowledged rather than rejected or dominated as was more often the case in the young mother's descriptions of her relationship to her mother.

Second, their situation was less constrained by family conflict and interference since they had generally left home before the birth or shortly thereafter in order to escape an intolerable home life. Although they lacked a positive example of mothering in their past or present circumstances, their relationship to the baby was not continuously subverted by grandparents' attempts to take over the care of the baby. As solo parents, they took up the practices and skills of mothering without deep traditions of care and bereft of the support and guidance of an older experienced grandmother whom they might emulate or a sustaining community that supported their nascent responsiveness. One solo mother commented on the benefit of shared responsibility that was noticed once her boyfriend began helping more with caregiving decisions:

#16M: It's a help to me. Yeah, definitely. Because then I can hear his insight on things. I ask him, "What do you think I should do about this?" He used to say, "Well, I don't know. I don't know, you figure it out." And now it's like, "Well, you know, maybe, maybe we'll try it this way and see if she keeps on doing that, then we'll figure out something else." We will figure out, not you will,

you know.

This teenager goes on to say how acting on one's own, without the benefit of another person's responsiveness, is "scary sometimes because if you make a decision about something and it turns out the wrong way, you know, then all of it's on you." Without the cushion provided by an experienced, responsive grandparent and a positive family heritage, these teenagers press into the possibilities of mothering feeling alone and hyper-responsible. Their mothering practices had to be largely self-developed and sustained by the connection to the child in isolation from a responsive community; however, as solo caregivers, the pull of the baby was not deflected by oppositional and competitive family practices that leave little room for responsive engagement, as those daughters who remained at home amidst conflicted relationships experienced.

Compared to the third group of mothers whose own mothers developed a shared and responsive style of parenting the baby, mothering for solo mothers often expressed a precariously idealistic project aimed at creating a new world for the self and the baby in isolation to make up for an impoverished childhood. Cary provides a striking example. She feels compelled to avoid the mistakes made by her mother ("I want to do the way I would have wanted to be raised"), but like Tammy, she does not have the experience in her own childhood to serve as a model for what she imagines better parenting to be. Her early months of parenting were organized by "letting the child be his own person" and letting the baby lead the way. She commented about her early months:

#1M: I learned to work my schedule around him...Yeah, instead of making him go on a schedule, I make myself go on his schedule. Cause I don't believe in putting him on a schedule.

#1M: All the doctors, all the nurses were telling me: "Put him on a schedule about eating." Even the ladies in the nursery. And I said, "No, I don't want to put him on a schedule." Especially when you're breastfeeding, you don't know how much they're getting, so I didn't want to put him on a schedule. I didn't make him take a nap at a certain time, I let him do it when he wants to.

I: Why is that important?

#1M: To let him be his own person. Sooner or later he'll work into a schedule. But he's too little right now. When he's hungry, he's hungry. I'm not going to starve him and make him wait an extra hour and have him cry because of it. Then when he does eat, he'd have to hurry up and eat his food, because he remembers starving last time. I just don't think it's right. When babies are little and they're hungry and crying, you should feed them.

By the time her son was 9 months of age, her hyper-responsive style of parenting created difficulties for herself and her son. At one year of age, he continued to breastfeed on demand, making it impossible for her to have much time away from him; he also continued to sleep in the couple's bed, continuously disrupting both parents' sleep. Her overindulgence of her son, where few demands that he adapt to the needs of other family members and the constraints of the wider world were made, created an intrusive and demanding child who resisted parental expectations and requests with frequent temper tantrums.

In encouraging the child "to become his own person", by letting him dictate family schedules, Cary suspends her own needs and the demands of the world for her child, unwittingly limiting his opportunity to become a responsive family member. Here the young mother's attempts to provide a demand-free utopian

world reflect her struggle to make up for what her own childhood lacked by striving to become a better mother than her mother was to her. Her hyper-responsiveness, however, ultimately thwarts the child's capacity to respond and creates the demand that she set up the child's world on her own with the result that little separate time away from her child is allowed. This form of engagement proves to be unworkable and extremely taxing as Cary, who speaks of needing time away from the baby "to keep my sanity," adds:

#1M: I don't like it, I wish he would go to both of us [father of child] equally. It's not only that I don't like all the responsibility all the time. When he's sick for a whole week, it does, it gets annoying when he comes to me every single time and for me to have to be the one to hold him and feed him and skip a shower because he's too fussy to go to anyone else.

This passage does not reveal how Cary's hyper-responsiveness makes her reluctant to allow others to participate in her son's care (see chapter 11 for how Cary eventually begins to emulate and rely on the paternal grandfather for caring for her son). She, like other mothers of this group, take special pleasure in that they are wholly salient to the child, and the child responds in turn by their reluctance to be cared for by fathers or other family members. The following excerpt expresses the mother's ambivalence and frustration at being the sole source of significance in the child's life:

#16M: Uh, well, when she wants to you know be with me, like that, when other people have her and sometimes I like that. Sometimes it's hard because sometimes I just think, oh, gosh, S., please, you know, just go to sleep and you don't have to have me hold you to go to sleep, you know. Like that. But I like it a lot because I feel like she depends on me and I want to do the right thing for her and she, it's like she's willing to let me take charge and help her, you know.

In the absence of fond childhood memories and habits of responsiveness and care, poorly mothered mothers are saddled with the precarious responsibility of inventing new traditions, habits and responses without well-established practices of care provided by a positive family heritage. Lacking stories and practices that articulate notions of the good and rituals of responsive love, the usually pre-reflective know-how of mothering that is passed on implicitly through habits and routines must now be learned more deliberately. The difficulty of creating a new tradition in opposition to one's past is shown in the example of Tammy whose mood and embodied responses of childhood sometimes overtake her in spite of her intention "to make damn sure I'm not [like my mother] to Joy". The resulting press to create a utopian world where everything must be made right for the child is evident in this young mother's fear of making mistakes:

#16M: And then sometimes, like now when she's getting older, now I really say, "What should I do? Should I give her this to eat or," you know. Now it's important more than it was when she was little.

I: And why?

M: Because I think she's getting to be more of a, you know, little person, and I want to, to do it right and I don't want to make mistakes, you know, and I feel like two, you know, two people saying something is better than one. You know, then you can decide.

This mother feels compelled to always be available to her child in order to create a totally reliable world for her:

#16M: ...she's getting older and I want to bring her up the way I want to bring her up, and I feel like every situation that happens has some kind of mark for her when she's older.

I: So there's this pull between being with her all the time so you

can really...

M: Make sure everything is right.

I: So does that feel like an immense burden to want to think, or to hope that everything's going to be just right for her?

M: Well, I figure you know, things don't happen the way you want them in life all the time, and if something happens, I'm, I'll be upset about it, but I'm not going to let that, you know, ruin things....I just have to let things flow sometimes and not worry about them as much, you know. That's what my mom worries about everything all the time, and I, I'm not like that as much as her, and that's easier in that way.

Where sources of good mothering are not available in the past, practices must be "self-developed", as Jane of chapter 8 remarks. The resulting heightened sense of responsibility, expressed as trying to "make sure everything is right", interferes with being responsively engaged with the child. Concretely, Tammy does not allow much separate time from her child, guarding herself from becoming like her mother, while Jane felt an overwhelming responsibility for how the child turned out. Here both mothers assume the task of proving themselves different from and more successful than their own mothers as they struggle to create new ways of caring. That parents from troubled backgrounds can become self-conscious and learn new approaches by way of guidelines and rules is positive but effortful and fraught with gaps between the rules and vision for a better world and the skilled know-how to accomplish it.

In the stories of solo mothers, where lives previously held little promise for a meaningful identity or future, mothering provides a defining identity such that life is now unified around the baby rather than dispersed in meaningless or self-

destructive activities. Their vision of mothering entails not only the desire to make up for what was lacking in their own childhoods but is also sustained by their connection to the child and the child's requirements and needs for care and responsiveness. In contrast to mothers of the first group whose stories depict great family conflict and the continuing despair of living without a future, this group of mothers embark on inventing a more hopeful future provided by the stable significance of caring for a child but with the flawed vision of trying to construct a totally reliable, safe world.

The fragile struggle to become a responsive self without coming to terms with one's past and in the midst of current oppressive or coercive relationships is doomed to failure, as we see in the stories of the first group of mothers. That this second group of mothers may find more possibility for becoming a responsive self will ultimately depend on the extent to which the young mother's vision of the good is sustained and nurtured by others. As Gilligan (1987) points out, giving teenagers the chance to describe their experience constitutes an effective means of supporting the teenager's emerging moral voice. Although the following comments by Gilligan address research as an intervention, her remarks are relevant for services to young mothers:

Such questioning may reveal to teenagers that they have a moral perspective, something of value at stake, and thus that they have grounds for action in situations where they may have felt stuck or confused or unable to choose between alternative paths. The efficacy of the intervention may depend on the responsiveness of the research relationship, on whether the researcher engages with the teenager's thinking rather than simply mirroring or assessing it. For the adolescent, the realization that he, and perhaps especially she,

has a moral perspective that an adult finds interesting, or a moral voice that someone will respond to, shifts the framework for action away from a choice between submission and rebellion (action defined in others' terms) and provides a context for discovering one's own terms (p. 89).

Becoming responsively engaged rests on developing a dialogue wherein one's emerging concerns are voiced and responded to. In sharing their personal story and concerns about what matters to them, young mothers may come to terms with their past and feel supported to become responsive (without becoming excessively responsive) to the self and the baby. With the assistance of programs designed to expand the opportunities of young mothers and fathers, they may find the necessary resources to project themselves into a future that includes becoming a responsible community member.

Pressing into an Available Future

A third group of teenagers do not describe an undifferentiated, unreliable world before becoming a mother. The pregnancy for the three teens of this group did not occur against a background of desolate futures. Although Maya of chapter 6 had not done particularly well in school, she aspired to become a cosmetologist like her aunts. Both Tanya's (I will refer to the third teenager of this group as Tanya; she is a Black teen who gave birth at age 17) and Sue's plans for college were realistic and strongly supported by parents. At least in retrospect, they expressed ambivalence about initially continuing the pregnancy that showed they were not absolutely committed to becoming a mother at this point in their lives; however, adoption and abortion were not acceptable

alternatives for them. Compared to other mothers, their stories did not reveal an idyllic fantasy of the baby making up for what their childhood or current lives lacked (although Sue's connection to the baby assumed special significance because of her lack of blood ties). Before becoming pregnant, Tanya thought teenage mothers were absolutely "disgraceful" and could not imagine herself as one. The timing of the pregnancy, as far as these three were concerned, was not optimal and interrupted plans for the future; like solo mothers, they discovered the gains of mothering, but unlike solo mothers, the losses were offset by substantial family support. As Tanya said: "I'm just starting my life and I'm already a mother." She adds: "I wasn't happy the way I got him where, the age I was, but I'm real happy now."

Mothering necessarily reorganized their world by setting up new priorities, demands and responsibilities. Tanya, in speaking of how her life has changed, said:

#17M: I'm more of a home person now. Like I used to, I'd always, always go walking. I used to always go over my friend house and I just like to stay at home more now and I don't really like going places like I used to. I used to love going places, now I don't really go nowhere....I just feel like my interests have changed.

I: And how has being a mother changed who you are as a person?

M: I think it changed me as a person because I know that my baby be there and my baby's more important than my friends or going out somewhere else.

Where conflicts arise between mothering and other activities, the baby takes priority as evident in Sue's example of leaving school when nursery staff

refuse to allow her to remain with her son (see p. 297). But in routine situations, they do not feel compelled to be totally available to the child even though they miss being away from their children. Tanya says:

#17: It's kind of hard being at school. Like sometime I find myself not paying attention to um the professor because I start thinking about J., like what he doing now, and I be missing him.

Or as she walks home from the bus stop:

#17M: I can't be waiting to get home. Cause I've been away from him all day. I be happy when I hit that corner. I'll be like, I'm almost home now, as soon as I pass that white gate.

Future plans for schooling were not thoroughly displaced by mothering.

Sue continued to receive good grades in high school with her mother's help and with the assistance of a school-based nursery; she eventually enrolled in college with the intent to become a lawyer. Tanya, the first in her family to pursue a college degree, was attending a community college with family members caring for the baby during school hours.

These three mothers were responsively engaged with their children without exhibiting the hyper-responsiveness of solo mothers. They told stories of being well-cared for as children and their current relationships to their mothers were described in positive terms. Earlier intense conflict over the pregnancy (in the case of Sue and Jane) had resolved; all three mother-daughter relationships revealed a dialogical relationship that was absent among other families; and care for the baby was shared in ways that did not subvert the mother's growing responsiveness to the child.

These teenagers defy the stereotype of young mothers who "risk the future" by an early pregnancy. The stories of Sue and Tanya portray a social world where options for a meaningful future are not absolutely foreclosed during childhood or adolescence, where substantial family support and community resources make it possible to pursue educational and career plans, and where mothering need not become the sole means for organizing one's life and becoming a responsive and responsible self.

Creating Our Collective Future

The conventional wisdom that teenage mothering "risks the future" disregards how teenagers' experience of the future is intimately tied to the social worlds they inhabit as members and participants of a family and community. For the most disadvantaged group of teenagers, who live amidst deprivation and oppression, having a baby epitomizes the hope of escaping the certainty of a desolate present for an illusive future that all too easily mirrors the despair and oppression of their past. A second group of teens begin to experience and carve out a future as they reorganize their lives around the defining identity of mothering. For them, mothering does not risk the future but grants them a future, albeit one that is fraught with the struggle to develop a responsive self in a social world that remains precarious and often deficient in the human and material resources that support the mother's emerging moral voice. For both groups of teens, the effectiveness of pregnancy prevention programs which advocate abstinence or contraception are surely curtailed in the absence of

policies and programs that widen opportunities and options for participating as full-fledged members in society. Lastly, those who embark on parenting with more hopeful futures would seemingly have the most to lose from an unintended pregnancy. But here again, their future plans, although complicated by mothering, are not irrevocably jeopardized in large part because their social worlds contain opportunities and resources that support mothering and plans for continuing their education.

Teenagers do not invent their futures but rather adopt the futures that are available to them as members of a family, ethnic group, social class, and community. Therefore, we dare not locate the source of disadvantage in the teenage mother alone but also in the societal support or lack thereof for creating better futures. For far too many teenagers, the future is foreclosed well before becoming pregnant; others press into a future that is kept open by family support, laws (i.e. guaranteeing access to education) and programs that are most often accessed by the most advantaged teens (Roosa, 1986). We can take heart in the difference that supportive policies and communities make in the lives of teenage mothers, and be ever more committed to shoring up, expanding and creating a better destiny for those children, who no fault of their own, inherit a diminished future. For in expanding the lives of children previously abandoned and excluded from the collective life of this society (see Kotlowitz, 1991; Kozol, 1991), we take the necessary steps in articulating our collective future as a good and just society.

Chapter 10

Ethics of Intergenerational Caregiving

The sixteen families participating in this study demonstrated one of the four patterns of care (adversarial; exclusionary by grandparent(s) or mother; and collective) illustrated by the paradigm cases of chapters 4 to 8 or was transitional, meaning that the family's defining pattern of involvement was changing from one mode to another. Two families changed from a predominantly adversarial pattern of involvement to a more exclusive form of care, and one mother's situation changed from solo care to care shared with the extended paternal family. This chapter draws upon these distinctions to examine in more detail the young mother's way of being a mother in the context of the family's way of being in relation to her and the baby. In addition to the case studies, data from the remaining study families are used to describe the ethical frameworks implicit in the family's caregiving practices and to show how these relational practices prefigure the young mother's responsiveness to her child.

Ethics of Adversarial Care

The five families who instantiated adversarial care at the time of the study shared a pre-existing style of relating that included practices of condemnation, rejection, competition, domination and control that separated and estranged one from the other. The family's way of being disconnected, as seen in the stories of Tamika and Ann (families that evolved into an exclusive pattern of care by the time of the study revealed earlier patterns of adversarial care), was reproduced

and sustained in repeated conflict over "whose baby is this?" with the care of the baby pulling apart and dividing rather than fostering family cooperation and interdependence. Grandparents, for reasons located in their own personal, marital and family histories, were pulled by the baby's needs for responsiveness and care at the expense of the daughter's needs for connection. A consistent pattern of taking over on the part of grandparents to care for the baby recapitulated the family's brokenness and contributed to the daughter's disengagement, validating that the daughter was incapable of mothering.

Heidegger (1962) describes leaping in and taking over as one way of being with another. His description captures the characteristic style of leaping in and creating dependency common to adversarial families in this study:

...solicitude has two extreme possibilities. It can, as it were, take away 'care' from the Other and put itself in his [or her] position in concern; it can leap in for him [or her]. This kind of solicitude takes over for the Other that with which he [or she] is to concern himself [or herself]. The Other is thus thrown out of his [or her] position; he [or she] steps back so that afterwards, when the matter has been attended to, he [or she] can either take it over as something finished and at his [or her] disposal, or disburden himself [or herself] of it completely. In such solicitude the Other can become one who is dominated and dependent, even if this domination is a tacit one and remains hidden from him [or her] (p. 158).

Grandparents and relatives historically have assumed the care of children when parents are incapable. But this is not what occurs, at least initially, in families that demonstrated adversarial care. During the early months of the baby's life, grandparents did not describe the teenage mother as being abusive or neglectful, but as being inexperienced and insecure or ill. Since trust was lacking

and care often impoverished or conflicted in these families, grandparents responded to the daughter's lack of experience not with understanding and support but with heightened vigilance, criticism and control that extended earlier adolescent-parent power struggles into the new and emotionally charged arena of caring for the baby. As power struggles persisted and intensified, the daughter found less room to become responsively engaged with her child and more dependent on the grandparents' care of the baby, giving more reason for them to "leap in."

Chapter 5 presents a strong case of the historically complex intersection of family mood, practices and relations that set up the possibility of leaping in and taking over, eventually excluding the daughter from care. Habits, stories and emotions of competitiveness, rejection, betrayal, resentment and distrust reify a multi-generational ethic of exclusion and abandonment. In the couple's account, Ann, the daughter, does not show up as a child who solicits her parents' understanding and responsiveness and feels betrayed by her parents' unrelenting marital problems. The pregnancy itself becomes an occasion for Ann's father to coerce his wife's return. Following the birth of the baby, Ann is described by her parents as incapable, rebellious, and untrustworthy, the source of conflict and frustration who obstructs the couples' plan for reconfiguring their lives around the baby, the foil to their imagined future as a new family. Ann's frank exclusion in this reconfigured family organizes her rebelliousness and demands that she "give up" the baby to her parents; she eventually acquiesces by relinquishing her

parental rights.

Ann's mother, Joan, gives a perspicuous account of leaping in and taking over, of parenting the baby while remaining altogether oblivious to what Ann needs from her parents to heal her sense of disconnection and to become capable of parenting her child. Joan describes how naturally she was solicited by the baby and appraised herself as his mother, finding it easier to care for him directly than to foster Ann's care of her son. When others point out to Ann's parents that they are taking over, they temporarily withdraw in a way that is interpreted by Ann as punishment.

Other families of the adversarial pattern provided similar instances of leaping in and then pulling back from the care of the baby that were unresponsive to the daughter's need for guidance and support. They commonly withdrew from care precipitously, leaving a now ambivalent, sometimes resentful and inexperienced mother to care for a child who showed their preference for the grandparent. Grandparents were only too happy to rush in and "rescue the daughter", having proved to themselves and to the daughter that they were more capable than she.

Eventual breakdown in caregiving is demonstrated in another family where the grandmother was initially deemed a "life-saver" by the teen in the early months when the infant had colic. During this time, the grandmother would rush home from work when her daughter would call sobbing over the baby's constant crying. A period of rapprochement in the mother-daughter relationship emerged

for the short time that the daughter remained "very dependent for help and assistance", in the words of the grandmother, but once the daughter became less dependent on her mother for guidance, and as she began to develop her own daily routines in the care of her son, the mother-daughter relationship began to unravel. Two polar ways of being with her daughter in the care of her grandson showed up for her, as she explains below:

#4Gm: You're either an active participant or you're a bystander and you're going to go nuts watching this whole transaction go on. And I don't think there's any way to be the good guy. There's no way to be the good guy, unless the girl comes home and gives the baby to the grandmother and says, "It's all yours."

Standing back as a bystander or fully taking over disregards caregiving practices that allow grandparents and their daughters to care for the baby in ways that are responsive to the teenager as well as the infant. This particular grandmother's way of coping by becoming a critical bystander fits well with her expectation that caregiving responsibilities be clear-cut, explicitly worked out and highly "regimented":

#4Gm: ...if you're going to lend physical support, like help take care of the baby, then you have to say we're only going to do it for three weeks and I'm going to do this, this and this. I'll get up with him once during the night or I'll do this. But I think it's got to be real clear cut what you're going to do, what your responsibilities are, almost setting out a contract in some ways so that everybody knows what their role is and what kind of support. Because when it isn't real clear cut, there's all these undefined things of what my role is, what I'm supposed to do, what I should be doing.

The importance of maintaining her daily routines at all costs except for the times she voluntarily "chooses" to become involved, irrespective of the needs and

requirements of the baby or mother, displays a separatist self that was necessary given the abuse she suffered as a child.

#4Gm: There isn't really a whole lot of change in routines because I really was so adamant about maintaining my own routine and not letting she or the baby break that so that I couldn't function. I mean I had to go to work, I had to do certain things. And I've maintained those routines, even when the baby did come. And I think that's real important. For me, it's been real important. Whether they're here or not here, my routine doesn't change a whole lot so they kind of fit into my routine more than I fit into theirs.

#4Gm: While he's here, I get all the good, but bottom line, I'm free to come and go as I choose. And while I think it's really wonderful having him here, I can go out if I want to. If I don't feel like changing a dirty diaper, I hand him back to his mother. So I get all the benefits and none of the drudgery, so to speak. Whatever drudgery I take on, I choose it. It's a choice. But whereas when you're a young parent, it's all on you. There's no one else to give him back to, there's no one to, "Here I don't want to deal with this dirty diaper." So in that sense it's the best of both worlds, it really is. I get to pick and choose all the fun stuff. I get to give him a bath and I get to feed him and I get to pick all the fun things that I like to do with him, and if I don't want to do something, heh, I gotta go, I'm too busy (laughter).

When this grandmother became unemployed during the study period, she withdrew from care altogether, deliberately staying away from home during the day and refusing to help her daughter for fear she would take over:

#4Gm: In fact I've taken kind of a back seat in many ways because my personality and the kind of person I am, I would have taken over the care of him a long time ago from the time he was little so this is her baby and I've tried real hard to stay in the background to some degree. And I yak at her all the time about things I think she should be doing and the way she should be doing it and I try not to do that but it's impossible for me to keep my mouth shut.

Her struggle to not take over leads to a hyper-critical stance:

#4Gm: It's real hard, cause when I want to be real impartial and I want to stand back and let R. do her own thing and make her own mistakes, I still have a very special relationship with this child. Call it possessiveness, call it territorial, call it whatever you want, but this baby is mine too. So I'm very quick to, my red flags go up. What do you mean he hasn't been fed yet? What do you mean he hasn't been changed yet? What do you mean he hasn't had a nap today? So all those things, and I know I'm real quick to judge and step in there and want to take over and do it, so it's a constant battle within myself, not to be judgmental and be dictatorial with R. over the baby.

The grandmother's refusal to help along with her constant "nagging" puzzles and angers the young mother who feels "I can't do anything right."

#4M: She'll stand right there until she gets his attention and she'll pick him up and what really really pisses me off, is she'll leave the room with him crying. He'll crawl to her crying. And it will be, "Come here and get him." It's like, you sit here and give him 5 minutes of your time and then you go in your room and shut the door and leave him for me crying. Or she'll get up and play with him for a few minutes and it's: "Come feed him" or "Come change his diaper."

The young mother interprets her mother's refusal to help as a moral rebuke, setting up care in isolation as a punishment rather than as a mutual family responsibility:

#4M: She'll say one thing and do another. Sometimes she feels like I don't need time away from him and that I don't, but I do and he needs time away from me. [And she says,] "Well, that's what you get for having him."

This group of grandparents thwarted the daughter's development of skill and relational competence by being ever vigilant and critical about their daughter's maternal practices. As one teenager said, "I just want them to ease up on me a little bit. Not have such a tight leash." Rather than joining the daughter

in care where it was possible to coach through example, their condemnation inevitably led the teenager to question where they fit in as a parent. As seen in Ann's and Tamika's stories, grandparents' appraisal of themselves as the parents discounted the daughter's role in parenting, adding fuel to family conflict. They were not unlike the earlier grandmother who said:

#4Gm: I mean I tease [my daughter] all the time, he's my baby, she has all the work to do but he's my baby and I want it to be that way.

Competitive relations, hyper-vigilance and practices of leaping in and taking over created a greater mother-daughter rift. For example, it was not uncommon for this group of grandparents to emphasize all the young mother's inadequacies and deficits, implicitly suggesting that the baby was better cared for by them. The grandmother who became unemployed and refused to help her daughter was upset that her daughter was not taking time to read to her 10 month old grandchild:

#4Gm: When is she going to sit down and read to her son? When is she going to give him the message that reading is fun and good and you can get something out of it. So that when he does go to school, he'll be a receptive student as opposed to a little boy who goes into school, acts out, and never gets anything out of it and is that drop out. And those are things that R. doesn't see as important or that it's so far into the future that she doesn't see this as a building process.

Daughters' fragile confidence was lowered as parents monitored and criticized their care of the baby, even though leaping in and taking over assured their daughters' incompetence. Their reliance on coaching through criticism contributed to a heavy tenor of condemnation which corroded family

relationships. Mothers expressed the hopelessness of "I can't do anything right" while grandmothers felt equally helpless, "at my wits end".

#4Gm: I mean it's nice to be able to say, I'm trying very hard to let R. learn on her own pace and on her own level, it's nice to say I'm letting R. make her own mistakes, but I'm still going through gaining a new gray hair everyday, I'm gaining a new wrinkle every afternoon, over the concern and worry of not only the baby but of R.

Demands made by this group of grandparents' often seemed unrealistic or contradictory. For example, three grandparents introduced more restrictions and rules than had existed before the pregnancy in hopes of preventing a second pregnancy. Referring to her parents, Ann said:

#3M: They don't want me to go out and I don't know if they're using him as an excuse, but they're being overly overprotective of me. Especially because I have him because I guess they expect I'm going to go out and get another one.

Another teen remarked, "Now that I'm a mother, they expect a lot more from me" which translated into restricted time with friends, getting a part-time job (she was 15), doing well in school and caring for the baby. Such heavy conflicting demands reflected the grandparents' mistrust, which in turn heightened the teenager's rebelliousness and the grandparents' vigilance. Grandparents' and daughters' actions were highly synchronized in their disconnection from each other: as the daughter was pushed away, becoming more dependent and disengaged, grandparents felt more compelled to take over the care of the baby, gratifying their relationship to the baby.

Grandparents' ease at sliding in and taking over left young mothers' feeling

that there were "too many parents". When I asked one mother to imagine how her situation might be improved, she replied:

#2M: Just for my parents to act like grandparents instead of the baby's second set of parents.

I: And what would that be like?

M: My mom feels like she always has to remind me to give M. a bath. And feed her. Like if I don't know when she needs a bath and when she needs to be fed and when she needs to be changed. "S. Change your baby's diaper. S. Give your baby a bath. S. this, S. that." She gets a bath usually a half hour before she goes to bed because it calms her down and makes her even more tired. Usually right after she eats dinner, around 5 o'clock and then I'll give her a bath about 6 and then she goes to bed about 7. So...I mean if she's sitting there putting chocolate all over her face, I don't say, she'll get a bath tomorrow night. I'll throw her in the bath right then and there. Letting me be her parent instead of my parents being her parent.

Entangled family relationships contributed to the difficulty of knowing how to respond to each other. Grandparental advice was often interpreted as an attempt to control and berate the young mother and the grandparents' more solicitous relationship to the infant accentuated the teenager's feelings of rejection. Likewise, grandparents expressed confusion and exasperation over the difficulty of trying to understand their daughters:

#4Gm: And one day she's a little girl, saying Mommy, I need this or Mommy I need that. And the next day, it's I don't want you telling me what to do because I'm a grownup and I'm a mother so I get all these mixed messages. Last week I asked her, are you going to be moving out? And she said, No. And she was so emphatic about it. And this week, it's I want you to help me move out. So I don't think she knows what she wants. So it's real hard for me to do anything of assistance or either to the detriment. I don't know what I'm supposed to be doing. It's one of those things where you're supposed to walk softly and carry a big stick. And I'm trying

really hard to read in between the lines and read all the subliminal messages and try to give her her independence and encourage her to grow up. But then I see her making all these screw ball mistakes and it makes me nuts. And I think, well if I just turn off my brain and I turn off my hearing aid and I don't watch this, I won't be affected, but I'm still affected.

The prevailing family mood of anger, suspicion and mistrust, where no one could be heard or understood, exploded into frequent fights sometimes occasioned by the teenager's threats to leave home. As one teenager said on the heels of a battle, "it was like WWII" but without the hope of reconciliation since longstanding problems were never resolved:

#2M: Nobody talks about [the fight], nobody said anything more about it, it's never talked about. See right now, the whole situation meant nothing. It shouldn't have happened because nothing came out of it. Nothing came out of the situation.

Family routines and celebrations often became painful occasions marked by conflict; Ann was not the only teenager to tell a sad tale of the baby's first birthday party. For another, the cheerful anticipation of celebrating her child's birthday was destroyed by her family's criticism and refusal to attend:

#2M: My mom said she shouldn't have a big birthday anyways cause she's not going to remember it but still, just something I can tell her when she grows up and we're going to have it videotaped so she can watch that. Have all her friends together and play.

Grandparents and daughters alike despaired over being locked into a recriminating web of anger and mistrust. The power struggle caused grandparents to become more shrill and dictatorial with the teenager feeling more coerced and excluded. Family coercion forced the young mother to either submit, conceding to her parents' authority based on control, or to rebel. The daughter's ultimate

threat to leave home with the baby was often a last ditch effort to prove her status as mother:

#2M: I felt upset because she's my daughter; that I should be able to do with her what I want to but then it was right for them to say that [I couldn't take her] cause it's not right for me to bring her around and just, you know.

In Tamika's case, the danger and violence of the wider social world and the "hostile hopelessness" it perpetuates permeate the family's world. Because no safe haven from the intimidation and manipulation of the peer group exists, she is thrown back on the conformism of her peers and the rebellious identity it shapes. Her mother's rush to leap in and take over the care of the baby is synchronous with Tamika's predisposedness to flee to the peer group.

Tamika and Ann offer the most extreme examples of mothering constrained by adversarial care, but all the mothers of this group were less responsively engaged with the baby than mothers of solo or collective care. By the time of their interviews (when babies were at least eight months of age), they gave more accounts of displeasure than pleasure in caring for the baby and the stories of pleasure were often described in flat, contradictory terms (see p. 122). Taking notice of the baby's developmental changes were often described for how they would impact them positively or negatively rather than for an appreciation of the baby's changing world. Their way of being with the baby mirrored their parents' way of being with them; they tended to control the baby's behavior (see p. 122) or give up the care of the infant to others expressing guilt, ambivalence, frustration or desperation.

Although there were instances showing that the baby did exert a claim on the mother to act more responsively (i.e. to be more patient, to stay off the streets, to remain in school, etc.), the pull of the baby to be the kind of self capable of response was attenuated by the family's oppositional way of being with the daughter in several related ways. First, these young mothers had few models of responsive caregiving they could imitate or emulate in caring for the baby. Second, their closest model for parenting emphasized, often with contempt, how incapable they were. Third, family practices of taking over made it difficult for the young mother to get to know the baby intimately--his or her responses, temperament and dispositions--over time. And fourth, because their relationship to the child often seemed coerced (or usurped) by the grandparent rather than developed freely in response to the child, they were often resentful and ambivalent about their relationship. They expressed their insecurity, ambivalence and sense of exclusion by stating that there were "too many parents". Ann conceded that she was not a parent at all but a "side person". One teenager despaired that her father and sister would "make snide comments" about her being a "a so-called mother"; sometimes they would more directly refer to her as "an unfit mother":

#2M: Yeah. It hurts me because I try and it's not easy. "Well, tell me what I'm doing wrong....that makes me an unfit mother." They say I don't spend a lot of time with her, but I do, when I'm at school and then when I come home I'm with her.

Families that demonstrated an ethic of exclusion, coercion and opposition were held together by very fragile threads. The family web of brokenness

reproduced itself in coercive or competitive relations over the baby that often encouraged teenagers to leave home in despair and anger; some surrendered the baby to grandparents while others became solo mothers. For many of these teens, the desperate fantasy of recreating their world through having a baby was sorely disappointed. Particularly for those unable to develop an intimate connection to the child, mothering brought mostly losses and offered few possibilities of its own for development.

Ethics of Responsiveness and Inclusiveness

Excluded from most formal studies of teenage mothers are the stories of more fortunate teenagers whose family's way of being provides an ethic of responsiveness and inclusion and practices of "mutual realization" (Whitbeck, 1983) that express the vision of the good of caring for the mother as well as the child. Among the participating 16 families, three families articulated this ethic in their practices, including Maya of chapter 6, Sue of chapter 8, and Tanya who was introduced in the previous chapter. The teenagers' stories of mothering extend the family's narrative and practices of care and responsiveness from remembered experiences rather than inventing them in imagination. Since the habits and skills are available in their past and evident in the grandparents' present responsiveness to themselves and their children, the young mothers need not be highly deliberative or self-conscious in learning the skills of mothering. Moreover, the grandparents' practical help with the baby and their skillful coaching help the daughter feel capable of caregiving responsibilities that are flexibly shared with

other family members. Because the grandparents' involvement with the baby is not based on competitive family relations, the baby sets up the conditions and context that enables the mother to learn the baby's patterns and responses.

What distinguished the pattern of shared care from other patterns was the preexisting set of family relations and practices that allowed the daughter to show up as worthy and deserving of care, responsiveness and dialogue. Although adolescence may or may not have been rocky, these teenagers felt well cared for by their parents and a renegotiated more "sisterly" relationship developed as mother and grandmother cared for the baby. All three spoke of their parents as positive examples of parenting. Tanya describes her mother as "always happy, and she always listens. She's very understanding." She embellishes her answer by evaluating how she and her siblings have turned out:

#17M: She's a real good mother. Cause I look at the way all her kids came out, so none of my brothers or sisters, I know this for a fact, smoke drugs or chase girls or even smoke cigarettes. You know how you always have one out of the bunch that doesn't do too well--well, my mother, we all turned out to be good.

In speaking of both parents, she adds:

#17M: And another reason why, well mostly they always just spend time with me. Like when I come home from school, they'll be all happy, and how was my day at school. They'll be really--yeah, that really counts, too--they used to always ask me how I did, and if I'm mad why I'm mad and who made me mad. Every time I have a problem at school, they would come up there and try to straighten it out.

An ethic of responsiveness entails family practices of listening and dialogue that are evident in Sue's mother's struggle to come to terms with her daughter's

pregnancy. The early mother-daughter power struggle over the pregnancy dissolves once Jane understands what is at stake for Sue. Jane's commitment to support her daughter's decision, in spite of her strong reservations and fears for her own health and future, sets the stage for a stronger mother-daughter bond, based on understanding, mutual respect and dialogue. Maya's mother, Vera, similarly articulates a new vision of parenting Maya that is based on responsiveness and respect for her daughter's worth, integrity and inexperience as a new mother.

Tanya's transition to mothering charts an unusual course of abdicating care to her mother during the first two months of her son's life. In the wake of an unwanted pregnancy, depressed with "the blues" and ill from a kidney infection, she was only too happy to let her mother care for her son, for she, as she made clear, was not "the mother type":

M: Cause I hated children. And plus I was like, dang, I know this brat going to be crying all night. I just--I regret saying all that stuff, but it was true....So one day, you know, when I start feeling better I just talked to my mom so I was like, well, I might as well make the best out of this. He going to be with me for the rest of my life, so I started getting up and the more I started taking care of him I got more attached and now I can't, I don't even like leaving my baby with no one, that I just like to be there for him all the time. It's weird, cause I hated children. Now I love children. I don't know why....I guess cause I have one. I just, I don't know, I just changed.

By default, Tanya's mother became the primary caregiver, temporarily filling in the breach, until...

#17M: Oh, one day I just told my mom, I said, uh, "Mom," I said, "I'm going to start taking care of [my son] now." She was like, "What?" I said, "Yeah, Ma, you know I was thinking, I did lay down

[have sex], I said I think I should just take the responsibility." She was like, "Well, good, I'm proud of you. I'm real proud of you starting to be a mother now." She goes, "I was going to see how long you was going to wait. It's not like I was trying to be butting in, I don't mind keeping my grandson, but you have gradually took the responsibility", so you know, she was happy.

This grandmother did not respond to her daughter's early abdication from care with criticism or punishment. At no time did she appraise herself as the parent or condemn her daughter's lack of involvement; when Tanya showed a readiness to care for her son, her mother coached her, continued to care for the baby during the time Tanya attended school, and deferred to Tanya as the child's mother. Here the daughter showed up as a family member to be nurtured and supported, rather than coerced into care or removed from care. In families exhibiting an ethic of responsiveness, the grandmother does not leap in to make the mother dependent but "leaps ahead" so as to enable her to care, as explicated by Heidegger (1962):

...there is also the possibility of a kind of solicitude which does not so much leap in for the Other as leap ahead of him [or her]...., not in order to take away his [or her] 'care' but rather to give it back to him [or her]....This kind of solicitude pertains essentially to authentic care--that is, to the existence of the Other...; it helps the Other to become transparent to himself [or herself] in his [or her] care and to become free for it (pp. 158-159).

The grandmother's support and guidance almost disappears from view because it does not dominate or usurp but waits, anticipates, listens, responds, and guides free of rancor or condescension. Because experience is considered absolutely necessary (see p. 179), grandmothers of this group allow their daughters to learn from experience, albeit with coaching that is generous and responsive,

rather than condescending and critical. This is the family situation where assistance is considered neither too much or too little (see p. 301). Although the young mother is absolutely dependent on the grandparent for a sense of security and well-being, she is not made to feel burdensome or incompetent. Tanya reflects the feelings of Maya and Sue when she says of her parents, "I feel like they're helping me a lot and I'd be lost without them." All three are told they are good mothers by their parents. The grandparents' confidence in them along with their practical support alleviates feelings of panic or hyper-responsibility. These young mothers did not express fears of being displaced since the grandparent privileges the daughter's relationship to the child. Recall Jane's understanding of the meaning of Bobby for Sue, and how Vera deliberately holds back so that Maya can experience the delight of being the first to experience her baby's "firsts" (see p. 200). The grandparent sponsors her daughter's mothering, sharing her delight and pleasure in the baby. The way that the grandmother understands her daughter, takes her seriously as a mother, and shares the responsibilities of care provides an indispensable cushion of experiential know-how which helps the mother feel that the demands of mothering are not excessively burdensome or beyond her capabilities.

In contrast to adversarial families where responsibilities for childcare contributed to ongoing conflict, families articulating an ethic of responsiveness often shared caregiving responsibilities in a highly fluid manner which enabled the teenager to return to school. This excerpt from a pilot interview with a family

that included a 17 year old mother, grandmother and great-grandmother (GGM) was typical of the flexible routines that developed in attending to the baby:

I: Who will put him to sleep tonight?

Gm: His mom usually puts him down.

M: Early in the morning, I give him his first bottle, his bath; I change him and I feed him his supper.

Gm: I change him and sometimes I rock him to sleep.

M: When he was little, she (Gm) spoiled him to rocking. And I said, "You started it, so that's yours." So he knows when he wants to be rocked, he goes to her. If he wants to get down on the floor and play, he wants me to wrestle. If we're all in here and he's wet, anyone of us might do it. It's not like they'll say, "Come get your kid."

Gm: Whoever gets him ready for bed, the other will come in and fix his bottle while the other's changing him. Who's ever closest does it.

Other family members also adopt the family ethic of responsiveness and participate in the baby's care; for example, Maya's 14 year old brother routinely played with and diapered his young nephew without request, and Tanya's father as well as her five brothers and sisters were involved with the baby in fluid ways that showed that caregiving was not exclusive to one person but a family responsibility reflecting practices of interdependence and cooperation. This flexibility was often just as apparent in other household routines, as demonstrated again with another excerpt from an interview with the pilot study family:

Gm: It took us awhile to get into a routine so we didn't run in--it took about a month or so.

Ggm: If you try, it don't take long, but if nobody didn't try it

wouldn't have worked out. But they fix and do what they want to eat and they do their clothes and do the work and it's not hard on one person. If there's laundry to do, then somebody does it or if the house needs cleaning, whoever is handy does it.

M: If she's closer to the dishes than I am, she does it. If I'm closer to the vacuum cleaner than she is, then I do it. Nobody asks, we just do it.

Gm: Whoever is around and the baby wants a drink or something, they get it or change his diaper or whatever.

M: I don't know how it works out but it really does.

For Sue, Tanya and Maya, their way of being with the child reflects and elaborates the responsive way their parents are "there" for them. This responsive mode of being-with "liberates" rather than dominates and "frees the Other in his [or her] freedom for himself [or herself]" (Heidegger, 1962, p. 159). The family's habits of care and responsiveness provide the stable set of practices that make for a relatively smooth road to mothering, one that is not excessively unreliable or precarious, which both prefigures their direction and leaps ahead of them, to become responsively engaged with their child.

The moral voice of these teenagers showed itself in the stand they took in ambiguous or conflicted situations; Sue's story of confronting impartial care by nursery staff is the strongest example (see pp. 297-298). Tanya also takes a stand on matters of discipline when other family members disagree. When she spansks her son for playing with an electric socket, an older sister rebukes her:

#17M: "Don't do that, he gonna think you're a mean mom. You're so strict on him." And she was like kind of trying to make me feel bad.

Although Tanya feels pulled to pick him up because he is crying, she decides not to and dissuades her sister from doing so:

#17M: In my mind, I was saying maybe I should pick him up, but then again I was like, no, he might get a shock next time, so I didn't want him playing with that....he should take me seriously cause I'm his mom, and whatever I do, like spank him or something, it's for his own good. I just didn't spank him for nothing. And I want him to grow up to learn....I feel like this, he gettin' older and he need to learn what's right and wrong.

In learning of the incident, Tanya's mother supports her:

Gm: When she told me this morning, I said, "Oh, that's right, cause babies and electricity!" That's something babies just don't play with, I don't care....And one thing about her, but she just right. Cause she will tell you, if you butt in what she done did to him, oh, she just, she don't care how tactful she is. She just tell you, "well this my son, uh uh, this is my child." So you know, we just back off. Back off. And I'm glad for her and....and she tell me in a lovely way, but what she do to her sisters, she don't back [off]. What can I say, she's trying to help [the baby]. You know, so we just leave it alone, cause that's her baby. You know, when she need us, she calls; when she needs something, she asks me. But no, she's doing pretty good. She's an old mother hen. She puts him under her wing.

These grandparents express pride in their daughters: Vera is "gleeful" that her daughter is "blossoming for herself" and Jane acknowledges that Sue is as good a mother as she is now. As for Tanya's parents:

#17M: They always, always rag on me about how, uh, how good a mother I am and how proud they are of me going to school and going to college.

Conclusion

This chapter has highlighted distinctions in family caregiving practices to show how the teenager's way of becoming a mother is predicated on the family's way of being in relation to her. In adversarial care, the grandparents' practices

expressed little vision for parenting the daughter in ways that fostered her responsiveness to the child. The family's earlier disconnection was maintained and magnified as grandparents and daughters alike interacted in highly synchronous ways to exclude the mother from care. An ethic of exclusion, coercion and practices of leaping in and taking over led to the mother's dependency and rebellion. In contrast, grandparents who exhibited an ethic of responsiveness did not take over to make the mother dependent but "leaped ahead", enabling her to become responsively engaged with her baby while offering needed practical support so that the mother did not feel overwhelmed or hyper-responsible. These findings highlight the need for family-focused interventions that support the daughter's responsiveness to her child by strengthening the grandparent's responsiveness to her.

Chapter 11

Community Matters

Two parents can't raise a child any more than one. You need a whole community--everybody--to raise a child (Morrison, 1989, p. 122).

It takes a community to raise children, no matter how much money one has. Nobody can do it well alone. And it's the bedrock security of community that we and our children need (Edelman, 1991, p. 32).

Community may be the "bedrock" of parenting and other caregiving practices, as highlighted in the above excerpts, but the role of community in sustaining our lives often falls outside the logic of normalizing science. In formal studies of parenting, the focus on parents' traits, attitudes, formal knowledge and decontextualized behaviors obscures parents' dependence on community for raising their children. The phenomenological tradition offers a corrective to understanding parenting as individually derived by claiming that community is prior to and more important than individuals alone or simply aggregated together.

The hallmark of a genuine community is that it embodies and preserves skills and commitments that are enacted by participating in its defining set of relations and activities (Bellah et al., 1985). For example, a neighborhood is not a genuine community unless neighbors are bound together by the activities and commitments to care for each other. These commitments play a constitutive role in shaping the identities, skills, feelings and concerns of its members (Benner, 1985; Leonard, 1989; Dreyfus, 1991; Taylor, 1989); neighbors belonging to such a community organize themselves to care for neighbors coping with personal crises

or major transitions, such as illness, birth or death. In participating in such a neighborhood, one learns the habits and set of distinctions of what it means to be a neighbor. This constitutive aspect of community is emphasized by Taylor below (1985):

Common meanings are the basis of community. Intersubjective meanings give a people a common language to talk about social reality and a common understanding of certain norms, but only with common meanings does this common reference world contain significant common actions, celebrations and feelings. These are objects in the world that everybody shares. That is what makes community (p. 39).

Earlier chapters have described how young mothers often experience themselves and the world in new ways. Special emphasis has been placed on the family as a community of memory and identity shaping the teenager's transition to mothering. However, teenagers become mothers as members and participants of communities that extend beyond the boundaries of the family. Teenagers' experiences of their unique communities--as sources of know-how, demands, ideals, conflict, dialogue, comfort, and/or burden--are explored in this chapter. Questions that guided this analysis included: How does mothering alter what one expects and requires from one's community? What demands, if any, does the community make of the teenager? Are these demands coherent with the mother's vision of the good? What does the community provide in material and social resources and what is lacking? What is the community's relationship to broader societal institutions? The terms--unique community, defining community or "communities of identity" (Howell, 1975)--will be used interchangeably throughout

the chapter.

A Dangerous Community for Mothering

The good of community often remains invisible in the lives of parents--"the way water keeps a swimmer buoyant"--so long as its ethos is compatible with what parents need in caring for their children. When a parent's unique community is unreliable or inconsistent, we begin to notice what parents ordinarily need in doing what is good and necessary for their children.

Tamika's unique community is paradigmatic of a community that endangers predictable, sustained care for a child. She is a member of an extensive community of kin and peers who collectively live in a virtual warzone where untimely death is a familiar event. Historical patterns of economic and social injustice, translated into poor education and lack of employment opportunities, have excluded members of Tamika's community from participation in the benefits and resources of the wider society. As a result, mothering is a rite of passage and the singular pathway to adulthood for impoverished female adolescents. In a world shorn of meaning and purpose, where alternative social roles are lacking, there is little stake in deferring parenthood.

Becoming a mother has given Tamika more content and significance than she had as a self-described "wild person"; we see this in the way the baby pulls her to stay off the streets for weeks on end as she was used to doing before she gave birth and in her refusal to leave her baby with anyone she does not trust.

However, her desire to stay home with her baby and to return to school cannot be

sustained in the face of community norms and activities that pull her to the danger of the streets, providing a temporary refuge from her mother's criticism. Within her unique community--composed mostly of older peers and cousins with young children--there are few exemplary models of mothering who can guide her to become the mother "who stays home with her baby." With the exception of one cousin who she appraises as a good mother because she "tries to do what I do, stay home with her baby", all other peers are appraised as "bad mothers" because they are out on the streets and have "wild" children. The lack of positive models shows in the following passage where Tamika wants to dissociate herself from others:

M: Yeah, I used to be with a lot of people. I always hung around a lot of people. I stay to myself now because uh, I don't know. I don't want there to be a lot of people in my life. I just want it to be me and my baby.

I: What happens if there are a lot of people in your life?

M: ...it's just--[my baby] will see those people...she'll see the way those people act and then she'll act that way. I want her to act like I act. Now, not then but now. I want uh, I want to be her role model for her.

Without models for her to emulate, her behavior is organized by what a person of her community normally does:

I: How have you learned to be a mother?

M: I just did things. Then like if I did something wrong, I'd be like, I'm not going to do that again. The next time I'll handle that situation differently....Like if I drag her out...Uh,like my boyfriend, uh, like if he comes over about 10:30 at night and I take [the baby] with me, then I know that's late taking her out, but I do it anyway and then when I get home the next day I'll, after I hear my mom's

mouth, I be like, I'm not going to take her out at that time of night again. If he wants to see us, he'll come earlier or we're just not going to go at all.

In this case, Tamika's discovery is eclipsed by community norms and family dynamics that ultimately pull her to the streets. Her fantasy of living in isolation makes perfect sense of her experience of community as thwart and burden, interfering with how she wants to change. To create a safe haven for herself and her child would require her to live in strict isolation from all ties to family and community, the very people she depends upon for her survival--for food, transportation, shelter, and childcare.

Tamika's community is not one of her own choosing or making, but one whose ethos of survival, intimidation and manipulation fits with the micro-practices and macro-practices of dependency and coercion. Josie gives explicit voice to the ethos of exploitation that frames community relations in a maxim she learned from an older male relative: "If you going to mess around with somebody, mess around with somebody that you can get something from." Using and being used by people reduces everyone to a calculating stance of self-interest. The resulting mood of mistrust undermines webs of connection and hope, creating estrangement from self and others. Well-established habits of self-protection, developed historically in response to racial oppression, provide a means of coping with extreme hardship with the paradoxical effects that practices of exploitation and the community's exclusion from the wider society are maintained. (The Black church provides a vivid example of an alternative tradition and a paradigm in the

life of Martin Luther King Jr. for confronting racial oppression where concern for self is not in opposition to concern for others).

Ethnographers of impoverished Black communities have shown how poverty encourages reliance on extensive kinship networks (Stack, 1974) and, in some instances, an underground economy and activities that circumvent bureaucratic policies (Valentine, 1978), as demonstrated in the following example. Tamika, who depended on Josie's scarce resources for buying diapers, baby food and clothing, attempted to evade the welfare policy that denies welfare payments to teenage mothers who live at home with their families by claiming that she no longer lived in the home (with a subsequent decrease in Josie's total welfare check). When the welfare agency found that Tamika continued to live at home, Josie was charged with welfare fraud. Her welfare benefits that supported the entire family were subsequently discontinued for several months until the amount that Tamika had received was recouped. This is only one example of short-sighted policies that often have the unfortunate effect of forcing teenage mothers from their homes in order to secure financial support.

Living below the poverty line automatically consigns urban families to living a precarious, unpredictable existence in unsafe, segregated neighborhoods with poor schools and inadequate health care. The community mood of "hostile hopelessness" (Battle, 1987) is perpetuated by bureaucracies which exclude, segregate, regulate, or blame the poor (Piven & Cloward, 1971; Kotlowitz, 1991; Ryan, 1971/76) and at the same time are intrusive, inflexible and unresponsive to

family needs and community conditions (Bush, 1988; Dill et al., 1980). Elizur and Minuchin (1989) describe how bureaucratic institutions both create and deny their contribution to family despair and dependence:

In Western culture, the boundaries that separate the families of the urban poor from the 'helping' systems are often very weak. These families do not construct their own stories. Social agencies, the judicial system, the medical establishment, and the schools intrude in their lives, creating, recording, and handing on a family story of dependency and powerlessness. This symbiotic relationship is not explicitly acknowledged, so the disenfranchised families are charged with the task of changing the reality that is only partially of their own making. They are given the task, but not the tools (134-135).

As a result, the lives of the poor are suspended in a frayed and tattered web that makes mothering burdensome and care unpredictable. Children are ultimately socialized into the public world where survival requires cunning, wit, beguilement and exploitation. A great deal of cultural learning takes place as the baby is coached into a "fighting" stance (see pp. 105-106) and as older children appropriate the micro-practices of survival and male-female relations of mistrust and disconnection (see p. 101). The community ethic becomes near totalizing as inner-city neighborhoods become increasingly isolated from participation in the wider society. Where criminal activities and substance abuse are lived out daily before children's eyes and where other forms of social engagement are lacking or invisible (recall Josie's statement "No nothing has been produced [here] to benefit anything", p. 98), growing into adolescence becomes synonymous with a diminished future. When I ask Tamika what she hopes for tomorrow, she replies:

M: I guess just for my baby to live...I guess just for her to wake up in the morning.

I: What about for yourself? Is there anything you hope for yourself?

M: Not really.

Mothering cannot create a future even though becoming a mother gives one's life content and meaning that checks the hopeless despondency suffusing most other relations. When I ask Josie if there are any rewards in being a mother, she responds quickly:

Gm: Oh, yeah, I get a big kiss, a big smile. And I could be looking at Angel and I could be laying down half asleep and I look over and she'll give me that little toothless smile, and I just have to say, "Come here, Angel. Come here." It's just nice.

I: What about as children get older? Are there any rewards then?

Gm: Huh-huh. They get lots of them. My son, he get a reward, it's like, "Golly, that's good." You know, I got everything that him and my daughter had in school. I got every certificate they have had from the minute they entered school.

I: Really. Why do you keep those?

Gm: Just memento. I got all Tamika's report cards. I got her uh, things from school. Pictures she made. It's just something that you can, you know, look back on and think you know and say, you know, "When you was going to school, this is what you did." You see. "Now you're not doing nothing with your life, but this is what you did back then." And you kind of always have your memories. You see, and to me my folder out there represents my memories of everything in my past, cause I got that. I got my future in there now, well, I got my present, I don't have no future. I have my present and my past in that book out there.

Josie and Tamika have no future, in part, because their children have no future. The usual response that blames mothers for the child's failure and disconnection disregards the background conditions that make caregiving practices

difficult to sustain in the absence of basic resources and civic inclusiveness that foster participation and responsibility. In this family portrait, the micro-practices of the family and community are correlative with the macro-politics of exclusion and separation. The poor are suspended in a web of entanglements while those outside the situation with the power to define the problem and frame its solution are caught in a language of pathology and bureaucratic management that disregard the extent to which maternal practices are socially embedded. A radically different approach calls for inclusiveness and responsibility:

As long as the poor are exiled by physical distance and caricature from the imagination of the rest of society, we cannot accord them, and they cannot seize, the rights and responsibilities of citizenship. The shrinking of that...distance should be the first step of any new construction of their plight and our response" (Bush, 1988, p. 271).

An Isolated Family

In contrast to Tamika whose family is highly embedded in a dangerous community, Ann's family portrait (chapter 5) shows an isolated family with rigid, impermeable boundaries. Lacking stable and meaningful connections to community, Ann aptly describes both herself and her parents as "drifters". Growing up in painful family worlds where care was impoverished required each grandparent to become highly separate selves with an oppositional style of relating that was reproduced in their marriage and family life. The emotional subterfuge of their married life has created a disconnected web of isolated selves who have little genuine affection or trust for each other. (Two attempts at family counseling were ended when no easy resolution to longstanding family problems

seemed forthcoming.) Their insularity is perpetuated by an almost nomadic existence; the grandfather's management position requires frequent moves, curtailing any chance to develop significant relations beyond their nuclear family. The family as a unit is on the verge of collapse when Ann becomes pregnant; Ann's attempt at saving her parents' failed marriage is openly acknowledged when she says, "If I hadn't gotten pregnant, I think it would have torn the family apart."

The birth serves to reconfigure the grandparents' personal lives and marriage and gives the couple the semblance of a common purpose by establishing the need for connection:

Gf: That's all I really want to give him is a family. That's what I need too maybe. Go find the house that I want, the type of lifestyle that I want, the working conditions that I want, make him part of it.

In the absence of positive relations and projects that connect family members to each other, the baby creates a point of significance and responsiveness. For the grandfather, the new world created by the baby contrasts sharply with his previous reclusive "lifestyle [where I was] becoming a workaholic, 12, 14, 16 hours a day".

Gf: I'm happy we have Drew. It's the best thing that could have happened to me....Everything that makes life enjoyable. Now I go home and there's somebody there. Now there's somebody to plan things to do with. Now there's somebody to go play with animals because I like animals and I've got somebody who likes them too. And the joy, the laugh he has, makes me feel good when he feels good. He's become THE center of our lives. I want to adapt my life because he's the center of it now.

Only with his grandson does he experience the possibility of joy and reciprocity (see p. 143) while all other relationships reflect interpersonal distance

and an ethos of control--over others and over his own thoughts and feelings (see p. 144). With his daughter and wife, he remains a "patriarch" who sets the rules at home, and at work, he describes himself as "dictatorial", expecting people to "follow my philosophy of being reasonable, compromise, thinking things out..."

Parenting also gives Ann's mother a second chance at mothering that recalls fond memories of her grandmother. However, practices of care and responsiveness on the part of the grandparents that exist for the baby (at this point in time) are not extended to other family members; the baby provides significance for each separately but does not repair their isolation from each other, a point emphasized by the fact that the grandparents resort to legal counsel to arbitrate family relations (see pp. 155-156). Moreover, care for the baby satisfies the grandparents' self-interest and need for responsiveness in an impoverished interpersonal world. Their dialogue is limited to what they can provide for the baby and what the baby provides for them with indifference for the mother's or child's future sense of loss or abandonment.

Ann also lacks meaningful ties to trusted others and so she describes herself as "just a number or just another person in a world of a thousand". As she recounts her experience of pregnancy, her words testify to the absence of community:

M: It's, all through my life, I've always got straight F's, and not been recognized or not been noticed or anything and since I got pregnant, my pregnancy was totally isolated....I isolated myself....I had to totally change wheels on my life, like kind of forget everything in the past and start fresh and figure out how I was gonna do it.

In wanting to exorcise her past, Ann faces the untenable task of radically redefining herself in strict isolation from others; she must "figure it out" on her own in the absence of family and community relations. Her fantasy of recreating herself outside of history and community denies that a self is fundamentally historical and requires relationships and practices to develop (Whitbeck, 1983). In renouncing the past, Ann (and her parents) are doomed to reproduce a world devoid of community.

Setting Limits on an Unreliable Community

Tammy of chapter 7 exemplifies the pattern of solo care. Becoming a mother creates more possibility for reorganizing her life but her project of creating herself via the practices of mothering are largely in opposition to her defining community. Like Tamika, her community creates burdens that interfere with her project of "becoming a better person", but unlike Tamika, she learns from experience to set some limits on her community. She begins to take a stand on her imagined identity by resisting the most unreliable aspects and self-destructive activities of her unique community. We see this in her resolve to discontinue drug use, in her attempts to stop fighting, and in the way she gradually learns to make demands of others so that her situation is less precarious.

Tammy's need for safe shelter is instructive because it shows how little she can depend on her community and how she learns to deal with its significant limits. She first moves from her mother's home when her mother's resumption of heavy drinking leads to explosive fighting. Desperate to leave home, she moves

into an even more chaotic and dangerous environment. While living there, she confronts her housemates but to no avail; she becomes depressed but refuses to return home and finally accepts an invitation to live in the home of an older male friend. Several months later, when she considers moving into the household where her boyfriend lives, she calls a meeting to inform prospective housemates what she would expect and need from them if she were to move in (see pp. 247-248).

This example--where Tammy learns to make demands of an unreliable community--shows how learning to be a mother is situated within the possibilities and constraints of one's community of identity; in Tammy's case, because there is so little she can take for granted from her community, she learns to become explicit to protect her child and herself. Tammy has a similar dialogue about the unreliability of the baby's father, and so she limits his involvement. Her transition to mothering is tumultuous, in part, because her family and community make demands of her that place her and her child's well-being in jeopardy. However, in reorganizing her life around new priorities that arise as a mother, she becomes more cautious and discriminating about the threats of her community and takes steps to limit them.

Tammy's unique community (much like Tamika's) is not a "community of practice" (Lave & Wenger, 1991); most of her peers instantiate the negative freedom to do as one pleases, a pursuit antithetical to community, tradition, and practices of commitment (Bellah et al., 1985). She is therefore faced with pressing

into the possibilities of mothering on her own without a positive family heritage and without someone she can emulate to become the parent she wants to be. Because Tammy is isolated from a community that sustains the skills, meanings and common sense of mothering, she must rely on her own imagination in both creating her identity as a mother and caring for her child. Although she has more freedom than Ann or Tamika, her freedom is limited by the constraints of her community. She assumes the full brunt of caregiving demands lacking firm roots or a relationship with a trusted other whose greater experience and regard for her can guide her into the possibilities of mothering as a member and participant of a sustaining community.

Being Drawn Into A Restorative Community

Cary provides a strong example of the restorative power of community that reintegrates the self by learning and appropriating the common meanings of a practice through participation with trusted others. A central concern in Cary's account of mothering is the salience of making up for what her own childhood lacked. She wants to avoid the mistakes made by her parents, but like Tammy, she does not have the experience in her own childhood to serve as a model for what she imagines better parenting to be. However, over the course of the study, she learns to set up a shared relationship with the baby's paternal grandfather and draws upon his greater skill, deliberately emulating his patience and regard for others.

M: If [the baby] really starts wearing me out downstairs and I know [grandfather] is sitting upstairs by himself, I go upstairs and I say

"Go to your [grandfather]" And I'll just sit on the couch and he will watch him for me for a couple hours, he'll watch him. He'll take him in his room and let him play and he doesn't say anything about it. I think he likes to do it.... He doesn't mind doing it but I feel bad for asking him. Although he doesn't mind and he watched all his other grandchildren. I think that because all his other grandchildren are from his children, from his daughters, he feels funny that I'm not his daughter. So he doesn't know how far to go with [the baby]. Like they don't come down here and get him a lot. I've been trying to give them the message that anytime they want him, come get him. I'm really getting worn out from him.

In spite of her hesitation and lack of experience in relying upon others, and because of this grandfather's openness to his grandchild and to her, Cary begins to experience the possibilities of care:

M: But when I ask him, he's just sitting there on the couch and I sit up there with him. Then there's two of us and it makes it easier. [He] laughs and sings songs to him so I think he enjoys it and even we're talking. It's nice because then I have an adult to talk to. It gives me room to breathe.

For Cary, this man stands out as a paradigm of good parenting:

M: Because mostly he has a lot of patience and I admire that because I don't have a lot of patience.

I: With kids?

M: Yeah, but with everyone too. When he found out I was pregnant, he was the only one paying the rent then, and here Tim was telling him, here we're not married, I got this girl pregnant and I don't have a job. And he said, don't worry about it. You do want what you want to do and the family will accept it. And he took in another person to take care of.

She notices how he responds to his three year old grandchild:

M: Just by seeing the way he takes care of the kids, how he handles them. It's good. Like sometimes with little R., R.'ll get snotty, and he'll tell him three times, well you've got to eat your food first and then you can have chips and after about the third time of R. saying,

"But I don't want to" , he's starts singing a song or watching tv; he just sort of shines it on him and pretty soon, the boy comes around and eats his food and forgets about the chips. He handles situations good I think. But the main thing is patience. I don't have it. The kid can be screaming and kicking at him and he can just be singing songs to him.

I: And how does his example influence you as a parent?

M: I know Tim won't believe this but I really try to have more patience. I don't have a lot of patience and I try really hard. She finds herself directly imitating the grandfathers' example:

I: And do you actually try and follow his example?

M: Yeah, because when the baby's really fussy, I try to walk him and try to sing to him like [Tim's] dad does. And sometimes I've asked him, "What would you do right now?" And then he tells me and I think about it and then go do it.

The hyper-responsibility of caring for a child without a positive heritage is lessened as she becomes part of a household with a well-established ethic of care and responsiveness. Respect and concern for others is strongly exemplified by the grandfather and is evident in family habits of daily life: regular house-meetings iron out family differences and responsibilities for the household are shared so that no one person is burdened. Everyone contributes to household expenses and dinner preparation rotates smoothly among all adult family members. Adult sons and daughters with their families often gather at the household to watch sports events or to participate in weekend barbecues and picnics. Cary appreciates how her boyfriend's family enjoys being with each other which was lacking in her family experience; she remarks about the contrasting family mood by describing Christmas:

M: (O)n Christmas morning [in my family's home] we'd open our presents and if we didn't get what we wanted, we were brats about it the rest of the day. And here everyone is thankful that everyone is together.

I: What makes it special for you, Cary, being part of this family?

M: Mainly, how everyone can talk about the problems and clear them up and get along. I don't know how everybody gets along but they do.

Cary's narrative of community offers an important contrast to Tammy's experience. Tammy learns to set limits on a community that jeopardizes consistent care; her community requires that she remain self-sufficient, depending entirely on herself to care for her child. Cary, however, becomes a member of a more generous community that practices mutual respect and concern for the self and other, in contrast to her childhood experience where responsiveness to others and self could not be taken for granted. Tammy learns to pull back from an impoverished community while Cary is drawn into a community that fosters care and correction (Benner, 1991).

Appropriating a Sustaining Community

For Sue of chapter 8, Maya of chapter 6, and Tanya (see pp. 343-345), the transition to mothering is supported by the family's pattern of shared care. In each case, the young mother leans into the community, traditions and stories of a sustaining community that focuses an ethic of care and responsiveness. Available in the background as part of family experience, the relational skills of mutual respect and responsiveness are appropriated rather than created or imagined in isolation from community. In sharing maternal practices with a more experienced

and trusted other, the teenager enters the set of relations, skills and meanings of mothering with the practical and interpretive support to become a self capable of response.

Shared care embodies the good of acting responsively in relationships out of respect and concern for the self and other. The grandparents' focus and style of involvement demonstrate practices of mutual realization (Whitbeck, 1983) in the way the grandmother: (a) attends to the baby and the mother without leaping in and taking over, (b) privileges the daughter's relationship to the child and positively regards the young mother's capabilities, (c) approaches conflicts between herself and her daughter through dialogue rather than through intimidation and control, and (d) provides practical support so the daughter can continue in school or participate in activities with peers. There is a dialogue on the part of the grandmother of being attentive to the daughter's emerging concerns, capacities, and identity, of treating her more as an adult as the shared world of mothering redefines their earlier parent-child relationship.

In each family, the grandparent(s) play(s) a paradigmatic role in focusing caring practices for the household and the young mother. In contrast to young mothers of other patterns of care, the narratives of this group are not oriented by the concern of making up for what their own childhood lacked. Not only do they recall experiences of being well cared for in the past, but the grandparents' ways of being involved with them presently in caring for the baby fosters the daughter's attentiveness to the infant.

The ways of learning the skills of mothering among this group of mothers offer a sharp contrast with formal instruction and didactic approaches where general principles or rules for caregiving must be translated into concrete situations of caring for a specific child. The pedagogical approach which privileges formal knowledge over situated know-how has little in common with the learning that occurs among this group of mothers. In the everyday world where the grandmother and teenager are mutual participants, the young mother has ample opportunity to observe and imitate the grandmother's interaction with the child. Any "formal" teaching on the part of the grandmother is well-honed to concrete situations and often takes the form of stories recalling similar situations rather than abstract rules. A vivid example is seen when Sue's mother embeds her suggestion (that a toy be offered to replace what is being taken from the child) within a story of her own experience as a parent. This particular story (see p. 282) is a simple yet elaborate tale that carries multiple meanings beyond the specific skill of what to do in this or similar situations. The specific situation allows for a dialogue about good mothering made manifest in concrete discriminations and skills of responsiveness. The grandmother's instruction is embroidered with an admission of her past mistakes with the important message that mothers are fallible:

Gm: And I think that working together on this teaches both of us that we can't....We can't always do it right and that's okay, that's acceptable, that the intentions are good, the motives are pure, and the mistakes will happen.

Teenage mothers often report that learning to become a mother entails a

process of learning by doing; particularly when there is no model to emulate, learning to a large extent must rely on trial and error and is "self-developed", as Jane remarks (p. 272). Tamika, for example, says "I just did things. Then like if I did something wrong, I'd be like, I'm not going to do that again." Cary, on the other hand, deliberately observes and imitates the baby's grandfather. For those with a sustaining community, learning often occurs without explicit reference or teaching on the part of the more experienced grandparent because, in large part, maternal skills are demonstrated transparently and repetitively in the shared activities of caring for the baby in ongoing social interaction. [For excellent descriptions of the transparent mode of learning that occurs in apprenticeships, see Jordan (1989) and Lave and Wenger (1991)]. Occasionally teaching by the grandmother becomes explicit when a dilemma arises, as we see in Vera's story of trying to understand the reason for the child's irritability (see pp. 198-199). Here Vera is coaching her daughter, teaching by example and collaborating with her daughter as the more experienced person, as they attempt to understand an ambiguous situation. This mode of teaching remains close to the young mother's experience, arising from concrete situations of daily life. Mothers bereft of a sustaining community are removed from such sources of learning.

None of the families fitting this pattern were economically impoverished; income was modest but adequate enough to provide shelter, food and clothing for the family free of the dependency and coercion of public bureaucracies. It is also noteworthy that the grandmothers' connections to work and church were often a

source of engagement. Sue's mother's ministry of a woman's shelter, for instance, expressed the good of creating a community for the least fortunate. Tanya's mother also expressed strong religious commitments that shaped the meaning of her life. Her part-time work--operating a hot dog stand at a busy intersection in New City--positively demonstrated a connection to the wider community. An article about her in the local paper, titled "Miss Sunshine and Raisins", included numerous testimonials from the local community. This woman's warm and ebullient spirit was as evident in her interviews as it was on that seemingly inhospitable street corner. The day I stopped by to visit her, dozens of passing cars honked and yelled out a greeting.

Maya's mother, Vera, also set up a zone of safety for neighborhood children by welcoming them into her home. She was unemployed during the study, having left her position with a telephone company during her daughter's pregnancy, in part, because of company disregard for workers' family roles. Her period of unemployment was a time of reprieve that allowed her to help her daughter, renew relationships and develop new job skills. These brief descriptions of the lives of three women attest to the ordinary ways that care and responsiveness are extended in households and communities.

Summary

The teenager's transition to mothering is always situated within the material and social resources of her defining community. Tamika and Tammy experience their community as a demand and source of danger that is largely

incoherent with the teenager's new salience and priorities of caring for a child. Their moral vision can be easily threatened by conditions which make mothering burdensome, and at times, impossible. Tammy has more freedom in her situation because she bears the responsibilities of mothering with less family conflict and less interference by public institutions than Tamika faces. Her defining relationship to the baby empowers her to set limits on a community whose activities generally oppose her priorities and concerns for her child and the self she wants to become; however, there are few resources to guide her and deepen her imagined possibilities. More fortunate teenagers, like Cary, Sue, Tanya or Maya, are empowered to care for the baby, not in isolation, but as a member of a sustaining community.

Our current social welfare and health policies aim to provide a "safety net" for the most vulnerable of our society. In times of economic recession and growing public skepticism over the proper role of government intervention in social problems, too many children and their young mothers rely on what has become a threadbare crazy quilt of patched together beleaguered programs--a safety net frayed and tattered from years of social neglect and exclusionary politics. Mending the safety net has few champions, and in any case, orienting ourselves to its repair, although important, is not equivalent to engaging in a public dialogue that seeks to strengthen family and community life. The kind of civic dialogue I have in mind does not begin uncritically with the assumptions of the free market system wherein individuals are first and foremost economic

competitors and consumers and where social bonds are strictly a matter of self-interest. A civic dialogue that elaborates our shared interests as well as our personal and collective responsibilities requires a renewed citizenship and politics of inclusiveness that go beyond preserving the rights of individuals to enhancing the common goods that sustain community life (Bellah et al., 1991; Sullivan, 1986). Such a dialogue would help to create a vision about the significance of community in our lives, would deepen our civic sensibilities and guide our practical deeds for building and preserving our collective future.

Chapter 12

Making a Difference

We know instinctively that if we grow contemptuous of our fellows, and consciously limit our intercourse to certain kinds of people whom we have previously decided to respect, we not only tremendously circumscribe our range of life, but limit the scope of our ethics (Jane Addams, cited in Addelson, 1990, p. 15).

Indeed, media stereotypes together with the crisp and impartial language of normalizing science contribute to a great distance in understanding young mothers and their children. As a result, they and the clinicians who serve them push up relentlessly against an ethic of training and control with its disabling language of failure and deficiencies. In this final chapter, I revisit the terms in which we define teenage pregnancy and parenting as a social problem. Employing Arney and Bergen's (1984b) analytic framework, I describe how the scientific-technical approach most often underlies interventions directed specifically at teenage mothers while current social welfare policies fuse technological and moral understandings that exclude any reference to common goods.

In recovering the voices and stories of teenage mothers and their families, this research project is sighted on the hope of breaching the distance and enlarging our civic dialogue beyond a scientifically technological paradigm of control to an ethic of care and responsiveness. Ultimately the practical question of how to increase possibilities and opportunities for teenage mothers and their children are not technical issues but involve ethical and political questions that ask each of us to consider the kind of services, communities and civic life that are

capable of sustaining a good and meaningful life. Addressing what are essentially ethical-political concerns take us beyond the limited scope of "training" mothers to creating society building policies and caring practices that foster hope, possibility, integrity, dignity and opportunity.

Revisiting the Social Problem of Teenage Parenting

In tracing shifting social understandings of teenage mothering, Arney and Bergen (1984b) aimed to dispel the self-congratulatory notion that scientific understandings and normalizing practices are more compassionate and humane than the preceding moral understanding that forced pregnant teens into marriages or adoptions and condemned those who had no such recourse as morally reckless and deserving of scorn and punishment. As the moral stance of blame and shame yielded to a scientific idiom, the "problem" of teen pregnancy and its solution were constituted in a radically new and technical way that required detailed scientific analysis essential for proper treatment and remediation. Normalizing science thereby focused on identifying the personal or structural characteristics of the situation that could potentially be managed through disciplinary practices (see Foucault, 1979, 1980).

Although comprehensive intervention programs vary in their components (see O'Sullivan, 1991 for review of selected programs), they generally embrace criterial views of mothering and the life course and emphasize "training" and "rehabilitation" to lessen the negative effects of a first pregnancy, to delay a second pregnancy, and to improve the mother's long-term economic self-

sufficiency. Although these are worthy goals, barriers to their success are often located in the young mothers' personal characteristics rather than in social sources of disadvantage. As a result, in addition to providing educational, job training, and health services, programs often include training based on deficits in self esteem, motivation, personal control, along with a heavy emphasis on formal knowledge of childrearing. I am not suggesting that program staff are not dedicated and in all likelihood more responsive to young mothers than the technical-rational language of published reports would suggest. However, the importance of the relationship between young mothers and staff is rarely acknowledged as a core component deserving of consideration, precisely because staff skills in getting to know the teenager, becoming responsively engaged with her, and supporting her moral voice cannot be grasped by static measurement of isolated variables.

Generally, program evaluations have shown rather modest and short-term effects in educational, economic, and delayed childbearing outcomes (O'Sullivan, 1991), although Furstenberg and colleague's (1987) 17 year longitudinal study suggest that positive outcomes may become apparent years later for the most disadvantaged teens. And although many of the goals of these programs are worthy, their exclusively individualistic focus denies how socio-cultural conditions of social injustice and exclusion are deeply implicated in teenage pregnancy in the first place and constitutive of the young mother's experience and possibilities (or lack of them). Such programs, by themselves, ultimately fail to make a significant

impact on teenage mothers and their families in the absence of social changes. We dare not expect that programs can make significant gains in improving the life chances of teenage mothers and their children without also recognizing and challenging the structural conditions that undermine family and community life and that make parenting a private rather than a collectively-shared commitment. It is incredulous and myopic to assume that short-term programs will have significant effects in communities with high levels of unemployment, violence, and poverty. Such programs may temporarily assuage public conscience, but in the end, when these programs fail to deliver desired outcomes, or when the outcomes are not sustained beyond the short-term, the efficacy of continued funding is questioned, an issue at the heart of the current debate sparked by Geronimus' (1992, 1992) research showing that poverty generally precedes teenage pregnancy, at least for many Black teens. Providing realistic opportunities for young mothers requires more than a technical-individualistic approach that expects motivation on the part of the young mother to overcome the social conditions in which she is so often embedded.

The scientific-technological paradigm, focused on filling norm-based deficits and failures, becomes yet another form of social exclusion, as reflected in the following statement made by a participant of the 17 year follow-up study of former teenage mothers (Furstenberg, Brooks-Gunn & Morgan, 1987) who wrote:

Please do not contact me or my family again. I have beat the odds....I no longer wish to participate in this study of Blacks who are supposed to end up on the welfare. I think in the future you should help people instead of asking questions....Yes, I am a success and I

will help others to become productive, independent and proud individuals (p. 146).

If adults resent the pejorative understanding of teenage mothers, how much are the difficulties of young mothers further compounded by the lack of support and expectations of failure? As one teenage mother in a pilot interview for this study volunteered:

Even though I am a young teen mother--they say teenage mothers don't make it--you know, it's hard, but it's even harder when you don't have the support and someone to keep you going and to finish schooling, you know, and do a good job taking care of your baby, give him love.

The words of this 16 year old mother which appeared at the beginning of chapter 3 remind us that interventions based in scientific understandings--"the way it's supposed to be versus the way it is....the rule book"--ultimately fail because they overlook the situated possibilities and impossibilities of being a teenage mother in this society. The constraints and limits that teenage mothers face cannot be managed or controlled by programs based on a normalizing science that pretends to be value-neutral. What is required is an ethical understanding that supports the mother's emerging moral voice and defines the care of all children as an essential public good. Such an understanding is, however, woefully absent in current social policies and welfare "reforms" that are aimed broadly at disadvantaged families, but where teenage mothers are singled out for special incentives or punishments.

The Fusion of Moral-Technical Understandings in Social Welfare "Reforms"

Current proposals for welfare reform fuse moral systems of blame and

shame with administrative-scientific practices of biopower in service of the modern bureaucratic state where social problems are to be solved, if at all, by the market (Foucault, 1979, 1980; Bellah et al., 1991). Margolis (1992) highlights this fusion by characterizing current social welfare programs as "a form of charity...with strings attached that establishes a relationship...[where] dependency is stressed...[and] reciprocation, usually in the form of obedience and submissive rituals [is required]" (p. 30).

Essential to "reciprocity welfare", Margolis notes, citing Foucault, is a vast distance and suspicion of the "morally fallen" Other whose dependency calls for the power of the state to rehabilitate "the moral and work habits of the fallen" (p. 33), promulgating the "creation of docile, subservient bodies". Current welfare reform measures that extol the aim of decreasing welfare dependency by establishing workfare programs exemplify this approach and are geared to getting people off welfare rather than seriously addressing poverty. These "reforms" for economic self-sufficiency are conspicuously hollow without provisions for ensuring quality child care, for educating the undereducated, and for seriously addressing inequities in the labor market; moreover, no consideration is ever given in workfare programs to work that not only provides economic independence but that is compatible with family and community life. They further stigmatize and isolate the poor and cloak dependence as a "nasty and shameful thing" (Howell, 1975) that they have brought upon themselves.

That the war on poverty is now conceived narrowly as a war on welfare

(Katz, 1989) is vividly demonstrated in California's welfare proposals. In 1991, the Governor of California decreased AFDC payments by 4% and callously dismissed its economic impact on poor families by claiming that welfare recipients would have to go without one six-pack of beer. His 1992 budget calls for an egregious 25% further reduction in AFDC benefits with no increase for women bearing additional children. This extremely punitive and coercive "reform" curries voter support by appealing to welfare stereotypes, embracing myths that have been repudiated by research (i.e. that poor women bear children to increase their welfare payment), and by covertly appealing to racial innuendo.

Cartoof (1982) criticizes welfare policy that maintains the young mother's dependency on welfare and at the same time weakens supportive ties to her family. For example, current AFDC policy that denies welfare payments to teenage mothers who live at home often unwittingly encourages the teenager to establish a separate household. This was the case with at least two young mothers in this study. For some, moving out of the home curtails child care support making it difficult for young mothers to continue in school, unless she is fortunate enough to live in a school district with a school-based nursery that extends to graduation. Only Sue of chapter 8 who was by far the most academically motivated teenager in the study attended such a high school. Second, welfare policies that prohibit payment to a relative for child care particularly in the absence of subsidized community-based child care makes it more difficult for the teenager to continue her education although studies confirm that free day care

increases the chances that teen mothers will complete school and eventually become self-supporting (Campbell, Breitmayer & Ramey, 1986). Third, attempts by the welfare system to collect support payments from young disadvantaged fathers may actually curtail paternal emotional and financial support and may also diminish childcare support by the paternal extended family, particularly among Black families (Cartoof, 1982). California's welfare reform measures directed specifically at teenage mothers include a cash incentive to stay in school but an incentive does nothing to remedy the significant practical barriers to remaining in school (Roosa, 1986). Governor Wilson's reforms also attempt to correct the welfare policy that forces some young mothers to leave their family household in order to receive welfare support. This aspect of the reform is welcomed. However, welfare support to teenagers who leave the household will end. A policy that may have been intended to support family caregiving now mandates it. The goals of increasing options for teen mothers, of strengthening family caregiving practices and commitments, and supporting responsibilities are in the end thwarted by policies based on coercion and punishment.

Coercive, punitive policies will continue to doom many teenage mothers and their children to living on the margins as demonstrated by studies comparing U.S. states and nations. Zimmerman (1988) found that states whose political climate stressed individualism and who spent less on education and public welfare tended to have higher teenage birthrates. And among several Western industrialized countries, the United States earns the dubious distinction of having

the highest rates of teenage pregnancy, abortion and childbearing due, in part, to the greatest disparity between wealth and poverty among Western countries (Jones et al., 1985). In fact, the high birthrates to teenagers in some areas of the U.S. are similar to birthrates of "developing" countries where educational and employment opportunities are similarly non-existent. State and national comparisons provide compelling evidence that policies which limit opportunities for poor teenagers push them inadvertently into early parenting and once parents, they and their children are more likely to suffer negative perinatal and health outcomes because of exclusionary social welfare policies (Makinson, 1985).

One of the invidious effects of moral systems fused with technical-bureaucratic rationality is an erosion of public dialogue to any considerations of the common good of caring for children and the related goods of affordable housing, adequate income, quality health care and education etc. that make it possible for parents, regardless of race or class, to provide for and nurture their children. Because a young parent, indeed any parent, cannot create a reliable, safe and responsive world for the child on their own, I turn, in these concluding pages to a discussion of caring for children as a source for restoring basic society building and caring practices that support the young mother's new ethical horizon by placing the common good of caring for all children at the center of a national agenda. Such a debate might not only deepen prospects for more meaningful and hopeful futures among young parents and their children but contribute as well to the just and good society that we all desire and need.

Supporting the Young Mother's Vision of the Good

The possibility for becoming a responsive and responsible self ultimately depends on the extent to which the young mother's vision of the good is sustained and nurtured by others. Unfortunately, interventions designed to improve the teenager's responsiveness to her child all too often narrowly focus on the mother-child dyad in isolation, disregarding the extent to which the mother's family and unique community foster or imperil her growing responsiveness (e.g. Baskin et al., 1987; Musick et al., 1987). The growing body of research on family involvement amply demonstrates the inescapable role that family caregiving plays in shaping the young mother's transition to mothering and points to the value of developing service delivery systems and clinical practices that strengthen family responsiveness (Apfel & Seitz, 1991; Flaherty, 1988; Richardson et al., 1991; Smith, 1983a). However, as Forbush (1981) discovered over a decade ago, programs serving young mothers rarely collaborate with families or plan services to strengthen their contributions to the mother and child. In spite of positive outcomes evident among the few programs that include family members and/or male partners as a component of service delivery (Brindis, Barth & Loomis, 1987; Hanson, 1992), family-centered approaches remain the exception rather than the rule, at least among federally funded comprehensive programs serving pregnant and parenting teenagers (Hanson, 1992).

Supporting Family Responsiveness

Promoting the mother's responsiveness to her child is ultimately tied to the

development of trusted and responsive relationships and the availability of basic resources that support the mother's emerging moral voice. Family-centered practices devoted to supporting the mother's vision of becoming a good mother would foster and strengthen the family's ability to create a space for the child without excluding the daughter from care. As this and other studies indicate (Flaherty, 1988), grandparents generally want their daughters to become good mothers, but may lack the experienced know-how to promote it. In taking over the care, they inadvertently impede the daughter's relational skill in caring for her baby. Clinical practices directed to help families care for baby and mother would assist families to elaborate the set of routines and practices for parenting the daughter in new, more responsive ways that could create room for the daughter to become a competent, responsive parent who "grows with the baby."

The goals of strengthening the grandparents' responsiveness and preventing breakdown in family caregiving practices recommend a home visiting component (where practices of caregiving are easily observed) that ideally begins before delivery and continues over the course of the baby's first year. Early intervention focused on helping the grandparent develop a supportive role in the mother's early mothering might avert eventual taking over (on the part of the grandparent) and withdrawal from care (on the part of the mother). Clinical practices devoted to creating common ground by building trusting relationships and setting up new traditions of care and responsiveness among families with limited experience of trust are dependent on the clinician's expertise in gaining entry to the family's

world, in listening and responding to family concerns, in elaborating common purposes while recognizing differences, in addressing conflicts in ways that demonstrate the worth and dignity of family members while working to create more options and flexibility in the caregiving situation. Here the clinician's skill in finding and extending possibilities, not by filling deficits determined in advance by normative-scientific criteria, but by collaborating with the family to envision and enact a plan of reliable, responsive care that enlarges family trust, dialogue and responsiveness. Technical procedures for clinicians to follow will not suffice because they necessarily fall short of the human skills and "ethical comportment" (Benner, 1991) involved in entering family worlds as a concerned human being with the experiential know-how for grasping and enlarging caregiving possibilities in the midst of sometimes objectively bleak circumstances. Although guidelines and rules cannot grasp the relational skills that such work requires, clinical stories that record the achievements, and failures, of elaborating family care in concrete situations can and do (Zerwuch, 1992), and serve as strong exemplars for elaborating clinical expertise, as the culture-creating public storytelling work of Benner (1991) with practicing nurses so powerfully demonstrates.

Other arenas for sponsoring grandparents' responsiveness and for affirming the significant contributions they make in the lives of their families and communities might also include the creation of grandparent peer groups for mutual support. Such groups would also serve as a forum for identifying other needs of grandparents and encouraging a dialogue about how they might best be

addressed, individually or collectively, through the development of new programs or revised policies, political action, advocacy, referral to other services, education, etc. Grandparent peer groups developed in response to parental drug abuse would serve as a useful model (Trupin, in press).

In situations where a young mother is estranged from her family, identifying others within her community as moral sources of care and responsiveness for inclusion in services, whenever appropriate, might enable the young mother to more easily draw upon resources within her own community.

Are family-centered approaches, based on an ethic of care and responsiveness, viable within current systems of delivery? Inadequate funding for present services, evaluation procedures that render family-focused practices invisible, high case loads, and the normalizing, disciplinary ethic of training and control all represent significant barriers to their development. The Teenage Pregnancy and Parenting Project of San Francisco (TAPP) stands out as one model program that has achieved some success in integrating family members and male partners into services; their success rests to some extent on the "continuous case manager" role whose long-term relationship with the teen is the linchpin for identifying her concerns, building trust, negotiating needed services, and outreaching to and collaborating with family members (Brindis et al., 1987). For other programs to emulate and extend TAPP's achievements requires administrative recognition for the contribution of family care to the lives of young mothers and their children along with adequate resources for ongoing consultation

and reasonable caseloads. These achievements, although important, must not overshadow the larger, dismal reality that the vast majority of eligible teens are never served by a program at all.

Supporting the Male Partner's Responsiveness

Although recent research challenges the stereotypical picture of birth fathers as "absent" and irresponsible (Danzinger & Radin, 1990; Rivara, Sweeney & Henderson, 1986), service providers have rarely included them in ways that support and legitimate their role as caregivers and providers. Although few boyfriends participated in this study, the three who did were committed to becoming responsible fathers and providers and told stories of the power of the baby to turn their life and future around (see pp. 313-314). For those birth fathers who did not participate in the study, the mothers' accounts showed that many faced great odds in maintaining contact with the child or providing any form of assistance once relationships with the young mother or her family deteriorated.

Model programs that include male partners show that young mothers and their children benefit from father involvement and support (Brindis et al., 1987; Hanson, 1992). However, efforts to strengthen their role as providers and caregivers must seriously grapple with the declining economic prospects that many inner-city young adults face due to their educational and financial disadvantage (Hardy & Duggan, 1988) and high unemployment rates resulting, to some extent, from structural changes in the economy (McLoyd, 1990). The current path of essentially writing off these young men--out of fear, loathing, or a sense of futility-

-ultimately erodes the chance for them to become responsible partners and fathers. Creating more hopeful futures for inner city or impoverished male youth calls for creating a public agenda that writes them back into our collective future. In analyzing the set of policy alternatives that address youth unemployment in the inner cities, Katz (1989) believes what is required is no less than "the redirection of macroeconomic policy, controls on plant relocation, the stimulation of community-based economic development, the redistribution of political power, and a guaranteed income or wage supplements (p. 215)." Where the leadership for developing the understanding that these or less radical reforms require is difficult to imagine given a political system devoted more to preserving the rights of individuals and sustaining (the illusion of) a free market economy than enhancing the common goods of community life (Bellah, et al., 1992; Sullivan, 1986).

Recovering the Common Good

The world the young mother seeks to create for her baby is not solely contingent on her personal and family strengths and limitations, but on what is more broadly available in the social world to assure that all families have basic resources to provide for and nurture their children. The birth of a child introduces demands and priorities for shelter, nutrition, health care and safety that although often assumed to rest on families privately, in reality extend well beyond the resources and power of individual mothers and families. Caring for children reliably and consistently requires that the following needs be adequately

addressed through social means: an adequate standard of living, safe and affordable housing, quality health care including access to a full range of reproductive options, a flourishing system of child care and public education, employment opportunities that are compatible with family life, and freedom from racism. These essentially common goods are subverted by current social and economic policies that rely primarily on the market and private decisions for their satisfaction, leaving those vulnerable to market economics to suffer the inadequacies of public systems of care with their demoralizing distinctions of stigma and dependency. Creating a public agenda that regards these as common rather than private goods essential for all families caring for children would make them no longer strictly a function of income, thereby eliminating the current means-testing strategy that so disempowers the most impoverished families. I refer the reader to the work of several policy analysts and social critics who describe a broad range of family-supportive policy options that merit national attention and debate (Hewlett, 1991; Kamerman & Kahn, 1988; Mulroy, 1987).

The provision of these basic needs would redress the most egregious aspects of chronic poverty--the isolation, stigma and dependence--that reduce families to bare-bones survival and the totally shabby and unsafe world that many poor children grow up in. The policies of several European countries have shown how a standard of living adequate to support the well-being of children is achieved by augmenting low wages with income supplements (Wolfe, 1989). Since all families with low enough wages are eligible for income supplementation, no

one group of families is stigmatized or forced to rely on welfare bureaucracies and its disempowering disincentive to work. Securing an adequate income for all families, however, will not free families to care for their children without other policies that guarantee shelter, nutrition, health, education and work compatible with family and community life. Mulroy (1988) and Hewlett (1991) outline the wide ranging reforms needed (in zoning laws, tax and legal codes, housing, educational, health and childcare reforms) to expand choices so that parenting does not devolve into a fragile balancing act from which few families, regardless of income, are spared. Policies directed to benefit all families with children free impoverished families from dependence on special benefits and programs that effectively punish, segregate and discipline them (Kamerman & Kahn, 1988). Although poor children have the most to gain from affirmative family policies, children of all races and classes would benefit if the integrity of family life were more supported.

The divisive grip of racism on our individual and civic life remains an ethical barrier to preserving the safety, health and welfare of all children. How the pernicious reality of this division plays out in the daily lives of minority children has (temporarily?) broken through our defensive silence as the desperate plight of inner-city children is detailed in recent books (Kotlowitz, 1991; Kozol, 1991), major film releases and the recent Los Angeles "riots". But it remains to be seen if the stark reality presented therein will harden polarization, suspicion, desperation and despair, or if we can realize our common interests across the

racial divide. Berry (1989) champions the renewal of communities as our best hope:

A true and appropriate answer to our race problems, as to many others, would be a restoration of our communities--it being understood that a community, properly speaking, cannot exclude or mistreat any of its members. This is what we forgot during slavery and the industrialization that followed, and have never remembered. A proper community, we should remember also, is a commonwealth: a place, a resource, and an economy. It answers the needs, practical as well as the social and spiritual, of its members--among them the need to need one another (p. 135).

Recovering the Meaning of a Good Life

Renewing our common interest in caring for children and the goods essential to it goes hand in hand with deepened visions of what the good life entails. In the ideal of autonomy, the good life is circumscribed to self interests and self-realization, where everyone is free to choose what a good life will be (Bellah et al., 1985; Sullivan, 1986). But Sullivan argues that a more authentic notion of the good life is best realized in practices and commitments to common goods:

Since humans are by nature social beings, living well requires a shared life, and a shared life is possible only when the members of a community trust and respect one another. To participate in such a shared life is to show concern for and reciprocity to one's fellow, and to do so is simultaneously fulfilling for the individual. Thus the individual's true good must consist not in attaining a sum of satisfactions but in showing in himself, and sharing as a participant, an admirable and worthwhile form of life (Sullivan, p. 163).

Sullivan goes on to describe how the meaning of a good life depends on a "recovery of citizenship" within a democratic politics that strengthens the meaning of personal responsibility and pursues social justice based on extending

participation rather than the securing of rights alone:

That is the painful struggle which must go on in the body politic and within ourselves as we become aware, at personal cost, of our general complicity in unjust social arrangements that provide advantages for some at the expense of dignity for others. The struggle for democratic politics is always a struggle for a more inclusive community, and that will require changing our sense of who we are both in public and in subtly private ways. In this sense the civic vision is a personal moral challenge as much as a critical perspective on the social status quo." (p. 179).

In the democratic society Sullivan envisions, the struggle for social justice and the solution of social problems would not be delegated to the administrative power of the state or to technical experts.

The civic tradition addresses the public value of exploring and developing those qualities of life that go beyond competitive success and economic well-being. It does this not by abstracting from social inequalities and economic needs but by addressing them as human, moral, personal realities rather than simply as the technical and distant issues of liberal understanding....Poverty and unemployment cease to be unfortunate side-effects of capitalist economic growth, to be neglected benignly or tidied up managerially. They appear in their full reality as institutionalized denials of dignity and social participation, glaring failures of communal responsibility (p. 160).

Special Considerations

In the absence of a collective commitment to common goods supportive of families with children, many young mothers and their children will continue to rely on a range of public services and programs that are difficult to access, contribute to stigma and render them dependent and subject to normalizing practices. School-based and Adolescent Family Life programs are discussed briefly below because of their essential role in enhancing the lives of young mothers and their children within the constraints of the current service delivery

system.

Schools. Although the passage of Title IX of the 1972 Education Amendment guaranteed the legal right to education for pregnant and parenting teens, many practical barriers to remaining in school still exist for the vast majority of school-age mothers (Adler, Bates & Merdinger, 1985; Roosa, 1986). In California, for example, model school programs that attend to the academic and parenting needs of teens reach a very small proportion of teens (Brindis & Jeremy, 1988).

Participants of this study who were enrolled in School Age Mothers Programs (SAMP) held them in high regard and benefitted in different ways. For all students, on-site nurseries were essential to remaining in school. However, eligibility criteria varied tremendously from school district to school district. In one program, only babies less than five months of age were cared for while another served children until the teenager graduated. For academically motivated students like Sue, the nursery made it possible for her to graduate and then to go on to college. For several, the smaller class size and individualized curriculum of SAMPs reengaged students previously alienated from education, making it possible for them to graduate. In addition, these programs offered an invaluable place to learn about pregnancy and parenting. In spite of the significant benefits, these programs are under the constant threat of funding cuts as public schools, particularly for inner city children, are increasingly viewed as a colossal burden rather than a public good essential to democracy (see Kozol, 1991).

Adolescent Family Life Programs. Currently, federally funded AFL programs for teenage pregnant and parenting teens fill a crucial gap in a fragmented, complex service delivery system that is difficult to access and negotiate. These programs are mandated to provide comprehensive services either directly or by referral to cooperating agencies. Components of programs vary but often include day care, parenting education, health and family planning services, education and job training. Many of these programs employ case managers who provide counseling, brokering and coordination of services on behalf of teen clients. As described earlier, a few programs extend services to male partners and family members. Extending these programs so that more teenage mothers, male partners and family members are served should be a high priority given the maze of bureaucracies and service gaps that teenagers must otherwise contend with on their own (Brindis et al., 1987).

Future Directions

The opening challenge--to care for stories and give them where they are needed--has been aimed at understanding teenage mothers and their families in their own terms and voices. Instead of blunting distinctions, the goal has been to highlight variations in family caregiving practices and young mothers' experiences of self as members and participants of families and defining communities. The validity of this study rests, ultimately, on the power of these stories to strengthen caring practices that sustain the mother's emerging notions of the good.

Advancing the need for social policies that secure the common goods essential for

strengthening family life as part of a national agenda are also deemed essential to this task. This final section addresses the relevance of the phenomenological method for discovering and strengthening caring practices and identifying the situational and structural impediments that effectively hinder them.

Although young mothers share a common experience, the few stories profiled here show that they are far from a homogeneous group. Interpretive ethnographies conducted with other young mothers and families of different ethnic and social backgrounds are needed to correct or confirm distinctions described here. Uncovering other salient variations in the experiences of young mothers and their families as children grow up would shed new understanding on the life-course of young mothers and their children. Similarly, the value of interpretive approaches for understanding the role of male partners in the lives of children and mothers also needs to be considered as research on fathering begins to revise disabling stereotypes.

While normalizing disciplinary interventions impose understandings of mothering that are divorced from the young mother's experience, relevant interventions "begin where the clients are". This maxim highlights how effective services are predicated on understanding the commonalities and variations in young mothers' lives in specific communities. The understanding available to those working with this population and yet to be revealed by future research has an important role to play in strengthening program design, identifying service gaps, and enhancing outreach efforts to hard-to-serve groups such as high school

drop-outs or male partners, etc. We can have more confidence in programs based on understanding a population than in utopian services created out of imagination that overlook, for example, the conflicts and burdens arising from the young mother's hyper-responsiveness, the contribution of family caregiving practices, and the social sources of disadvantage and oppression noted in some young mothers' lives. Narratives also reveal previously unnoticed sources of good, hope and possibility to be strengthened by programs.

Finding and then filling norm-based deficits presumes detached, controlling relationships that threaten responsiveness and render the responsive, engaged skills of teachers, health workers and social workers invisible. To uncover these skills, and the notions of the good embedded in them, requires the study of exemplars where practitioners have made a difference in engaging teenage mothers and their families and supporting their ethical horizons and caregiving possibilities. Theoretical knowledge alone cannot guide competent or expert practice which only develops over time as one learns from concrete situations the perceptual grasp, meaningful patterns, practical skills and "ethical comportment" (Benner, 1991) embedded in the practice of a particular applied discipline (Benner, 1983; 1984a; Benner et al., 1992; Dreyfus, 1979, 1986, 1991). As Benner (1991) states:

The practitioner is initially suspended in his or her practice by rules, formal theories, and generalizations that do not require experience, but these rules and detached reasoning must be replaced by a direct experiential grasp of qualitative ethical distinctions through engagement in particular situations. Through experience within a socially based practice, stories and concrete firsthand experiences

build narratives and memories of salient clinical situations so that one moves from the status of a novice to that of a skillful practitioner....As expertise is gained in the practice, the abstract is supplanted by the concrete. With experience, the concrete situation becomes coherent, and the practitioner creates a narrative of doing better or worse, of recognizing similarities and differences, and of participating in common meanings, practice narratives, and practices that allow the practitioner to recognize common clinical entities and issues. Abstract principles, after all, are never completely matched by reality, and they must be extended and clarified in real life experience and communities of memory (pp. 2-3).

Narratives of practice would reveal the skillful know-how for finding and extending caregiving possibilities in young mothers, their families and communities. Exemplars from case managers, for example, can help to flush out what the principles of counseling, advocacy, brokering and coordination look like in concrete situations with the nuances of relationships and issues of timing and context preserved. As research in nursing practice reveals, clinical stories are a dependable source of know-how and learning, a source for uncovering the good embedded in a particular practice, and a source for discovering impediments and innovations in the practice that cannot be captured in abstract principles or formal theories (Benner, 1991).

Conclusion

Our status as global power is usually framed in terms of economic or military might. What if, instead, the litmus test of our collective power, strength and goodness rested on our ability to preserve and sustain families in webs of possibility, opportunity, integrity, worth, dignity and care? What might this mean for teenage girls and boys who have despaired of hope, of a place for themselves

and their children? And what might this mean for us collectively if our sensibilities, responsibilities and actions were deepened by practices and commitments that preserved and strengthened common goods and fuller notions of a good life?

Caring for stories requires that we pay attention to them, that we allow ourselves to be moved or confronted by what they reveal about the narrators as well as about ourselves as members of a society that has yet to fully articulate, much less fulfill, a commitment to care for our children. Moving in that necessary direction requires that we participate in a revitalized dialogue that aims to restore and deepen conditions of safety, health, welfare and justice within our communities and nation. Then, and only then, we might be fitting companions and citizens who "...meet parents and children where they are, [who] listen to stories of their journey, and [who] accompany them on their way" (Pawl, 1990, p. 3).

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APPENDICES
INTERVIEW SCHEDULES

FAMILY ROUTINES INTERVIEW

A

I am interested in knowing what your everyday life is like as a family. Most families have certain ways of doing things that vary from family to family. What I would like you to do is describe how these activities occur in your family.

Morning routines: Describe what happened in your home this morning. Who got up first, who cared for the baby, who left for school or work, etc? How typical or unusual were this morning's activities? How did you feel about it? How is this different or similar to the way the morning went when you (Gm) were raising your children?

Evening routines: Describe last evening including what happened before, during and after mealtime. Who was involved, who prepared the meal etc., and what happened after the meal, including chores and other activities right up to bedtime. How typical or unusual was last evening? How did you feel about it? How is this different or similar to the way the evening went when you (GM) were raising your children?

Bedtime routines: Describe last evening in putting the baby and other children to bed. How typical or unusual was last evening? How did you feel about it? What would be ideal? For GM: How was this different or similar to the way bedtime went when 1.) you were raising your children? 2.) when you were growing up in your own family?

Play routines: Describe a recent time you played with your baby/grandchild. What does the baby enjoy and who participates? How do you feel when you play with your baby? For GM: How is this similar or different from the way you played with your young children?

Routines for household chores: I want you to describe how chores get done in your family. Who does what and when? Are children involved in helping with chores? How does it work out? Describe a recent time when getting the chores done didn't work out. What would be ideal? For GM: How is it similar or different from the way chores worked out when 1.) your children were younger? 2.) in growing up in your own family?

Routines for caring for ill children: Has the baby been ill recently? What happened and how did your family take care of the baby? What were your priorities in the situation? For Gm: How were you taken care of in your own family when you were sick?

Routines for disciplining children: Have you begun to teach the baby right from wrong? How do you do this? Describe a recent incident the baby was disciplined. What happened and who was involved. Were you satisfied with the way it was handled? For GM: How is it similar or different from the way 1.) you disciplined your young children? 2.) you were disciplined in your own family growing up?

Do you feel it's important for a baby to be on a schedule? Why or why not? GM: Was it important when you were raising your children? Was it important for your family when you were growing up?

Are you conscious of the clock a lot of the time? Do you mark things down on a calendar?

Special family events: Are there any activities you do together as a family? (visiting, shopping, church, sports events, vacations) Tell me about a recent family activity or celebration that stands out for you. Why does it stand out? How did you feel about it? For GM and M: What special family activities do you remember when you were raising your own children? When you were growing up?

RECENT FAMILY EVENTS **B**

This interview is conducted with all participating family members.

1. Tell me about changes in your daily activities over the past three months. (i.e. bedtime, chores, etc.) (Specific probes will depend upon knowing changes in family circumstances since study began.)
2. Tell me about a recent family activity or celebration.
3. Over the course of a typical day or week, what family activities stand out for you? Over the course of a year?
4. Of all the family events or activities in the past year, what strikes you as being the most pleasant? The most unpleasant? How did you come through the most unpleasant events?
5. Describe the circumstances surrounding the daughter's pregnancy. How did you learn of her pregnancy? How were family members and friends told? What decisions were made? What concerned you most during the pregnancy?
6. Describe labor and delivery. What concerned you most? Do you remember

your feelings or thoughts? Who or what was the most helpful to you?

7. What were the first few weeks like with a new mother and baby at home?

What changes and adjustments did the family make?

What was most difficult? What was most rewarding?

8. How has this baby and new mother changed your lives as a family? probes:
living arrangements

finances

childcare and parenting of baby and daughter

marriage

changes in relationships for family members

changes in relationships with kin and friends

changes in your use of time and schedules

9. Who takes care of the baby besides family members? How did that come about? How do you feel about it?

10. What are your feelings and thoughts about the young mother's and her baby's future? Have your feelings and thoughts changed?

11. What advice would you give to other families who face similar situations?

12. What has it been like for you to participate in the study? Revised 2/90

**COPING INTERVIEW: YOUNG MOTHER (Adapted from the C
Coping Interview, Stress and Coping Project, Lazarus & Cohen, 1977)**

1. I am interested in learning about what it is like to be a mother. What has it been like for you since you had your baby? What has it been like living at home (or with your boyfriend)?

2. I would like you to describe a situation as a mother that you remember with a lot of pleasure, or is especially meaningful or satisfying to you.

a. Tell me what happened.

b. What led up to the situation?

c. What were your feelings and thoughts?

d. What did you do in this situation?

e. Who else was involved in this situation? Were they a help or a hindrance?

f. Was your family/boyfriend involved in any way?

g. Is there anything that you would have done differently?

- h. Did you learn anything new from this situation?
 - i. Anything else you would like to add that wasn't covered?
3. Describe a recent incident where being a young mother was especially hard or difficult for you.
- a. Tell me what happened. What led up to the situation?
 - b. What were your feelings and thoughts about it?
 - c. What did you do? What were your priorities?
 - d. What else did you consider doing?
 - e. Who else was involved in this situation? Were they a help or a hindrance? Who was most helpful?
 - f. Did this situation impact your family in any way?
 - g. How was the situation resolved? How did you feel then?
 - h. Looking back on it now, is there anything about this situation that you would have done differently?
 - i. Did you learn anything new from this situation?

Revised 2/90

YOUNG MOTHER INTERVIEW

D

1. Did you always intend to be a mother?
2. Was this your first pregnancy? What led to having a baby at this point in your life? Was it planned? How did you feel about being pregnant at that point in your life? How do you feel about it now?
3. How did the father react to the pregnancy? How did your family react to the pregnancy?
4. What do you like most about being a mother? Least?
What aspects of becoming a mother were most surprising to you? What was most difficult? What was easiest?
5. What is a good mother like? What qualities does she have? Where do your notions of "good" come from?
6. Is there anyone in your mind who stands out as a particularly good mother? Tell me why you think so? How has that person influenced the kind of parent you are?
7. Is there anyone in your mind who stands out as a particularly bad mother?

Why?

8. What does being a mother mean to you?
9. What is most important to you in raising your child? IN how your child turns out?
10. How have you learned to be a mother? How does one learn to be a good mother?
11. How is being a mother different from what you expected?
12. How is your mothering style different or similar to your own mother's?
13. Describe a situation that describes how you were cared for by your parents.
14. While you were growing up, would you say your mother was a good mother to you? How much like her or unlike her are you? How do you feel about that?
15. Have there been any turning points in how you think or feel about being a mother? In how you take care of your baby?
16. How has being a mother changed who you are as a person? How has being a mother changed how you think about your life?
17. Do you have any particular hopes, fears, concerns about being a mother?
18. How do you feel about your mother's/parent's involvement in your life and your baby's life now? As the baby gets older, how would you want them to be involved?
19. Do you feel well cared for? By whom? What do they do or say that makes you feel cared about?

Revised 2/90

FAMILY HISTORY INTERVIEW (Adapted from Bennett & Wolin, 1984) E

This interview is to be conducted with the grandparents of the infant. If only one grandparent is available, the interviewer should elicit background information about the absent grandparent, if appropriate.

A. DEMOGRAPHIC AND SOCIAL BACKGROUND: CHILDHOOD OF GRANDPARENTS

1. Where did each of you (grandparent of infant) grow up?
2. Who lived in the home when you were growing up?
3. What was it like growing up in your family? Do you have any strong memories about bedtime, chores, celebrations, discipline or doing things together as a family? (Give examples.)
4. Who mostly cared for you as a child?
5. At what age did you begin to take care of children?
6. Are there any strong instances that would describe the way you were cared for by your parents? (Good memories, bad memories)
What was most important for them in raising children?
7. Looking back, what did your parents place the most value on in their lives?
What was central in their lives? Give an example.
8. What was your family's ethnic background (each side)? How much emphasis was placed upon your ethnic heritage as you were growing up? (Give examples.)
9. What role did religion or church play in your family's life while growing up?
What was your mother's and father's religious affiliation? (Give examples.)
10. Did you know your grandparents? What role did they play in your life when you were growing up?
11. Did family members tell family stories or have proverbs that you remember from growing up?
12. What family activities or celebrations do you recall from growing up?

B. DEMOGRAPHIC AND SOCIAL BACKGROUND: RAISING A FAMILY

1. Tell me about your life when you left home? When did you leave? Why? Where did you move to? Did you marry? When did you have your children?
2. What role does religion play in your family? (Give examples. 3. How often do you see other family members--adult children, grandchildren, parents, brothers, sisters?
4. To what extent have you stressed family history, family stories or traditions in your home? Give examples.
5. What activities does your family ordinarily do together? Hobbies, sports events, community events or celebrations?
6. How were the circumstances of having your first child similar or different from your daughter's situation?
7. How did you learn to be a parent?
8. Who helped you in caring for your children? Who did you turn to for advice?
9. Was there any person who really stood out for you as being a really good parent? Did their example shape you as a parent? (Repeat re: bad parent).
10. How has being a parent changed who you are as a person? Were there any turning points that changed your thoughts or feelings about being a parent? Or influenced the way you cared for your children?
11. What for you is most important about raising children and how they turn out? What stands out in your mind about the rewards and difficulties in caring for children?
12. How are you like or unlike your own mother/father as a parent? Do you feel your mother/father was a good mother/father to you?
13. How is your daughter like or unlike you as a mother?
14. What kind of mother has your daughter turned out to be? (Give examples.) What is easiest for her? What is most difficult?
15. Has your relationship changed to your daughter now that she is a mother?
16. As your grandchild and daughter get older, how do you see your

relationship/involvement changing over time? What would be ideal?

17. Who knows your grandchild the best in the family?

18. If you could do anything you wanted on a Saturday, what would you do?
Who would you do it with? Revised 2/90

FAMILY DEMOGRAPHIC QUESTIONNAIRE # F

1. I am currently single/ married/ divorced/ separated/ or widowed. (Please circle your response)

2. If you were ever married, please write down the date(s) of your marriage(s) here: _____

3. Please write down the birth dates (year only) of your children, their sex, their current or highest level of education, and indicate (yes/no) if they are married and have children. Also check if they continue to live in your home.

birth year	sex	educ	married	child	at home
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____

4. How many years of school did you complete? _____

5. Please tell me the code (investigator will supply cards with different income levels) that best fits your family's total yearly income. Just give your best guess if you are not sure. _____

6. Place check all sources of income that apply to your family:
- _____ employment
 - _____ AFDC
 - _____ General Assistance
 - _____ Social Security
 - _____ Social Security Disability
 - _____ Other

7. For those family members currently employed, what kind of work do they do?

8. Who else currently lives with you in your home. I am not interested in their names but what their relationship is to you and your family:

9. How old are you?

10. Do you have any health problems?

Revised 2/90

FAMILY COPING INTERVIEW (Family Form)****F**

1. In the past few months, your sister/daughter had a baby. What has it been like to be a grandparent/aunt or uncle? What has it been like having a young mother and baby in the home?

2. I would like you to describe a situation that was particularly warm, meaningful, or satisfying in relation to living with or caring for a young mother and her infant.
 - a. Tell me what happened.
 - b. Did this incident seem to impact the whole family or primarily one individual?
 - c. What led up to this situation?
 - d. What did you (involved family members) feel and think about the situation?
 - e. How were these feelings and thoughts similar and/or different from previous feelings and thoughts about living with a young mother and baby?
 - f. Was any action taken in this situation?
 - g. Did family members learn anything new from this situation?
 - h. Is there anything else about this situation that you think I should know about, something my questions didn't cover?

3. I would like you to describe another situation that stands out for your family as being particularly difficult or stressful in living with or caring for a young mother and her baby.
 - a. Tell me what happened.
 - b. What led up to the situation?
 - c. What were your (involved family members') thoughts, feelings, and reactions to the situation?
 - d. What action was taken? What were your priorities?
 - e. How did family members feel afterwards?
 - f. How did the action change the situation?
 - g. How did the action impact the family?
 - h. What else did family members consider doing?
 - i. Looking back on it now, is there anything family members might have done differently?
 - j. Did you (family members) learn anything new from this situation? Did it change the family in any way?
 - k. Is there anything about this situation that you think I should know about, something that my questions haven't covered?

****Adapted from the Family Coping Interview used by Chesla (1988) in her interpretive study of parent's caring practices and coping with schizophrenic offspring. This family form was in turn adapted from the Coping Interview, Stress and Coping Project, R. S. Lazarus and J. B. Cohen, 1977. Revised 2/90**

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