

MOTHERING AGAIN: KINSHIP MATTERS AMONG AFRICAN AMERICAN
GRANDMOTHERS CARING FOR GRANDCHILDREN IN DETROIT, MI

By

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ABSTRACT

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Scholars have long recognized the role of older African American women in providing care for their own grandchildren, nieces, nephews and even non-kin, crediting historical and structural factors that have shaped observed forms of African American kinship and caregiving patterns. Within the past decade, the number of U.S. grandparents living with grandchildren has increased by 30%, with over 2.7 million serving as the primary caregiver. In Detroit, it is estimated that close to 20% of older adults, primarily African American, are caring for at least one grandchild. Rather than taking these caregiving arrangements as given, this dissertation study explores African American grandmothers' motivations for providing care and their associated caregiving practices. In identifying their motivations to care, the dissertation focuses on how relatedness is constituted, as a form of sociality, between grandparents and kin, as well as between non-kin.

Over an 18-month period in Detroit, Michigan, I conducted semi-structured interviews among single caregiving African American grandmothers (n=21) and married caregiving African American couples (n=3) and performed participant observation with two local kinship care support groups. In analyzing this data, this dissertation examines the decision to care and grandmother-grandchild relationships by exploring grandmothers' perceptions of wellbeing and how they are shaped by caregiving relationships. This dissertation addresses the following research questions: How are ties of caregiving responsibility created and maintained among

grandmothers caring for their grandchildren? How are perceptions of the good life and wellbeing related to transmitting values to their grandchildren?

My findings reveal how perceptions of a good life and grandchild care are closely tied to gendered, racialized and generational expectations of care. I highlight how the decision and process around providing care involves a ‘care calculation’ where grandmothers evaluate who to provide for against existing financial, emotional, and bodily resources. In doing so, I argue that grandparent caregiving should be understood as an agentic and intentional process, where the decision to care for grandchildren and its maintenance is more than simply responding to a set of certain circumstances and/or obligations based on biological relatedness.

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This dissertation is dedicated to Jacqueline C. Waggoner,
“Thelma Robinson”, and Maria Teresa Velez.

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CHAPTER 1: INTRODUCTION

You've got to work hard at anything that you do. You've got to work hard at marriage; you've got to work hard at retirement and how you're going to live that span of time and what you're going to do. And of course, prior to that is raising grandchildren, of course. And it's really difficult when you have a child who is a single parent. That changes the whole dynamics of grandparenting because sometimes you end up doing too much, or sometimes you end up raising your grandchild.

Clarissa, 65-year-old retired educator

Study Rationale

After Barack Obama was elected the 44th President of the United States in 2008, his mother-in-law, Marian Robinson, relocated to Washington, DC to live in the White House for eight years with the family. While there, Robinson assisted with the caretaking of her two granddaughters particularly when President and First Lady Obama's travel schedules required their absence (Thompson and Eilperin 2014). Robinson's presence on the U.S. national stage drew attention to long standing manifestations of grandparent caregiving ranging from dropping grandchildren off at school, moving in to assist with the daily grandchild care, or assuming full-time care of a grandchild. This dissertation is an ethnographic exploration into how older African American caregiving grandmothers construct and integrate their caregiving roles and social identities as they intersect with cultural norms of kinship, parenting, and aging in Detroit, Michigan.

In the United States, intensive grandparent caregiving is situated within a national landscape where the organization of care and healthcare is deemed to be in perpetual crisis (Glenn 2010; Poo 2016). At the institutional level, the mental health care system is plagued by an inadequate number of community behavioral health centers to serve the public and well documented delays in provider reimbursement from Medicaid and Medicare (Orstein 2016). As it stands at the time of writing, the Trump Administration is currently putting forth efforts to

repeal and replace the Affordable Care Act, or “Obamacare”, a federal healthcare statute, which could potentially leave millions with life-threatening illnesses without coverage (White House 2017; Oberlander 2017). The lack of affordable child care for several families has resulted in many turning to family members, such as grandparents, to provide child care. Labeled a national public health emergency by President Trump in October 2017, the opioid epidemic has thrust intensive grandparent caregiving into the spotlight with media portrayals of “opioid orphans” largely featuring economically diverse White families. This stands in sharp contrast to the 80s and 90s “crack babies”, which resulted in a drastic increase of intensive grandparent caregiving predominantly by African American grandparents, particularly grandmothers. These various aspects of care and caregiving highlight the limited and precarious nature of care in terms of its availability for those that need it as well as its valuation in society. Considering this context, this dissertation study examines grandparent caregiving as form of racialized and gendered care among African American grandmothers.

Grandparent caregiving has been recognized as a common occurrence within African American families, although it can be found among other racial and ethnic groups. That said, the origins of grandparent caregiving among African American grandmothers is typically dated back to slavery where enslaved women were often separated from their children, thus, care of their children was left to older adults (Jones 2010). With the conclusion of slavery, the durability and creative functioning of white supremacy in the U.S manifesting in forms, such as unequal access to education, lower wages across race and gender and inadequate housing, has resulted in the continued need for grandparent caregiving within the African American community. As a result, older African American grandmothers have continued to undertake grandchild care, ranging

from serving as part-time babysitter to taking on primary caregiving responsibilities for their grandchild(ren).

In this dissertation research study, I introduce the concept of care calculation as a framework to address the limitations of earlier contributions regarding kinship care among African American grandmothers. I define care calculation as an active and processual mechanism where grandchild care is evaluated against existing financial, emotional and bodily resources, as well as a way to explore the intentions behind providing grandchild care and associated caregiving practices performed by African American grandmothers. I show how care calculation illuminates the precariousness nature of care and how it's circulation is impacted by fragile kinship relations existing within a changing post-industrial context among a group of older African American women.

To accomplish this, I situate the concept of care calculation within diverse bodies of literature: black feminist approaches to motherhood and mothering; the anthropology of kinship and care; and the anthropology of wellbeing. I use black feminist considerations on motherhood and mothering to contextualize how the social location of being both black and female inform mothering ideologies and associated caregiving practices, such as mothers relying on older African American women to provide grandchild care while the need for care arises. In addition, studies examining the caregiving practices of African American women have shown that the institution of black motherhood and associated mothering practices are informed by strategies that are strategic and political in nature and are directly related to their lived experience and social location (Hill Collins 1990; Lacy 2007). This has been found among low income and middle class African American women. In their book, *Raising the Race*, Riche Barnes (2015) argues that middle class African American women make decisions regarding their career and

family that is aligned with the tradition of “strategic mothering” employed by African American women in order to uplift the African American community. In their ethnography, *All Our Kin*, Carol Stack (1974) demonstrates how low-income African American women strategized and bargained for resources, services and goods with kin and neighbors. These authors demonstrate that the formulations regarding the well-being for themselves and their family is partially informed by this “race work” (Barnes 2015).

While numerous studies have recognized the grandchild care performed by African American grandmothers, there has been limited in-depth ethnographic investigation into the lives of older African American women, particularly those that take on intensive grandchild care. Having previously reared their own children, what are African American grandmothers caregiving strategies with their own grandchildren? What do caregiving grandmothers believe is important for their grandchildren to learn? To address these questions, I draw on literature within the anthropology of kinship and care as well as the anthropology of wellbeing to also inform the framework of care calculation. I draw on the work of anthropologists who maintain that “care is not a natural outcome or consequence of kinship, but rather productive of it” (Leinaweaver 2015, pg. 118). In other words, care produces kinship, and as this dissertation will show, it also informs the caregiving practices that older African American grandmothers employ with their grandchildren.

Furthermore, studies have shown how one’s social location, such as being African American, female and a grandmother, carries a set of gendered and racialized expectations regarding kinship care (Mullings 1997; Stack 1974). However, this dissertation study seeks to push past this recognition to understand why and how intensive caregiving bonds are created and

maintained. Instead, I ask, why are these group of African American grandmothers undertaking intensive grandchild caregiving when other African Americans grandmothers do not?

Rather than taking these caregiving arrangements as given, this dissertation study explores African American grandmothers' motivations for providing care and their associated caregiving practices. In identifying their underlying motivations for providing care, the dissertation focuses on how kinship caregiving serves as a form of sociality, between grandmothers and kin members, as well as between non-kin. In doing so, this dissertation addresses the following research questions: How are ties of caregiving responsibility created and maintained among grandmothers caring for their grandchildren? Moving beyond the decision to care, this dissertation also examines grandmother-grandchild relationships by exploring grandmothers' perceptions of wellbeing and how they are shaped by caregiving relationships, asking: What constitutes a good life for caregiving grandmothers? And, how are perceptions of the good life and wellbeing related to transmitting values to their grandchildren?

How This Study Was Conducted

To address these questions, I draw on interviews and participant observation conducted with African American caregiver grandmothers and their grandchildren living in Detroit, Michigan. From May 2014 to August 2016, I lived in Midwest Detroit, which is located near Wayne State University and downtown. During this time, I developed relationships with individuals affiliated with non-profits that host older adult clientele, researchers and gerontologists at Wayne State University, as well as administrators within a local pre-K educational institution. Outside of establishing institutional networks, I also connected with community members by attending local events, such as church services and neighborhood block parties and community meetings. This research design was used to explore how grandmothers

construct and negotiate the emotional, social and functional support needed to sustain their care work and personal wellbeing.

A Note on Terms

Black and African American. In this dissertation study, I use African American or black as an individual or group with origins in Africa. I use black and African American interchangeably to refer to the grandparent sample population as well as to literature cited throughout the dissertation. This is partially reflecting that different women in the study self-identified as either African American and/or black.

Extensive Babysitter. Initially, I intended to restrict my study sample to grandparents that were serving as the primary caregiver for their grandchildren. However, while attending aging events to recruit participants for my study, I came across a number of individuals who would tell me that they were ‘practically’ raising their grandchildren, but they just didn’t live under the same roof. After probing further, I noticed that these grandparents were oftentimes doing many of the same routine caregiving activities as the primary grandchild caregivers. Fuller Thomson and Minkler (2001) coined grandparents that provided at least 30 hours of regular extensive grandchild care as “extensive babysitters”. In recognizing the diversity from which othermothering, when a woman takes on the care of a child they did not birth, can take place, I decided to expand my study sample to be inclusive of extensive babysitters.

Overview of Dissertation

In Chapter 2, I situate my dissertation study within anthropological considerations of kinship and care and wellbeing. I also draw on black feminist theoretical frameworks to contextualize the historical, social and cultural factors from which African American grandparent caregiving functions within the United States. I describe how the concept of lived experience

operates as an orientation for anthropologists to gauge the human experience. I also consider how the role of social location, such as being both African American and female, inform the lived experiences and life course trajectories for African American women. I describe various anthropological approaches to kinship and caregiving as well as the role of choice and intention in framing kin relations. I use black feminist approaches to mothering and motherhood to explicate the relationship between social location and caregiving. Finally, I describe how understanding idealized forms of wellbeing and the good life can be used to understand grandparent and grandchild relations and their associated caregiving practices.

In Chapter 3, I provide a rationale for using Detroit, MI as my fieldwork site for understanding African American kinship dynamics. I describe the sampling and recruitment methods for my dissertation study and detail how I developed relationships with key informants and institutions. In this chapter, I also discuss how my own age, gender, and race influenced interactions with research participants and the overall research process and design. I discuss the qualitative data collection methods that were used in the dissertation study: unstructured interviews, semi-structured interviews and participant observation. I detail the data analysis process for each of the data collection methods and the use of MAXQDA, a qualitative data analysis software.

In Chapter 4, I explore reasons why the older African American women in my dissertation study take on intensive grandchild caregiving responsibilities and the factors they consider for providing care and how these processes inform their caregiving practices with their grandchild(ren). In this endeavor, I address the following question, “How are ties of caregiving responsibility created and maintained among grandmothers caring for their grandchildren?”. Using interviews conducted with extensive babysitter and primary caregiver

grandmothers, I highlight how the precarious nature of care influences grandchild caregiving outcomes in terms of its availability and distribution between family members, which I discuss as a form of care calculation. Despite this acknowledged precarity, I found it fruitful to frame grandparent caregiving as a choice, in order to explore grandparent decision making regarding grandchild care. I also discuss how kinship care support groups function as an alternative space for neighborhood-based community networks of care. I posit that framing grandparent caregiving as an agentive and intentional process moves exploration into this caregiving phenomenon beyond simply responding to a set of certain circumstances or obligations based on kinship ties.

In Chapter 5, I explore how grandparent formulations and associated pursuits of their versions of the “good life” are shaped by caregiving relationships. In this endeavor, I ask the following questions: “What constitutes a ‘good life’ among caregiving grandmothers?” and “Which values do they consider important to transmit to their grandchildren?”. Here, I explore instances where pursuits of wellbeing are evident within grandmother-grandchild(ren) relationships in three manners: the cultivation of religious faith, emotional competency, and food provisioning. I argue that perceptions of a good life are closely tied to gendered, racialized and generational expectations of care.

In Chapter 6, the conclusion, I tie in the previous chapters and present conclusions on the dissertation. I reintroduce key theoretical concepts and place them in conversation with my findings and data. I consider how this dissertation study serves as an example of how intensive grandchild caregiving is experienced by older African American grandmothers and their associated caregiving practices and how personal & familial wellbeing are framed by racialized citizenship and expectations for care. Their narratives reveal the simultaneous evaluation of their past, present and future (physical) selves, and its implications for grandchild care. I call for

additional studies on grandparent caregiving African American grandmothers that explore their decision making processes around grandchild care as well as how perceptions of the good life inform this care. I also situate kinship caregiving within the larger context of social and political-economic transformations within Detroit and the broader U.S. landscape.

CHAPTER 2: THE LITERATURE REVIEW, SITUATING THE LIVES OF OLDER AFRICAN AMERICAN WOMEN

"I shall wrassle me up a future, or die trying"
- Zora Neale Hurston

Introduction

Scholars across multiple disciplines have long recognized the role of older African American grandmothers in providing care for their grandchildren, nieces, nephews and even non-kin. However, the phenomenon of grandparent caregiving, whether as an extensive babysitter or as a primary caregiver, cuts across every racial/ethnic, gender, and socioeconomic demographic and is not only confined to African Americans (Livingston 2013). While gendered, racial and class analyses have contributed toward understanding the need for grandparent caregiving due social and institutional positioning of African Americans (Hill Collins 1990), these provide limited insight regarding the decision making processes of the older African American women who take up this care, what this care entails, and how this carework enfolds into and is shaped by caregivers' interpretation of wellbeing. Drawing from diverse sources of literature, specifically black feminist approaches to mothering and motherhood and anthropological considerations of kinship and care & well-being and the good life, in this chapter, I examine the social, affective, and structural dimensions of kinship in an effort to situate grandparent caregiving among black grandmothers caring for grandchildren in Detroit Metro area.

On Black Women, Lived Experience

As an approach for understanding the human experience, the concept of lived experience has served as a cornerstone for anthropological inquiry. Scholars have mobilized the concept of lived experience to capture affective (e.g. feelings, emotions) perspectives, beliefs, and perceptions from individuals and groups (Low and Altman 1992; Merleau-Ponty 1962; Csordas 1994; Fennell 2012). Contemporary anthropological theories of experience have drawn from

Victor Turner and Clifford Geertz within symbolic anthropology. In *Interpretations of Cultures*, Geertz (1973) described thick description as a way to interpret behaviors and meanings of individuals and groups within their cultural context through ethnography. Victor Turner adds that an anthropology of experience must reconcile with the fact that part of what gets recorded as experience are “social dramas...where structures of group experience are replicated, dismembered, re-membered, refashioned, and mutely, or vocally made meaningful” (1986: 43).

In addition, anthropologists have drawn from different disciplines to inform our understanding of lived experience, including philosopher Martin Heidegger’s theory of being-in-the-world, which is grounded in the phenomenological convention and is understood as temporally and historically situated ‘sensory presence and engagement’ (Csordas 1994:10). Specifically, being-in-the-world is understood as an active process that is actively created and acted upon by individuals and groups, who in turn construct the world in which they live (Richardson 1982). Thomas Csordas’s (1992) builds on this phenomenological approach in his analysis of embodiment, which prioritizes the sensory experience and considers how culture and social processes are grounded in the body. Others have argued that the retelling of lived experience does not solely follow a linear path, but is also fashioned by remembrance (Throop 2003). These approaches are relevant to my dissertation study as centering the lived experiences of black women are considered a key component within black feminist theories (Guy-Sheftall 1995).

Lived experience for individuals and groups, in part, is shaped by their social location. Social location refers to an individual or groups defining characteristics, such as age, gender, race, class, and sexuality (Anthias 2012). For example, race, as a social category, has been shown to impact the lived experiences of people via identity formation and by organizing social

and institutional relationships. The meaning behind racial categories is context specific, rooted in historical, social and political factors, and has the ability to create mythical communities based on practices of discrimination and exploitation through racial projects (Omi and Winant 1986). Racial categories are especially powerful in the U.S. They transform the way humans orient themselves to others and perceive the world around them, resulting in a racial worldview (Smedley 1998). As a result, race has emerged as the cornerstone of human identity in the United States.

Racialized identities have been conceptualized from a number of perspectives. One view argues that racial identities operate as an interpretive lens for how people navigate the world and understand themselves (Smedley 1999). Another view maintains that racialized identities serve as a political resource towards fighting for inequality (Omi and Winant 1986). When seeking recognition and access to resources through political action, this process usually entails erecting boundaries around identity formation, which will include some form of criteria for the inclusion of some individuals and the exclusions of others (Yuval-Davis 2006). This constructed behavior involves the active imagination of laying out what these boundaries of who is to be included within these constructs and eventually the development of a group consciousness. The existence of socially constructed criteria that accounts for a group's social position in society can contribute toward the development of a group consciousness and identity (Taylor and Whittier 1998).

However, black women and black feminist theorists have long argued that due to black women's social location, their lived experiences cannot be fully realized primarily through one axis of oppression, such as race. Considered one of the earliest black feminist texts, Anna Julia Cooper's (1892) book, *A Voice from the South*, argues that black women are erased in common

references to black people, which are predicated on black men, and thus are unable to fully embody the black female consciousness or their standpoint. The Combahee River Collective, a group of Black feminists and lesbians, issued the Combahee River Collective Statement in 1977, which contended that their purpose, through organizing and reflection, was to remain “committed to struggling against racial, sexual, heterosexual, and class oppression and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking” (Combahee River Collective 1977: 1). This view is the central tenet of intersectionality theory, which is concerned with the impact of multiple axes of oppression on black women’s lived experiences. Intersectionality theory considers how the intersection of gender, race and class produce inequalities and jointly generate differences in social practices and institutional positioning (Crenshaw 1989; Anthias 2013) as well as attending to both structural and symbolic modes of oppression (Hill Collins 1990).

While understood as diverse and fluid ideology, there are overlapping themes within black feminist approaches. In their book *Black Feminist Thought*, Patricia Hill Collins (1990) identifies several core themes that define black feminist thought: (1) racism, sexism, and classism impacts the public and private lives of black women; (2) black women exercise ‘epistemic agency’ by utilizing their voices when confronting ‘epistemic oppression’ signifying a move against damaging stereotypes, such as the welfare queen; (3) black women’s relationship to social justice was informed by their resistance to oppression. Compiling an anthology tracing the development of black feminist thought, Beverly Guy-Sheftall (1995) identified several additional key components of black feminism – arguing that black women experience oppression, because they are both black and female; their experiences and concerns are different

than that of white women and black men; and that black women must struggle for both racial and gender equality; and that this struggle is defined by their lived experiences.

This dissertation study situates grandparent caregiving within the lived experiences of older black women living in the Detroit Metro area recognizing their agency as well as their gendered, classed, and raced identities that shape lifecourse trajectories for themselves and their families. Black feminist theory simultaneously acknowledges the heterogeneous nature of black women's experiences and lives, while considering their social location (Hill Collins 1990). As such, I ask how do life experiences shape the nature of care and caregiving among older black women caring for their grandchildren? What can an analysis of the intersections of gender, race, and class tell us about kin relations and caregiving?

On Contextualizing Care and Kinship Studies

Within a relatively short period of time, the concept of care has increasingly become a productive platform for anthropologists. Some have focused on the moral, ethical and physical aspects of care and caring practices. For instance, care has been theorized as an organizing feature in society and relationships; here, caregiving is an integral part of what it means to be human where the performance of care is informed by human ideals that are both moral and political in nature (Wilkinson and Kleinman 2016). As a “creative and deeply human endeavor”, care and related practices entails a form of “tinkering” that is a collaborative effort as conflicting values and matters around care are continually being made and remade (Taylor 2014). Care is also sustained by ‘mundane’ physical practices, such as preparing and sharing meals for your family where kitchen spaces are framed as sites of care (Carsten 1995; Yates-Doerr and Carney 2016). Among African American women, kitchen spaces, in the literal and figurative sense, have been theorized as a site of resistance and restoration for black women to commune with other

black women and their children (Williams-Forson 2006; Jenkins 2011). Others have noted that what constitutes good care or good enough care taps into moral, affective, and political-economic dimensions of what it means to care and being cared for (Borneman 1997).

At the same time, others have argued that occupying gendered occupational and informal roles reproduces inequality within the global market economy (Scott 2012; Grenier and Hanley 2007). For example, as a group, women are more likely than men to serve in informal or formal caregiver roles, either as caregiving grandmother or home healthcare worker. Buch (2013) discusses how Chicago's minority home care workers, oftentimes underpaid, facilitate their clients' ability to sustain independent living through the embodiment of their clients' past experience. This is accomplished through home caregivers working to recreate their client's social worlds and relationships by displacing their own personal and bodily needs for their client's, such as dressing up in 1950s clothing to aid their client's memory recall efforts. Additionally, this also takes the form of unpaid overtime and extreme bodily weariness compounded by low wages, which contributes to the profession's high turnover rate (Buch 2013). Because care is devalued in society, it leads to the widespread marginalization and mistreatment of caregivers across different realms (Glenn 2010). The global phenomenon of outsourcing domestic labor to female migrant workers had resulted in a 'care deficit' in their communities of origin oftentimes leaving the care of young children to the grandmothers (Scott 2012). Thus, because of gendered and familial expectations of care, grandmothers shift from practices of self-care to care for others at the expense of their personal health.

Informal caring roles are often subsumed within specific kinship roles (Drothbohm and Alber 2015). Studies on kinship and care have drawn attention to how care can function as a practice "complementing and confirming biological and juridical understandings of kinship"

(Drothbohm and Alber 2015: 89). To illustrate, parents serve as caregivers for their children and by doing so, they reinforce dominant ideals regarding expectations of what it means to be a morally ‘good’ parent (Drothbohm and Alber 2015). On a juridical level, neoliberal reprioritizing has fostered the transfer of federal responsibilities for social services, such as the U.S. child welfare system, to state and local governments resulting in the uneven development of adequate support services for grandparents despite increased state dependence on grandmothers for providing kinship care (Boehm 2005; Nelson 2005).

A longstanding hallmark within anthropology, the study of kinship has undergone considerable changes and contestations over time. Early kinship studies, like those by William H. R. Rivers (1910), posited that any changes in marriage patterns would be revealed through the genealogical method and could denote a general shift in human behavior and social patterns. For Rivers, kinship was the social recognition of biological relations/ties. However, beginning in the 1970s, anthropologists started to critique the nature of kinship studies maintaining that they were steeped in largely Eurocentric understandings of kinship, which privileged the biological foundations (Schneider 1972, 1984). Here, sexual reproduction is understood as the universal basis for kinship. In addition to kinship, Schneider (1984) argues that this ‘biologicistic’ foundation is also present in European approaches to human nature and associated behaviors. As a result, kinship was treated as a ‘presocial fact’ that was outside of social and cultural influences (Yanagisako and Collier 1987).

Refuting the assertion that people solely relate to each other through genealogical means, Janet Carsten (2000) proposes another framework, relatedness, which maintains that kin relations can be generated through not only sexual reproduction, but can also be enacted through shared housing and the transfer of substance (e.g. food), and emotions. For instance, Sandra Bamford’s

(1998) study among the Kamea demonstrates the limitations of employing a purely biological or social analysis towards understanding kin relations. Bamford (1998) notes that kinship among the Kamea in Papua New Guinea does not operate through “readymade identities”, but instead emerges from human relationships with the non-human world (pg. 32). While the Kamea acknowledge the role of biological substance in creating life via intercourse, the actual bond between the parent and child does not rest within this shared substance, but instead is exercised through the land (e.g. tree planting for men and their sons and gardening for women).

More recent anthropological studies of kinship have shifted from treating kinship relations as a given, instead concentrating on how kin relations are created and recreated through social practices. Anthropological analysis of adoption have underscored the various processes through which kin relations are actively socially constructed (Howell 2003; Leinaweaver 2013; Seligmann 2013). Signe Howell (2003) introduced the concept of “kinning”, which refers to the process of incorporating a previously unrelated child into the receiving family’s networks and ascribed kinship roles. Using transnational Norwegian adoption as an example, Howell (2003) demonstrates how adoptive parenting strategies, including adorning adopted children in traditional Norwegian clothing, learning the Norwegian language, taking photos in meaningful locations with family members and their children, all ‘symbolically’ place their children within their ancestral line instead of their country of origin.

Notably, anthropologists have looked to family making within gay and lesbian families to highlight the role of care and caring acts in the creation and maintenance of kin relations and relatedness. Here, relatedness is predicated upon acts of dedication and love instead of biological ties or through the institution of marriage and actively choosing members of one’s family (Weston 1997). McKinnon adds, “in cultures where a “natural” foundation for kinship is

presupposed, the value of choice, intention, and work is made especially evident when that biological relatedness fails to produce social relatedness (as in adoption, or gay and lesbian relations with natal families) [...]” (2017: 162).

This dissertation adds to the literature on kinship and choice by unpacking the naturalized assumptions embedded within grandchild care among black grandmothers and the political-economic context from which the need for care arises. If knowledge of genetic kinship ties represents a choice where individuals may or may not choose to pursue a relationship based on these ties (Edwards and Strathern 2000), then, how are ties of caregiving responsibility created? Which factors inform black grandmothers decisions to care for their grandchildren?

On African American Kinship Studies

The kinship structure and child rearing of African American families has been widely debated primarily drawing upon two lines of inquiry: (1) the extent to which African Americans are and have been influenced by African family models and (2) the need to develop adaptive strategies to historical and contemporary forms of structural violence and poverty. In *Myth of the Negro Past*, Melville Herskovits (1990[1941]) argued that slavery did not completely prevent the continued influence of African culture in the U.S. and that African American culture, and its many components, were inherently African. Others have pointed toward matrilineal African family models where women tend to be more reliant to their own natal kin, such as mothers, grandmothers, and aunts, instead of their male partner’s kin network (Sudarkasa 1996).

A second primary line of inquiry regarding African American kinship formation concentrates on historical and structural influences and the development of responsive adaptations by African Americans in the U.S. For instance, conditions under the U.S. slave economy heavily influenced African American families’ ability to enact normative family

models that were present at that time (Jones 2010). Predominantly considered as a commodity based on their sexual reproduction, African American women were oftentimes separated from their own biological children by various means, such as children forcibly being removed from their care after being sold and having to serve as wet nurses for White children (Jones 2010). Additionally, the “culture of poverty” thesis, has had a lasting impact regarding perceptions of African American kinship formations. In their monograph, *Five Families: Mexican Case Studies in the Culture of Poverty*, anthropologist Oscar Lewis (1975 [1959]) argued that understanding poverty not only involves taking an economic deficiency perspective, but that those living in poverty developed behavioral and developmental characteristics, such as dependency, dysfunction and helplessness, which is transmitted generationally and results in their limited class mobilization.

Sociologist Patrick Moynihan’s (1965) controversial report, *The Negro Family*, would apply similar ideas towards African Americans maintaining that the source of their dysfunction lie within their familial structure. Using his professional relationship with Lewis, Moynihan would heavily draw on Lewis’s ideas to construct their own within the report (Greenbaum 2015). Despite acknowledging the role of racism and unemployment rates within the African American community, Moynihan focused on a singular statistic that demonstrated a correlation between the decline of African American male unemployment rates and an increase of welfare enrollment rates by African American females (Moynihan 1965; Greenbaum 2015). He then used this statistic as the basis for his argument that job preparation programs wouldn’t slow down welfare enrollment rates due to the inherent “pathological” and maternal-focused nature of African American communities (Greenbaum 2015). Armed with this concept, administrators during the 1960s initiated the War on Poverty crafting policy and programs that were designed to transform

behavior of the poor, thus transferring the burden of poverty on individuals (Morgen and Maskovsky 2003; Eames and Goode 2004). Refuting the argument that African American kinship structures were the result of dysfunction, Carol Stack's (1974) ethnography, *All Our Kin*, highlighted the necessity of a large kinship network as strategy and protection against poverty and racism. Specifically, Stack noted the presence of an exchange network serving a key function, wherein kin members and neighbors exchange goods and services within an environment characterized by high poverty and unemployment.

During the 1980's and 1990's, high unemployment rates and low salary wages resulted in an increase of female headed households as well as African American women's reliance on their maternal kin for assistance and childcare (Mullings 1997). The practice of non-bloodmothers, such as grandmothers, assisting in the caretaking of children, known as "othermothering" is considered a cornerstone of black motherhood, though not exclusive to the community (Hill Collins 1990). This was often facilitated by the close proximity in African American families, where close networks were used to assist in child care. As such, neighborhood children could be found playing next door, sharing meals, or spending extended hours at a neighbor's house while their parent(s) worked. Historically, material conditions have positioned black women outside of the imagery of traditional White middle class models of family where the institution of motherhood was seen as "incompatible" with working for wages (Hill Collins 1990; Barnes 2008). The lived experience of black women working alongside their spouses or by themselves contributed to the creation of the strong black woman narrative (Mattingly 2014). While their children worked, grandmothers would oftentimes take on grandchild caregiving.

Historically, African American women have been excluded from traditional U.S. constructions of grandmotherhood (Jiminez 2010). Instead, older African American women

living with limited resources found themselves working, which somewhat displaced their grandmother role as a prominent life theme. As such, their interactions with their grandchildren was considered to be more in line with the mother (Jiminez 2010). In some cases, African American grandmothers have assumed full time responsibility for their grandchild(ren) permanently or temporarily. While it is acknowledged in the literature that African American grandmothers contribute to grandchild care, there has been limited ethnographic investigation into the lives of these grandmothers with their grandchildren.

On the Sociality of Wellbeing

As a platform to understand grandparent motivations around grandchild care, this dissertation study employs literature on well-being and ‘good life’ to situate how formulations and associated pursuits in service of the “good life” may shape caregiving relationships. From a multidisciplinary perspective, wellbeing research expands the philosophical work of Aristotle and Aristippus, which focused on detailing the “good life” and ideal forms of life experiences (Carlisle, Henderson, Hanlon 2009). Since the majority of wellbeing research has concentrated on Western populations, the construction of wellbeing has been heavily influenced by Western values, such as individualism and materialism (English-Lueck 2010). The lack of anthropological contributions to the study of wellbeing has been attributed to the discipline’s heavy-handed concentration on suffering, abnormality, and ill health, instead of issues concerning normality and wellbeing (Thin 2009). Furthermore, many studies of health and wellbeing narrowly conceptualize wellbeing as an absence of preventable suffering and illness (Thin 2009). But not all perspectives of wellbeing are focused on life optimization. Sometimes, it is understood simply as what makes a life: the good, the bad, and the balance between the two. Outside of tracking individual materialism, Fischer (2014) adds that understanding what

individuals perceive to be a good life also involves studying their aspirations, beliefs and visions that orient their engagement with the world.

Social and cultural context not only shape perceptions of wellbeing, it also influence the behavior of individuals and groups who orient themselves to achieve their version of wellbeing. In *Being and Well-Being*, J.A. English-Lueck (2010) explores how health culture and wellbeing are impacted by employment within a Silicon Valley high-tech company, where young adults were more likely to engage practices of body augmentation and experiment with their health. Modern medicine has defined health in relation to an individual's ability to do work. This is evident in public spheres such as public health policy, whose goal-orientated objectives promote a healthy work force (Waitzkin 1991). Here, maintaining good health is configured to remain competitive for the market.

Outcomes of personal care and wellbeing are also dependent on the maintenance of social relationships over the life course (Van Der Geest 2002) and are contingent upon a moral obligation to others (Heinemann 2013). This is due to the fact that the continuance of individual wellbeing can also be dependent upon the maintenance of others' wellbeing (Derne 2010). For instance, Heinemann (2014) shows how obligations to family members are reconfigured as caring acts through organ transplantation. Betsy, a dialysis patient in Heinemann's study, seeks liver transplantation in order to continue her roles as a mother and wife demonstrating sustaining roles and obligations as caregivers provide a primary rationale to pursue this life-saving procedure. Thus, these familial ties and roles, such as wife and mother, come with "moral processes of working out what is to be done about illness" (Heinemann 2014 pg. 11).

Like kinship, wellbeing moves beyond just being influenced by social forces, wellbeing is also sustained by social practices. Here, these social practices of wellbeing are governed by the

extent to which they locate situate the individual self within community social networks (Heil 2012). In this case, wellbeing is the outcome of reconstituted social relationships that are continuous and constantly being made over by providing food and cash resources to those in need with the expectation the same will be available when the giver needs it.

Although it is recognized that wellbeing is shaped by social and cultural factors, this admission is not in competition with the recognition that conceptions of wellbeing are not fixed and can change (Adelson 2010). This is underscored by the fact that anthropologists have come to conceptualize and recognize culture and its associated processes as dynamic (Eames and Goode 1988). This dynamic nature is influenced by events that occur at the individual level, such as a cancer diagnosis (Becker 1999), and social level. In *The Shifting Landscape of Cree Well-Being*, Naomi Adelson (2010) demonstrates how the eastern Cree nation's conceptualizations of wellbeing, once firmly based on beliefs and activities around land, transformed as the younger generations spend more time within the village for employment and/or educational purposes and less time on the land and land-based activities, such as hunting and bush camp, which sustain Cree identity and wellbeing (Adelson 2010). Cree young adults' sense of wellbeing and identity is not so much defined by their actions, such as participating in land-based activities; but rather 'how well they can tack between the varying worlds in which they live' (Adelson, 2010: 120). Researchers have long emphasized youth as active agents and producers of social and cultural change (Mannheim 1952). However, this concentration places the agency and embodiment of social change on youth marginalizing the possibility of contributions from older adults as active participants (Lamb 2010).

Black feminist analyses on black motherhood and mothering have also commented on how black women have served as agents of change within their families and larger communities

(Rodriguez 2016). However, contributions made by older African American women remain underexplored within this literature. Even among older adults, identity is understood as dynamic and fluid and other social roles continually emerge as a site for meaning making (Solimeo 2009). Using intensive grandparent caregiving as a case study, this dissertation considers how African American grandmothers participate as active agents within caregiving arrangements through their caregiving practices and motivations for providing grandchild care. Bridging an orientation towards the future for themselves and their grandchildren, this study examines how their caregiving practices are informed by their lived experiences, as well as their perceptions and associated practices performed in service of what it means to live a good life as a form of care calculation. This simultaneous approach brings the group of older African American women in my study into the fold as they evaluate their past, present, and future selves working to ensure personal and familial wellbeing.



Figure 1. Bodies of Literature Review

To do so, I have introduced the concept of care calculation as an analytical lens to examine the motivations and caregiving practices of older African American women serving as intensive grandchild caregivers. An analysis of care calculation offers a platform to explore how African American grandmothers participate as active agents within kinship care arrangements by examining their intentions for providing grandchild care, but also how their perceptions of wellbeing and living a good life contribute towards their efforts behind transmitting values to

their grandchildren. Thus, I posit that care calculation could help move conversations beyond simply acknowledging that social location places a higher likelihood of undertaking grandchild care for older African American women and into ethnographic exploration into their lived experiences as they assume intensive grandchild care.

CHAPTER 3: SETTINGS AND METHODS; RESEARCHING GRANDPARENT CAREGIVING IN THE DETROIT METRO AREA

This dissertation explores Black American grandmothers' motivations for providing grandchild care and associated generative practices with their grandchildren. The methods described in this chapter were specifically chosen to explore black women's agency and parenting strategies as it relates to grandchild care. In doing so, this dissertation addresses the following research questions: (1) How are ties of caregiving responsibility created and maintained among grandmothers raising grandchildren? (2) Which generative activities do grandparents employ with their grandchildren? In this chapter, I provide a rationale for using Detroit, MI as my fieldwork site for understanding black kinship dynamics. I describe sampling and recruitment methods. I discuss the qualitative data collection methods that were used in the dissertation study: unstructured interviews, semi-structured interviews and participant observation. I briefly discuss how my race identity influenced interactions with research participants and the overall research process and design. Finally, I detail the data analysis process for each of the data collection methods.

Research Setting

Located in southeastern Michigan, Detroit is the second largest city in the Midwestern region of the United States, behind Chicago, and less than three miles from neighboring Canada. With a population over 672,000 residents, the racial composition of the city is as follows: Black/African American (80%), White (9%), Hispanic/Latino (8%), Asian (1%), and American Indian (.3%) (U.S. Census Bureau 2016). Education attainment for Detroit adults are significantly lower than the rest of Michigan at most levels. During the 2015-2016 school year, the Detroit Public Schools Community District reported a 78% high school graduate rate

compared to the stage average of 89% (Detroit Future City 2017; U.S. Census Bureau 2016).

With a 40% poverty level, Detroit's median household income in 2015 was reported at \$25,764.

Historically, Detroit was a primary site along the Underground Railroad during the 1830s and 40s, and an area with expanded industrial job opportunities during World War 1, which drew tens of thousands African Americans and their families to the area (Thomas 1992; Sugrue 2005). Once positioned as a powerful contender within the American automobile industry, the city of Detroit underwent major transformation in the latter quarter of the twentieth century. Sugrue (2005) contends that this was not the 'natural inevitable consequence of market forces at work' (xviii); instead, but rather due to urban inequality, particularly racial inequality, which was maintained through systemic practices of housing and workplace discrimination, neighborhood segregation, and decreased availability of jobs within the city for African Americans. Thus, economic uncertainty compounded by divisive racial politics resulted in uneven development in the city (Darden et al. 1987).

The global financial crisis over the past decade has resulted in bankruptcies in a number of countries, such as Greece and Italy, and U.S. cities, like Stockton and San Bernardino, California and Jefferson County, Alabama and now Detroit, Michigan (Skeel 2013). In 2013, Michigan governor, Rick Snyder, appointed Kevyn Orr as Detroit's emergency financial manager, who then filed for Chapter 9 bankruptcy resulting in the largest municipal bankruptcy in U.S. history (Bomey and Helms 2014). This move proved controversial among those who felt that such decisions should be negotiated by elected officials instead of a state-appointed one (Schindler 2016). By the time the city of Detroit came out of bankruptcy in 2014, it had negotiated 4.5% pension cuts from city retirees, the elimination of yearly cost-of-living increases, and privatized city municipality services (Associated Press 2016). In 2016, a federal

appeals court denied a petition on the retiree's behalf to reverse the pension cuts. Renewed interest in the city has also resulted in the creation of the 'new Detroit' narrative characterized by migration to the city by young, mostly White, millennials and business owners motivated by tax breaks and other incentives. As such, the new Detroit narrative has netted a field of possibilities, but for whom? As of 2017, only 33% of jobs in the city of Detroit are held by African Americans (Detroit Future City 2017). Throughout all of these changes, African American families remained widely confined to the inner city and heavily impacted by these drastic economic and political transformations.

In the U.S., there are 2.7 million grandparents who are the primary caregivers for their grandchildren in the United States living in households with both grandparents (11.4%), grandmother only (10.1%), and grandfather only (4%) (Livingston 2013; Ellis and Simmons 2014). Among African Americans, 50% of grandparents living with grandchildren are also the primary caregiver with over 73% identifying as female (Livingston 2013). Around 58% of grandparents responsible for grandchildren are in the workforce (Generations United 2014). Among African American children, they are more likely to reside in grandmother-headed households than other ethnic groups (Ellis and Simmons 2014). In Detroit, there are over 13,400 grandparents providing primary care for at least one grandchild (Grandfamilies 2017). Recognition of the increased presence of grandfamilies prompted the federally funded non-profit, Detroit Area Agency on Aging, to initiate The Grandparents Raising Grandchildren Committee, a collective of agencies and nonprofits advocating for the expansion of rights regarding kinship care in Detroit. Given the demographics and sizeable grandfamily population, the Detroit Metro Area serve as an appropriate location to investigate kinship caregiving and parenting strategies among black grandparents.

Reflections On Doing Research in Detroit

As a young, black woman studying older black women in the U.S., this dissertation process has been shaped by my standpoint within anthropology, my colleagues and the families that I have been fortunate to work with through this study. As a result, data collection and analysis were motivated, in part, by reflexive theories, which consider the researcher's positionality on the research process as well as the impact of their presence in interactions with participants (Salzman 2002). In addition to recognizing the impact of the researcher's presence, ethnographic encounters are also shaped by what Todne Thomas (2016) calls "negotiated recognition", where community members and researchers form relationships with each other based on their own assumptions and expectations for the bond.

From the beginning of my fieldwork, the negotiated recognition of forming relationships produced a number of ethical and methodological considerations that have followed me throughout the dissertation process. For example, in 2015, I was referred to the kinship care support group, Mothering Again Partnership (MAP), by Thelma Robinson, an older African American female I had previously interviewed. By the time the meeting started, the group coordinator, Ruby, introduced me to group members as a guest speaker and stated the following: *"Fayana is going to tell us who she is, why she is here, and exactly what she wants from us."* During my brief talk, I identified myself as a Michigan State graduate student interested in working with older adults and their grandchildren. At the end of my talk, I fielded questions regarding my background, specifically where I was raised, due to as one member put it *"not sounding like I was from Detroit"*.

When the questions ended, Ruby lets me know that they were all well aware of the many research studies conducted on [African Americans] in Detroit. After informing me that she was enrolled in hip rehabilitation, diabetes, and sleep studies, she states:

“We don't see alot of African American researchers studying us and that's problematic. We want you to go out there and represent for us. Tell our story to policymakers and city officials. Grandfamilies need all the help we can get.”

In this statement, there are assumptions about my role, the kind of research that I was expected to produce, and how I would disseminate the results from their participation. Shifting nervously as I stood before group members, I replied that I hoped my research would be useful in some manner. Over time, I noticed that MAP and non-MAP key informants would refer to me as their “granddaughter” when I was introduced to their friends, family, and strangers. Granddaughter status, as a form of negotiated recognition between key informants, facilitated access with participants, but it also structured our interactions based on noted generational differences and our significant age difference. For instance, I was invited to attend a church banquet with Flora, a 71-year-old retiree. While standing in the buffet line, I feel a tap on my right calf and hear Flora’s voice, *“You may be young, but you should know better than to walk outside in the rain wearing sandals”*. After my surprise wore off, we shared a laugh and walked over to our seats. In this encounter, Flora used our generational difference to comment on a behavior she has associated with my age and has reinforced it with touch. I want to note that it is not lost on me that several of the grandmothers involved in this research study understood their participation as a generative act and that this understanding shaped recruitment efforts as well as my relationship with key informants.

Qualitative Research Design

In this study, I utilized ethnographic qualitative research methods to examine the lived experiences of older black grandparents caring for their grandchildren in Detroit, Michigan. As an interpretive approach, qualitative research focuses on the meanings and interpretations individuals and/or groups assign to phenomena (Denzin and Lincoln 2005). Scholars have mobilized lived experience to capture affective (feeling, emotions) perspectives, beliefs, and perceptions from individuals and groups (Low and Altman 1992; Merleau-Ponty 1962; Csordas 1994). In addition, anthropologists have drawn from different disciplines to inform our understanding of lived experience including philosopher Martin Heidegger's theory of 'being-in-the-world', which is grounded in the phenomenological convention and is understood as temporally and historically situated 'sensory presence and engagement' (Csordas 1994:10). Specifically, scholars have conceptualized 'being-in-the-world' as an active process that is actively created and acted upon by individuals and groups, who in turn construct the world in which they live (Richardson 1982).

I used ethnographic qualitative methods for this study because they allow the researcher to obtain information on individuals and groups' perceptions and responses to specific phenomena or situations. While qualitative studies have been conducted on black women's caregiving, the role of older women's active contributions toward grandchild care are often relegated to mere acknowledgement despite their historical key role in black American kinship structures. Utilizing ethnographic qualitative methods allows researchers to examine the lived experiences of a small group of people and compliments the interviews conducted to provide a more comprehensive account. I used these methods to explicate the parenting strategies that grandparents engage in when caring for their grandchildren as well as the material and social

support that they draw upon. This study received approval from Michigan State University's Institutional Review Board. Additionally, I received approval from the research review committee of the local pre-K school research site. Prior to the start of the interview, I obtained written consent from participants. Throughout the entirety of this dissertation, I have changed all names and research site locations to protect the identity of research participants and affiliated institutions.

Sampling

For my sampling strategy, I recruited and collected cross-sectional data with a purposive sample of African American grandparents raising grandchildren. A purposive sample is appropriate for this study due to the nature of the targeted population. This was accomplished through location sampling, where I constructed a list of locations that African American grandparents might frequent, such as community exercise classes, churches, and support groups, and from these locations used snowball sampling (Golinelli et. al 2015). After meeting with a local director of kinship care programs, I was granted access to observe and recruit from monthly support groups for grandparents raising grandchildren at two different sites. At each site, as described above, I gave a brief presentation on the research study and answered questions from audience members. Specifically, I discussed the purpose of my study and how I became interested in examining grandparent caregiving in Detroit. I also circulated IRB-approved flyers at various denominational churches throughout the city. Sampling from various denominations will help account for intergroup variations by strong predictors, such as socioeconomic status (SES), as religious associations can be influenced by SES, which could modify beliefs (Arcury and Quandt 1999).

Additionally, I partnered with Kids Korner, a local Detroit pre-kindergarten school, to recruit participants for the research study. As part of the parent organization, Kids Umbrella (KU), Kids Korner represents one arm of KU's mission and function while a foster agency placement service represents the second arm of KU. From initial contact to research approval, the timeline to begin study recruitment lasted about nine months. During this time, this cultivated partnership was the result of giving 4 separate presentations on the research to various committees within the school and completing an application and receiving approval from their own internal Institutional Review Board (IRB). I also submitted a copy of my approved IRB from Michigan State University to the Kids Korner research committee. Once my research received approval, the Kids Korner principal provided on-site interview space and I was allowed to recruit during the school's open house event.

By partnering with Kids Korner and Kids Umbrella for my dissertation study, I was able to access insights into the state of grandparent caregiving in Detroit. For example, during a Kids Umbrella board meeting, I was asked to speak briefly on my research study, specifically why I choose Detroit as my research site, how I became interested in caregiving grandmothers, and how many participants I needed for the study sample. After my presentation, one member stated that over 25% of the primary guardians at Kids Korner were grandparents. Working in the foster care arm of Kids Umbrella, another member told me that they regularly interface with grandparents, particularly grandmothers, who submit applications for temporary or permanent guardianship of their grandchildren.

To address the selection bias associated with location sampling, I employed snowball sampling relying on the networks of informants to help populate the sampling frame. Based on previous preliminary research, I found that some grandparents were reluctant to access public

services due to concerns around their grandchildren being removed from their custody and mistrust of the system. There are a few limitations to this research study. Because recruitment methods occurred primarily during daytime hours, working grandparents, who would have otherwise been eligible to participate, were difficult to recruit for this study. According to Generations United (2014), a leading organization for intergenerational programming, over 58% of grandparents responsible for their grandchildren are in the workforce. As such, the majority of the research participants were retired and/or held part time positions. Second, there were a limited number of male grandparent caregivers in the research sample. The only two male participants that I was able to recruit were married and encouraged to enroll in the study by their spouses. Many of the public events where I recruited for the research study were heavily attended by women.

To qualify for this study, participants had to self-identify as African American or Black and have primary custody of at least one grandchild and/or provide regular extensive grandchild care (30+ hours a week) (Fuller Thomson and Minkler 2001).

Participant Observation

Participant-observation has functioned as a quintessential aspect of sociocultural anthropology and includes practical advantages, such as assisting in building relationships and facilitating in familiarizing the researcher's presence in the field (Bernard 2013). Additionally, participant-observation allows the researcher to gauge the research participants' considerations of relationships, social institutions, and hierarchies (DeWalt and DeWalt 2011). In this case, I used participant-observation to witness the practices associated with intergenerational caregiving as well as how and where grandparents negotiate seeking material and social support to assist this undertaking.

In addition to the household visits, I oftentimes accompanied grandparents and their grandchildren on various outings, such as visits to the grocery store and church, as well as accepting invitations to share family meals and attend birthday parties. These observations were used to understand how grandmothers construct and negotiate the emotional, social and functional support that is needed to sustain their role in kin-work and personal well-being.

In an effort to understand kinship care and aging in the Detroit Metro Area, I also attended various aging and kinship care seminars, workshops, and conferences. I attended the 2015 and 2016 Michigan Kinship Care annual conference hosted by the Detroit Area Agency on Aging (DAAA). During both years, the conference was hosted by Juanita Bridgewater, chair of DAAA Grandparents Raising Grandchildren committee and former grandparent caregiver. In 2016, Bridgewater opens up the conference with a prayer then shares her caregiving origin story with audience members stating “*Can’t nobody raise your grandchildren like you can’. All I said was God if you give my baby to me, then I will take care of the rest.*” From attending both aging and kinship care events, I was able to ascertain if and where older adults, specifically grandparents, were centered as caregivers. Oftentimes, the aging events that I attended focused solely on older adults being the recipients of care and not serving as caregiver themselves. Not surprisingly, the presentations that I observed within the kinship care seminars tended to be aware of the contributions of grandparents in providing care.

Outside of household visitations, a significant portion of participant observation for the dissertation study involved attending bi-monthly group meetings of a local kinship care support group. The grandparents that typically attend these meetings tended to be female and almost exclusively African American. During these meetings, the group coordinator typically shared news regarding upcoming events and opportunities largely around programming for older adults

and youth. After being approached by the kinship care support group coordinator, I helped develop a 6-week intergenerational healthy eating workshop for group members and their grandchildren and co-wrote the grant to sponsor the activity. Once the grant was awarded, I helped co-facilitate the workshop in July and August 2016 in conjunction with a local food and nutrition non-profit organization. At the end of each session, I took field notes on the interactions between the non-profit staff and workshop participants. These field notes generated data on how racialized identities, public health messaging, and generational differences inform what is deemed healthy and providing good care among caregiving grandmothers for their grandchildren.

Unstructured and Semi-Structured Interviews

Over an 18-month period, data for this dissertation was collected in the Metro Detroit area to understand how grandmothers construct and integrate their caregiving roles and social identities as they intersect with cultural norms of kinship, caregiving, and aging. In-depth, unstructured and semi-structured interviews were conducted with 21 single grandmothers and 3 married grandparent couples (2 heterosexual couples and 1 lesbian couple). At their request, the majority of the interviews were conducted at the participant's home. Other interview locations included local coffee shops, restaurants, and the local pre-K research site, where I was given interview space by school administrators. After receiving participant's consent, interviews were recorded with a digital recorder and microphone.

In the beginning of the research study, I started out with unstructured interviews in order to obtain a general overview of grandparent caregiving in the Detroit Metro Area. Unstructured interviews were appropriate at this stage, because it provided an opportunity for interviewees to define concepts and terms in their own words due to researchers having little control over

interview responses (Bernard 2012). As a result, I developed questions for study interview guides following an iterative process as I conducted observations and learned from previous interviews. As the interviewing process progressed, I transitioned into semi-structured interviews. Interview completion ranged from 45 minutes to 3 hours depending on the participant.

The semi-structured interview protocol was developed around the following domains:

- a. **Biography:** This section inquired about participant's current and past relationships and experiences across their life course;
- b. **Caregiving:** This section focused on current and past caregiving experiences;
- c. **Health, Aging and Wellbeing:** Here, participants were asked to discuss their health and perceptions of the impact of caregiving on personal wellbeing;
- d. **Detroit:** This section focused on participant's perceptions of aging and raising their grandchildren in Detroit;
- e. **Future:** This section focused on the participant's post caregiving plans;
- f. **Cultural Generativity:** In this section, interview questions, adapted from cultural generativity framework proposed by Rubinstein et. al. (2014), focused on values and reflections on life experiences.

Table 1. Selected Interviewee Characteristics

	Total	%
Sex (N=27)		
Male	2	7%
Female	25	93%
Age Range (N=27)		
45-50	1	3.7%
51-56	3	11%
57-62	2	7.4%
63-68	10	37%
69-76	11	40%
Care Status (N=24)		
Extensive Baby-Sitter	6	25%
Primary Caregiver	18	75%
Live-In Grandchildren (N=24)		
0	6	25%
1	9	37.5%
2	5	20.8%
3	4	16.6%
Previous Kinship Care (N=14)		
Spouse	1	7.1%
Grandchild	12	85.7%
Other Family Member	1	7.1%
Current Kinship Care (N=3)		
Spouse	2	66.6%
Child	1	33.3%

Table 1 summarizes the study sample population by selected demographic characteristics and caregiving arrangement. The majority of the study population consisted of African American women (93%). However, two African American males (7%) did participate in my study through joint interview sessions with their spouses. As shown above, 77% of the interview sample were at least 63 years of age or older. Among primary caregiver grandparents, half of the respondents served as a primary caregiver for a single grandchild, while the other half of respondents

assumed care for at least 2 grandchildren or more. Because three couples were interviewed simultaneously, I have adjusted the “care status” and “live-in grandchildren” categories to reflect this arrangement counting each couple as one unit. Similarly, not all respondents engaged in previous or current care of a family member, I have adjusted the n to reflect the number of respondents that answered affirmatively to the corresponding interview question.

Data Analysis

Qualitative data analysis techniques were used to analyze field notes and interview data. Data analysis occurred during and after the data collection process through the continuous assessment of field notes and interviews in an effort to refine the research study questions and objectives. First, the unstructured and semi-structured interviews were transcribed using the transcription service, Verbal Ink, or by an undergraduate research assistant. I used MAXQDA, a qualitative data analysis software, to upload interview and field note transcripts to generate codes. Following an inductive approach, I constructed a codebook in MAXQDA and coded field notes and unstructured and semi-structured interviews transcripts to generate themes for analysis. Initially, the selected coding themes were informed from relevant literature on kinship and caregiving and additional codes were added as they emerged from the data (Willms et al. 1990). Field notes, unstructured and semi-structured interview data were coded for repetition, similarities and differences. Coding for repetition helps track the frequency of the same concept within the same text (Ryan and Bernard 2003). As the frequency of same concept increases, so does its likelihood of being identified as a theme.

Reports of these codes were used to investigate research objectives and questions. Using Microsoft Excel, I constructed categorical tables to track identified themes, such as grandparent parenting strategies for their grandchildren; reasons for providing grandchild care; forms of

materials and social support grandparents mobilize in grandchild care; and perceptions of well-being and aging. Analysis of the categorical tables were used to investigate study research questions.

In the following two chapters, I discuss the results obtained from my data collection and analysis. In particular, I explore the reasons behind grandparent's decision to care for their grandchildren, the factors they consider for providing care and how these processes inform their carework. I then move toward exploring how black grandparents understand and perform generative actions with their grandchildren drawing from black feminist approaches to mothering and motherhood.

CHAPTER 4: CARE CALCULATION: MAKING THE CHOICE TO CARE

Having been raised her own grandmother since she was three, Denise Butler, 60, previously raised a grandson for eighteen years, but she didn't anticipate the need to do the same for her great-grandchildren. Denise and her spouse Roberta Butler, 54, had formally adopted three of Denise's great-grandchildren: Tiana (4 years old), Briana (3 years old), and Liana (2 years old). The couple first gained custody of Tiana, at 8 months old, after an intervention from the local Child Protective Services response to the mother's struggle with substance abuse. At that time, Denise and Roberta had just started dating with Roberta initially skeptical about remaining in a relationship where she would have to raise 'someone else's kid', but she fell in love with Tiana. However, when Denise was approached with the opportunity to adopt Briana and Liana a year later, it put significant strain on her relationship with Roberta after insisting taking on additional caregiving responsibilities because they were blood-related. Shifting in her seat, Roberta glances at Denise before letting out an audible sigh reacting to Denise retelling of taking on an additional 2 great-grandchildren. She tells me: "Oh, I didn't like it at all. I was really thinking about leaving, not with Tiana but when the other two came here. And at that time wasn't no help from the family so I was praying, I was talking to God, I was talking to a couple friends. I was gonna leave, you know?"

After discovering that the children's mother was pregnant with her fourth child, the couple made the preemptive decision that they would not seek custody of the infant. At this juncture, Denise and Roberta were in agreeance that an additional child would stretch their already limited amount of financial and emotional resources in addition to working to keep in their relationship intact.

Introduction

Like other grandparents that participated in this study, Denise and Roberta's narrative describes a long standing practice of African American women stepping in to provide child care when the need arises across generations (Stack 1974). In this chapter, I explore the reasons why older black women take on caregiving responsibilities, the factors they consider for providing care and how these processes inform their carework in Detroit, Michigan. In positioning grandchild care as a choice, I ask the following question: How are ties of care responsibility created and maintained among grandmothers caring for grandchildren? Drawing on interviews and participant observations conducted with caregiving grandmothers, I aim to demonstrate that the decision and process around providing care involves a 'care calculation' where grandmothers evaluate who to provide for against existing financial, emotional, and bodily resources. In doing

this, I argue that grandparent caregiving should be understood as an agentive and intentional process, where the decision to care for grandchildren and its maintenance is more than simply responding to a set of certain circumstances and/or obligations based on relatedness.

Caring Across the Lifecourse: the More Things Change, the More They Stay the Same

In this section, I briefly discuss how care circulated in the lives of the women in my study prior to the interview. In doing so, I situate the caregiving narratives that I collected within the life course trajectories of these women. When I inquired about witnessing caregiving or receiving care themselves from othermothers in their childhood, many of the women in my study were able to recall instances of spending extended time in the houses of their neighbors or family members that were oftentimes within walking distance. Others, like Denise Butler, found themselves being raised by relatives, such as their grandparents. As these women got older and had children of their own, their roles evolved into taking in their sons' or daughters' friends or extended family members during the day or over the weekend while their parents worked. In addition to direct care, other women in my study talked about providing meals for neighborhood children, particularly those they felt were being neglected, and donating old clothes. These forms of child community care were facilitated by the close proximity of dense, social networks primarily consisting of other black families and individuals (Stack 1974). Contributions regarding African American kinship structures heavily cite the availability of these networks regarding othermothering and child care, but what do communities of care look like in post-industrial settings?

As detailed in previous chapters, the city of Detroit has and is currently undergoing significant social, political and economic shifts, which has consequences for African American networks of community care (Seefeldt 2016). This is due to the fact that social locations and

encounters with social institutions, or in some cases the failure of these institutions, shape family life (Lareau 2003; Anthias 2013; Story 2014; Elliot, Powell and Brenton 2015). Individuals and groups are subject to inequality and discrimination through the following manners: structural power (government, legal, and educational structures); disciplinary power (ideologies that influence bureaucracies and structures); hegemonic power, (ideologies and images that shape social consciousness); and interpersonal power (interactions between individuals and groups) (Dill and Zambrana 2009). In this case, race, as a social location, is recognized as a primary organizing principle regarding how African American families interact with state and other governing assemblages erecting policies and regulations that confirm U.S. racial order and inequality (Omi and Winant 1986; Roberts 2002; Sugrue 2005). Othermothering and grandchild caregiving by African American women was borne out of necessity and persists, even as conditions change, but the need for care has remained unchanged.

For example, during this study, it became clear that many of the grandmothers had previously engaged in grandchild care. In fact, ten of the grandmothers that I interviewed had assumed primary caregiving responsibilities for at least one other grandchildren. These previous grandchild care arrangements ranged from several months to 18 years. For example, Laura, a 61-year old retired Ford factory worker, cared for two of her grandsons over differing time periods. Her two daughters, Terry and Tory, struggled with alcohol abuse and she didn't want her grandchildren in the child welfare system. While standing in Laura's kitchen, I could hardly make out the faded tattoo on her right arm except for two names: Cedric and Tommy. I ask her about the tattoo. She tells me that the images are two cartoon characters. Although she has several more grandchildren, she only wanted to get tattoos of the grandchildren that she raised.

As neighbors have moved on, passed away, the increased presence of abandoned houses, the reliability of these networks, as a source to draw on for social support, has faltered as grandmothers are tasked with caring for their grandchildren. For some, this has manifested as an uneasiness and lack of neighborhood trust. For instance, at the end of my interview with 56-year-old Anna, we stood outside in her front yard watching her grandchildren ride their bicycles. Drawing an imaginary rectangle with her index finger, she outlines the perimeter she allows her grandchildren to play within. Minutes later, our conversation is interrupted by a familiar sound. We looked at each other knowingly. Visibly irritated, Anna says one word: gunshots. Later in this chapter, I demonstrate how kinship care support groups can serve as a productive space for mother work by grandmothers raising or providing extensive grandchild care to their grandchildren similar to the neighborhood based community networks of care that typified their own childhood and experiences of raising their own children.

The consequences of a failed safety net, economy and structural racism helped create the necessity for othermothering networks of care, but have also have also eroded the stability and availability of these caring networks over time. One point of evidence of this has been the increasing presence of black children in the U.S. child welfare system (Mullings 1997; Roberts 2002). As such, I situate this dissertation study with others that recognize care as a limited and precarious resource amenable to global political economic restructuring (Drotbohm 2015; Buch 2015; Han 2012). However, I seek to move beyond the acknowledgement that the social location of being both African American *and* female places the onus for grandchild care on the shoulders for some African American grandmothers. Instead, this dissertation asks why these grandmothers are taking up grandchild care when other African American grandmothers do not?

Circulation of Care: Why are Grandmothers Caring for Their Grandchildren?

Edwards and Strathern (2000) posit that knowledge of genetic kinship ties represents a choice where individuals may or may not choose to pursue a relationship based on these ties. In this section, I examine why grandmothers initiate a caregiving relationship with their grandchildren.

In my study, seven of the interviewees reported taking on caregiving responsibilities to assist their working children. Grandmothers like 75-year-old Caroline, who got involved with caring for her 1.5-year-old granddaughter, Joy, when her adult son and girlfriend started attending night school and secured jobs after stints of unemployment. Because neither of their jobs were full-time, they were not eligible for benefits and could not afford childcare. Due to the parents' work schedules, Joy stayed with Caroline most days and nights with her parents occasionally picking her up for a day or two. Widowed and also caring for her 30-year-old daughter with Down Syndrome, Caroline says she didn't hesitate when she was asked to care for Joy. She adds:

“Well, I've seen a lot of my kids grow up and other people's kids that I've kept. I've seen 'em grow up and be responsible, young adults and responsible kids in school and really grab [...] an education. And that, I really like and I enjoy, and I'm glad that I'm a part of it, you know, of helping them to learn how to be a productive person.”

Here, Caroline's willingness to provide kinship care is based, in part, on her belief that she is contributing to the success of family members within the labor market vis-à-vis pursuits of education.

Furthermore, without adequate childcare policies in place, many working parents and single mothers/fathers struggle to find balance between meeting familial obligations and paid work due to restrictions on job absences, paid sick leave, which restrict parental flexibility. Without affordable, universal childcare, parents are increasingly relying on other family

members, oftentimes grandmothers, to fill in this care gap. According to the U.S. Department of Health and Human Services (DHHS), affordable child care is measured as priced by no more than 10% of the household income (Economic Policy Institute 2016). In Michigan, the average cost of child care for a 4-year-old is \$6,764 a/y, and the average cost of child care for an infant is \$9,882 a/y (Economic Policy Institute 2016). Under DHHS criteria, only 26% of Michigan families would be able to pay for infant care.

After assessing their adult children's difficulties with paying for full-time childcare or taking a personal stance against the cost of childcare, four interviewees in the study stepped in to provide grandchild care. For instance, Anna, 56, took on the care of her adult daughter's three children, because she didn't want them in childcare due to the cost. But, over the years, boundaries can lapse and sometimes grandmothers find themselves with their grandchildren during times when they feel their adult children should take on more responsibility when they are not at work. Pulling me aside, Anna's other daughter, Mae, told me that it was more like their mother was raising her grandchildren, because she continued to perform tasks while the parents were still in the house or not at work. While understanding her mother's willingness to help while the parents worked, Mae felt like their mother was being taken advantage of, especially since her sister and the children's father were also living in the house.

For grandmothers serving as a primary caregiver, the majority of these respondents reported taking up grandchild care due to one or both parents inability to provide care. For example, three grandmothers and grandparent couple took on care of their grandchild or grandchild(ren) due to substance abuse concerns for one or more biological parent. Another three grandmothers reported removing their grandchild(ren) from exposure to domestic violence as their reason for providing grandchild care. Other reported responses from grandmothers included

the death of a parent, mental health concerns, and housing instability. That said, I recognize that the issues listed above do not exist in a vacuum nor do I suggest that they should be read as independent of one another.

Caregiving relationships can cause one to reckon with uncomfortable truths, such as serving as a constant reminder of a deceased child, or bring up feelings of anger and sadness towards the caregiving situation. In these cases, the decision to provide grandchild care isn't always a welcome or wanted one. Take Ethel, a retired 69-year-old Detroit Public Schools custodian, for example. Ethel obtained guardianship of 4 of her grandchildren in 1990 after her daughter passed away from an acute asthma attack at the age of 19. When I asked Ethel why she decided to secure guardianship for her grandchildren, she tells me that she didn't want them to be in the child welfare system. Seven years later, Theresa, one of Ethel's grandchildren, would succumb to cerebral palsy. Throughout our interview, I could sense Ethel's uneasiness and frustrations with caring for grandchildren. She made it very clear that she didn't want to raise her grandchildren, but she felt like she didn't have a choice. Ethel's narrative brings attention to aspects of care and caregiving that were also present in other interviews.

Making the decision to care is only one aspect of what I call *care calculation*. I use the term care calculation to bring attention to the responsiveness nature of care and its enactment among caregiving grandmothers where individuals and families actively evaluate their capacity and ability for caregiving. Care calculation is a continual process that is amenable to changing circumstances, such as the incorporation or removal of a grandchild, lack of social support, grappling with the death of child. In some cases, this ultimately lead grandmothers to choose to care for some of their grandchildren and exclude others within the same intermediate family unit.

In this sense, this form of care refusal speaks to the precarious nature of care where intentions fall short in the actualization of care for some (Drotbohm 2015).

Taking the Time to Care

When evaluating their capacity to care, grandmothers reported assessing the time investment needed for their grandchildren. For example, grandmothers that stepped in to provide grandchild care for their working children tended to assume that the intensity of their caregiving responsibilities would decrease once their grandchildren began pre-kindergarten or kindergarten. The age of these grandchildren were between 0 months and 5 years old. When asked about their future plans, their responses tended to be specific, such as a cruise to Mexico or moving down South, in order to have time for themselves.

For grandmothers reporting as a primary caregiver, the anticipated time investment for providing care tended to be more variable. The age of these grandchildren ranged from 2 to 26 years old. Specifically, being able to continue to physically care for their grandchildren was reported as an important goal. Many of these grandmothers had assumed care for their grandchildren for a considerable amount of time oftentimes for the majority of their grandchildren's lives. From my interviews, I did not get the sense that the grandmothers knew when their grandchildren's parents would resume care. This was naturally reflected when I asked about their future plans. Their responses tended to include their grandchildren unlike the extensive babysitter grandmothers, as Abigail Sanders did. Abigail, a 69-year-old retired factory worker, agreed to care for her grandson, Thomas, once her daughter, Felicia, promised not to remove him from her household. Because Felicia struggled with substance abuse issues, Abigail wanted Thomas to live in a stable home, so that he could receive the proper care for symptoms related to his cerebral palsy.

“At this point in my life now, I have to either incorporate [Thomas] in it or find somewhere for [Thomas] to be, so I can incorporate or do whatever it is I want to do, which is not always an easy thing to do. Because everybody tell me I'm very protective of [Thomas] – and I am. I mean, that's my baby. He's been my baby since he was in the womb, and I am not joking. He can't do for himself, per se. He can't speak for himself. So I'm his voice. So if I don't be there for him 24/7, who gonna be there? I mean, we have family, true enough, but they're not with [him] every day. I'm with him every day. So I'm his rock.”

Abigail's usage of terms like “my baby” hints at the affective, even maternal, bond that she has established with her grandson over the years. As “his rock”, she further details how enmeshed her life became with her grandson once she decided against the decision to institutionalize him. Thomas's unpredictable seizures require Abigail to keep constant watch over him and training herself to sleep lightly. She spends her days shuttling Thomas to his occupational and physical therapy appointments and meetings related to the clinical trial she has enrolled her grandson in. Here, Abigail is assessing her role in Thomas's life, the quality of care she feels is necessary for Thomas, and the availability of social support from family members. Presented with a choice, Abigail anticipates caring for her grandson until she is no longer able.

In my study, I found that grandmothers serving as primary caregiver for at least one grandchild were more likely to discuss instances of decision-making regarding how many grandchildren they could take on from the same parent. This is presumably due to the intensive nature of their caregiving responsibilities, once their decision is made, compared to the extensive babysitters. Their reasons for needing to consider this decision included inadequate space in the house, social support, finances, or assessing their own physical capacity due to their age – like Leola Parris. As a 10-year cancer survivor, Leola considered her health to be in great condition. She and her husband had raised a granddaughter, now 8, from infancy. Currently, they also had temporary custody of their grandson, Jake, for the past year. When I asked Leola if she had plans to adopt her grandson, she tells me, “no” and further explained:

“Didn't you hear how old I said I was? 68. Ain't no need for me to be running around here with a bunch of kids. We ain't Sarah and Abraham [referring to her husband].”

In this case, Leola has evaluated her caregiving capacity as being enough for one grandchild, but not two. As a result, she and her husband made the decision to formally adopt only one grandchild from their daughter, but not the other. She assures me that it was not a matter of favoritism, but time. Their granddaughter, Jessica, had been with the couple the longest and Leola had clearly developed a strong bond with her. Flipping through her phone, she shows me pictures of vacations and trips that she has taken with her granddaughter. Motioning to follow her to the back room, Leola points to picture frames filled with certificates of achievement and graduation photos of her granddaughter. Leola tells me that it is likely that the grandson will eventually be sent to a foster care home as time has drawn near for her to turn him over.

Coming back to the vignette at the beginning of the chapter, Denise and Roberta had to make a decision for their family regarding adopting their fourth great-grandchild. During the interview, Denise and Roberta invoke the significance of maintaining kin relations and emotional love as justification for providing care for the first three siblings, Briana, Liana, and Tiana, while denying care for the fourth sibling. When I asked Denise and Roberta if they felt obligated to adopt Liana and Tiana when the opportunity presented itself, Denise replies affirmatively further expounding, *“Because they're blood relatives. We weren't gonna let them be raised by somebody they don't know and they got family. That don't make any sense for them to be with someone they don't know.”* Here, Denise is invoking the biological relatedness as motivation for proceeding with the formal adoption process for all three siblings. However, in this case of care calculation, the acknowledgement of blood kinship ties between all fourth siblings were not enough to overcome the couple's assessment of limited financial and emotional resources that would need to circulate for the current members of the household.

Maintaining Distance and Closeness

For grandmothers that made the choice to limit the number of grandchildren under their care within the household, this awareness of their care limitation towards their grandchildren propelled some to cultivate and foster opportunities to maintain relatedness between family members. Knowledge of kinship ties involves managing both distance and closeness at the same time (Strathern 2005; Han 2012). Among primary caregiver grandmothers, I observed this functioning within various kin relations: the mother and her child, grandchild to sibling, and/or grandchild to grandmother. For instance, some grandmothers reported the need to protect their grandchild(ren) by keeping them away from their parents through the refusal of visitations and weekend stays. Others communicated their attempts to repair their personal relationship with their own children to facilitate a closer bond between their children and grandchildren. To maintain closeness between siblings and quell issues surrounding favoritism between grandchildren, grandmothers implemented strategies, such as enrolling the grandchild under their care within the same school as their siblings as well as hosting playdates and overnight sleepovers between separated siblings.

In other cases, grandparents worked on maintaining a working relationship with their grandchildren's parents particularly if they did not have legal custody of their grandchild(ren). Without legal protections, parents could remove their child from the grandparents' care despite their protests. Take 53-year-old Myra and 66-year-old Leroy, for instance. Sitting teary eyed, Myra and Leroy recall the circumstances under which their 4-year-old granddaughter, Marcy, was removed from their care by her biological mother. This was not the first time the mother, their son's ex-girlfriend, removed Marcy from their care over the years. This time, the removal was brought on in retaliation over their son. Last year, another removal was caused by an

argument over financial issues. This time, Marcy has been gone for over a month, but the couple has been able to see and talk to her through the maternal grandmother. The couple emphasized how important it was to maintain a good relationship with the grandmother. While giving me a tour of Marcy's bedroom, Leroy notes that they left have her room as she left it as they were confident she was going to eventually return.

Managing distance and closeness within various kinship relations can also be realized through memory work and materials objects (Carsten 2000). For instance, I was invited to attend the memorial birthday celebration block party for Winifred's son, Lonnie, who succumbed to gunshot wounds the previous year. Despite the light drizzle outside, there were over a hundred children and adults were in attendance according to my estimation. Upon my arrival, Winifred walked over, gave me a hug, introduced me to a few of her friends and family members, and handed me a plate filled with barbeque chicken with baked beans and corn before walking off to greet other guests. There was a DJ playing Lonnie's favorite songs over two loud speakers set up in front of a neighbor's lawn. People wore T-shirts with Lonnie's pictures and some of his favorite sayings.



Figure 2. Winifred's Granddaughter Showcasing Her Favorite Shirt.

During this event, Lonnie's personhood and memory are invoked through the medium of material objects, such as clothing, and reinforced through the sociality around a group of individuals coming together around rituals, such as a birthday celebration. Memory work generates relatedness through the creation of social practices that connect individuals across time and space (Carsten 2007; Pine 2007). Through my time spent with Winifred, I noticed that her memory work in service to maintaining kin relatedness operated at two different levels: between herself and Lonnie as well as between Lonnie and his children. During one visitation, Winifred walked to the mantle over her fireplace and showed me an altar she created after losing Lonnie. At the altar, there were photographs of Lonnie, a container with his ashes, and plaques with biblical verses. Whenever she felt sad, Winifred would stand in front of the altar and pray to Lonnie. With tears in her eyes, she told me, "*I'm not ready to part with his ashes just yet. Maybe one day. Just not now.*" In this case, the creation of the altar filled with Lonnie's 'essence' provides a platform for Winifred to continually invoke the memory of her son. Another level of Winifred's efforts to generate relatedness is the memory work that she conducts with her grandchildren. For example, she brought together her grandchildren to celebrate the memory of Lonnie on Father's Day through the release of balloons. We travel to a local park in Detroit with three of Winifred's grandchildren, two of which are Lonnie's biological children. There, Winifred prompts each grandchild to discuss a memory about their father or uncle. At the end, we released the balloons into the air.



Figure 3. Winifred's Grandson Holding a Balloon to Release on Father's Day.

Supplementing Care

Many of the grandmothers that I interviewed were retired from at least one job. Even though the number of factory jobs have steadily decreased for decades in the Detroit Metro Area, several of the grandmothers involved in the study were drawing on pensions after retiring from automobile factories. Others, drew on pensions from the local government or school system and/or receiving Social Security. Yet, several grandmothers indicated experiencing financial difficulties.

For grandmothers in semi-regular contact with one or more of their grandchildren's parents, receiving consistent financial support to go towards care wasn't always an option. Based on my observations, grandmothers providing grandchild care for working parents were able to acquire funds for food or proposed activities. On the other hand, grandmothers providing care for other reasons reported experiencing significantly more issues around obtaining financial support towards care from their children. For instance, 73-year-old Debra has raised her 18-year-old granddaughter, Shelly, for the past 16 years after she was released into foster care because her parents "didn't want her". She tells me:

“I didn't know where they were because they moved a lot. So, when she was turning 13, I found – my son called me and asked me would I lend him some money? So, it was right before her birthday. So, I asked him to take – the money I gave him, I told him, “Here, you go to the Dollar Store and at least buy five items or something like that –” I gave him extra money – “for her birthday.”

Debra's concern regarding intermittent periods of time where she was not able to reach one or both parents was reflected in many interviews. During one of my household visits, with 67-year-old Ruby, I was invited to tag along as she drove around town looking for Larissa, the mother of 9-year-old Karla. When we finally locate her, Ruby reached over and handed the temporary guardianship paperwork to Larissa and she signed the paperwork on the hood of Ruby's car. Before we drive off, Ruby reminded Larissa not to disappoint Karla and remember to pick her up from the house that weekend.

One strategy that several of the grandmothers employed to supplement their household were visitations to local non-profits and churches. In Detroit, around 23.8% of its population is considered to be food insecure (Danzinger et al. 2014). When Detroit food insecure, low income households were surveyed, around 60% were also participating in Supplemental Nutrition Assistance Programs (SNAP). Within this group, over 30% also reported receiving additional private assistance (Danzinger et al. 2014). In some of my household visitations, I became accustomed to seeing brown boxes stacked in the corner filled with dried beans, canned tomatoes, and off-brand cereal. Oftentimes, at the end of support group meetings, one group participant, Leslie, would faithfully invite group members to her car in the parking lots and pass out canned goods and fresh vegetables collected from food pantries and churches.

Lifting Each Other Up in Prayer: Support Groups as A Site for Mother Work

In this section, I demonstrate how kinship care support groups can serve as a productive and creative othermothering space by grandmothers raising or providing extensive grandchild

care to their grandchildren. I draw on over two years of participant observation with the Mothering Again Partnership (MAP), a Detroit-based kinship care support group, as a case study. I argue that support groups are not unlike neighborhood-based community networks of care, which tend to dominate descriptions of black kinship structures.

I was introduced to the Mothering Again Partnership by regular attendee, Thelma Robinson, after we completed our interview. Thelma, 64, was raised by her grandmother and mother as an only child. With both now deceased, she inherited the house where she and her grandchildren reside. For the past nine years, Thelma has had custody of three grandchildren: two boys, 14, 16, and a girl, 11. Thelma and her daughter are not close and the grandchildren's biological father was explained as “not really in the picture”. During MAP meetings, Winifred, the group coordinator, would circulate pamphlets and flyers for various events, programs, or trainings offered in Detroit. These materials were diverse in nature, ranging from a Senior Appreciation Day flyer that offered free lunch, health screenings and prizes to youth activities. Occasionally, Winifred would invite a guest speaker that would introduce group members to a service they may qualify for such as enrollment in an income based discount bill payment program.

Outside of serving as a space for information gathering, regular MAP meeting attendees cited the emotional and social bonds between members as a reason for their participation. Several of the members referred to each other as family or sisters. One regular attendee, Cherry, tells me “*this one [group] feels more like family. We get a chance to talk about our lives and relate to one another.*” Here, Cherry is referring to a common MAP meeting practice where Winifred would prompt each group member to provide an update within their lives regarding themselves and/or their grandchildren. Some would use their time to troubleshoot a custody issue

regarding their grandchild(ren), while others would discuss a health concern for themselves or their family members asking for prayers. At the request of a MAP member, Lenora, the group appointed chaplain, would lead group members in prayer. Additionally, if a MAP member was hospitalized, group members would rally to plan a visit and/or send a get well card. During my turn, I was often encouraged to discuss updates on my fieldwork where group members would offer advice for recruiting other grandparents or places to go to recruit additional members.

MAP meetings provided a space for members to support each other monetarily. For instance, many of the members knew how to sew and would circulate their creations available to purchase. Midway through one MAP meeting, Gladys, a regular attendee, stood up and asked everyone to buy one of Thelmas's blankets. Another group member asked, "*How much?*" and Gladys answers, "*\$15 dollars!*" Raising her voice over the group chatter, Gladys reinserted her request and shouted, "*Come up! Come up! You know you want one*". Holding up a light pink flannel blanket with a large pink breast cancer symbol, Gladys yelled, "*I know that you know someone with breast cancer!*" Leola purchased a blanket and told Ruth that she is a cancer survivor.

In September 2017, Thelma Robinson would succumb to injuries sustained during a fall. In preparation for the funeral, Winifred circulated the following text through email to MAP members:

"We would like for all of the grandparents to wear black bottoms and white tops for the funeral if you have it if not that is OK we will try to sit together as a show of solidarity. Thank you."

The day of the funeral, Thelma's brother, Manny, recognized MAP for their "positive influence" in Thelma's life and assistance with her grandchildren. When funeral attendees were encouraged to speak a few words on Thelma's behalf, Winifred walked over to the mic and asked MAP

members to stand. While standing, Winifred spoke about the “sisterhood” between Thelma and MAP members and reassured Thelma’s grandchildren that MAP members were available to “mother” them through this difficult transition.

If there were any issues or concerns between members, there were often discussed openly during meetings to be dealt with “like family”. Occasionally, the group talked about membership dues, which were \$2 a month, and the potential implications for non-payment. For example, at a meeting, a few members wanted to make a decision regarding if members with lapsed payments, more than two months behind, should be able to partake in the meals provided during the meetings. The group coordinator reminded members funds to purchase food for the meetings are limited and that up to date members should have priority. Some of the women in the group nodded their head in agreement. That said, I did not observe anyone being refused food during a meeting due to non-payment. In this case, I think that these discussions served more as a method to try and ‘nudge’ regular attending members to pay their membership dues.

Current events in the city of Detroit and its implications for members and their grandchildren were commonly discussed during MAP meetings. For example, many MAP members enrolled their grandchildren in schools within the Detroit Public School (DPS) system and were concerned about the impact of the dozens of school closures and shortage of teachers would have on their grandchild(ren)’s educational opportunities. Due to shortage of funding, Harriet, a MAP member, informs the rest of the group that DPS has authorized the closure of all parent resource centers within the school district. Deciding to take action, MAP members penned a letter to the superintendent of the Detroit School System advocating for the reopening of parent resource centers in the city. Support groups like the Mothering Again Partnership provide an

additional resource for caregiving grandmothers to draw on for functional and emotional support in service of grandchild care.

Conclusion

Grandparent caregiving, whether performed as an extensive babysitter or a primary caregiver, provides a unique opportunity to observe the status of care and caregiving in the United States. In this chapter, I discussed reasons why African American grandmothers choose to take on intensive grandparent caregiving in service of the continued well-being of their family. I also examined how the precarious nature of care can influence caregiving practices to secure familial well-being and how grandmothers continually engage in forms of care calculation that assess their capacity for providing care and generating relatedness among family members. Finally, I demonstrated how kinship care support groups serve as an othermothering space for caregiving grandmothers.

CHAPTER 5: WHAT ARE YOU FEEDING YOUR CHILDREN? OTHERMOTHERING STRATEGIES AND THE GOOD LIFE

Well, both parents on the mother's side real young, wild and grandmother start stepping in. I want to give them a little more encouragement on different things, I want to teach them a little more. We're a young(er) generation now, the parents are not really teaching kids the proper ways of life 'cause they really don't know themselves. And by me being so much older, grandparents has to step up sometimes. We just can't see the kids fall by the wayside.

Loretta, 65-year-old retired school teacher raising her two granddaughters

Introduction

According to Fischer (2014), understanding what the good life entails for individuals requires looking beyond material dimensions, but also to be inclusive of people's aspirations, beliefs and visions that orient their engagement with the world. In this chapter, I explore how formulations and associated pursuits in service of the good life are shaped by caregiving relationships. As individuals age, their existence involves encounters with individuals at different ages and these dynamic interactions shape the lives of all actors involved over time (Daneely and Lynch 2013). In addition, outcomes of personal wellbeing are also dependent on the maintenance of social relationships over the life course (Van Der Geest 2002) and are contingent upon a moral obligation to others (Heinemann 2013). In doing so, I ask the following questions, "What constitutes a good life among caregiving grandmothers?" and "Which values do caregiving grandmothers consider important to transmit to their grandchildren"? Based on interviews and observations with grandparent kinship care support groups, I argue that perceptions of a good life are closely tied to gendered, racialized and generational expectations of care. Second, I show how assessments of living a good life are contingent upon their ability and/or inability to actualize forms of desired care outcomes. This chapter examines caregiving projects around grandmother's motherwork regarding what encompasses the good life in three manners: the cultivation of religious faith, emotional competency, and food provisioning.

Pray Without Ceasing: Religious Faith and the Good Life

In an effort to understand how caregiving grandmothers conceptualize and seek to fulfill their versions of leading a good life, I asked the following questions in my interviews: “What do you think makes a good life?” and “What kinds of activities do you engage in to live a good life?”. Outside of having a relationship with God, many of the grandmothers stressed the importance of meeting what are considered universal baseline needs, such as having enough food, money to pay bills, and adequate shelter when discussing the good life (Fischer 2014). Four of the grandmothers mentioned living a good life entailed maintaining independence as they got older specifically emphasizing being able to “get around” by themselves. Without being prompted, six of the interviewees responded specifically related attending to the welfare of their grandchildren and succeeding at their efforts as part of living a good life.

In addition, several of the grandmothers positioned their personal relationship with God as being an integral part of living a good life, in spite of their own past or present suffering or perceived missteps. As one grandmother put it to me, “*In order to have a testimony, you must be tested*”. Eleven of the interviewees mentioned having God or strong Christian foundation as an integral aspect of living a good or meaningful life. When I posed the question, “What do you think makes a good life?”, it was oftentimes the first topic of discussion. Interviewees discussed their faith and its cultivation in various stages of their lives. Some talked about the role their parents played in helping establish this foundation, such as having family members take on formal roles within the church, such as a deacon or minister, or having to attend church every Sunday. Additionally, having a relationship with God meant having access to direction for how one should live their life and treat others. This was reflected in interviewee statements, such as “*Making sure your life line up with God’s plan for you*” and “*Quiet as it’s kept, God sets your*

pattern". Others, like Karla, cited biblical passages, "cause Proverbs 3: 5-6 says "Lean not to thine own understanding, but acknowledge him in all thy ways and he shall direct your path".

Not surprisingly, out of the 24 grandmothers interviewed, 11 of the grandmothers reported having a desire to cultivate an appreciation for religious faith, via having a personal relationship with God, within their grandchildren. Interestingly, two of the grandmothers emphasized that while having a relationship with God was important, their grandchildren would need to determine what this would look like within their own lives so they did not believe in coercing their grandchildren to attend church with them. Seventeen of the grandmothers that participated in my study reported taking their grandchildren with them to church. There was considerable overlap between desirable grandchild attributes and the values grandmothers reported their grandchildren are exposed to through church attendance.

During our interviews, grandmothers also talked about the benefits of taking their grandchildren with them to church provided such as learning and being exposed to important values, such as honesty, goodness, and redemption. Others framed church attendance as a way to counter "street life" or the trauma that children have witnessed at home, such as domestic violence, or substance abuse. To be clear, church attendance or cultivating a religious faith, more broadly, was not framed as a linear or consistent path. It can be put down and picked up again. Instead, several of the grandmothers in my study highlighted religious faith for its durability available to them while they "tested the waters" or "strayed away" from living a Christian life. Here, religious faith can operate as a durable, living object and platform to be transmitted to their grandchildren with hopes of transcending time and flourishing long after the grandmothers have passed on. Take 71-year-old Ruby for example.

When both parents demonstrated the inability to “properly” parent their children by her standards, Ruby, 71, decided to step into a familiar caregiving role. Having previously raised her grandson, Carl, Ruby felt like she could once again help out with her great-grandchildren. With Carl incarcerated for the next seven years, Ruby disapproved of the children’s mother to handle parental responsibilities in Carl’s absence. Even her reason for caregiving is conceptualized as an intervention for her great-grandchildren. Growing up in poverty, Ruby found herself married and pregnant by the age of 16, but she was determined to work. After enrolling in every certification that she could find, Ruby proudly recalls working her way from \$0.65 cents an hour to \$17 an hour by the time she retired from a local Detroit hospital after 46 years.

At least once a month, Ruby makes a 10-hour roundtrip with Trevor and Renee to visit their father in prison. She wanted to make sure that the children knew their father despite missing a significant chunk of their childhood. Ruby elaborates:

“Sometimes God has to put you in a place and sit you down where you just have to listen at him. And when you listen at him and he bring you out, it’s a total difference – you could be a changed person regardless of what you been into. You always can change if you have that determination and faith, and that’s what I believe and that’s why I’m trying to help these grandkids to keep the value going so when he does get himself together, uh, he can be able to take his kids over and raise them.”

Here, despite an undesired outcome, Ruby looks to her religious faith to frame Carl’s incarceration and raising her great-grandchildren while their father’s life is put on “hold”. Her statement acknowledges Carl’s sin, but also embraces the possibility for redemption in God’s eyes. While living in this “holding space” with her great-grandchildren, the belief in redemption spurs Ruby’s generative actions of instilling important values within her grandchildren until they are reunited with their father.

Social Change and Emotional Motherwork

The social and cultural context not only shapes perceptions of wellbeing, it also influences the behavior of individuals and groups who orient themselves to achieve their version of the good life (English-Lueck 2010). In the seminal publication, *Black Feminist Thought*, Patricia Hill Collins (1990) describes black motherhood as a dynamic institution consisting of relationships between Black women, their children, which is tied to socio-political concerns of racial/ethnic communities. In the spirit of this definition of black motherhood, this section will focus on how grandmothers forge the good life for themselves and their grandchildren.

Quinn (2005) maintains that while the content of child rearing practices varies cross-culturally in terms of what is being taught to children; however, a parent's desire to reproduce culturally valuable adults, which is accomplished through practices, such as enforcement of particular behaviors and/or emotional competency, is universal. During my interviews with grandmothers, many discussed the importance of teaching their grandchildren "proper" ways to eat, speak, emote, and behave in school settings. On the surface level, these behaviors align with Quinn's (2005) statement regarding raising culturally valuable children and grandchildren. However, my interviews indicate that black grandmothers desired transmission of beliefs and values and associated behaviors to their grandchildren are also political and strategic in nature and reflect their lived experience.

This lived experience is situated within a "knowing" that transcends the lifespan of the grandmothers interviewed in this study. In *Myths/Histories/Lives*, Michael Jackson (2010) argues that history is embodied in the present and can be understood as a mode of being. In the retelling of narratives, "the past and present are continually collapsed" (Jackson 2010: 139). In other words, the past can be found still working on the individuals and groups of people in the present

through the “cumulative and collective emotional and psychological injury both over the life span and across generations” (Brave Heart 1999: 2).

In feminist historian Brittany Cooper’s TED talk (2016), the *Racial Politics of Time*, she argues that black people do not own time, but exist outside of it due to racial inequities. Cooper contends this is reflected through the ability of those in power to regulate the “pace of social inclusion”. History is filled with social movements and organizations that emerged to push against this pace, such as the Civil Rights Movement, the Combahee River Collective, and Black Lives Matter. Additional implications for not owning time includes families put “on hold” with their loved ones incarcerated, such as Ruby’s family, as well as the numerous health disparities that shorten the lifespan for African Americans. According to the Detroit Area Agency on Aging (2012) report, *Dying Before Their Time*, the health status of Detroit residents over the age of 50, when measured by the rate of hospitalizations, mortality, and the number of individuals living in a medically underserved area, is 30% higher than the rest of the state of Michigan. The resulting pace of social inclusion is thus highly political, and something to which African American grandmothers must continually respond. All are tempered by time. Cheryl Davis (2016) notes that part of Black motherhood entails the physical loss of children for some, but also involves living under the *threat* of losing your children or risk of being singled out by negatively for many more. In part, mothering practices from the caregiving grandparents from my study seem shaped by these concerns.

In my analysis, I found that caregiving grandmothers were likely to discuss specific strategies that reflected socio-political concerns. This could be due to the greater amount of control primary caregiver grandmothers possess when making decisions on behalf of their grandchild’s wellbeing. Take Trisha Spencer for example. Trisha, 46-year old medical

professional, has raised her three-year-old grandson, Demetrius, since he was infant. After giving birth to Demetrius, her daughter, Sarah, suffered from post-partum depression and Trisha stepped in to raise her grandson, hoping this would help her daughter complete her education. Trisha had previously given birth to her own son, Daveed, less than a year before Demetrius was born. Trisha tells me that Demetrius spends every weekend with Sarah. When I asked Trisha about her normal routine with her grandson, she emphasized her preferences for keeping Demetrius and Daveed “busy” at all times:

“My next-door neighbor said they be wanting to play, but they have a schedule. Your mama may not work with you like I work with them. I can't help you with that, but I don't want my son to be a statistic. See, in the third grade, they already got the pipeline. They building jail cells 'cause they know. So I need to give him a fighting chance, not a low chance but a fighting chance. They already say that they kill our kids automatically, anyway – not that one and not [Demetrius] and not [Daveed]. They're prayed for. You're not gonna' kill them.”

Here, Trisha makes it clear that she isn't surrendering her grandson and son's future to any of the situations described above, but acknowledges that there are structural forces at play working against the well-being of her grandson and son. For Trisha, the threat of potential violence in any form, where she draws on her lived experiences as a black woman informs her mothering practices. If she doesn't, the consequences can be deadly. Her distinct awareness has shaped her mothering practices and awareness of what her grandson and son may face. She is working to ensure that Demetrius and Daveed have a “fighting chance” to live the good life that she envisions for her family.

In my study, I noticed this vigilance was also present among the emotional “motherwork” caregiving grandmothers worked to cultivate within their grandchildren. Seated on the couch downstairs, 9-year-old Corrine and I chat about her Barbie doll collection with specific attention to her favorite—Sally. I ask Corrine Sally's age and she informs me that Sally was born on

February 25th and is also 9 years old. Corrine quips, “*She’ll be 10 if she makes it to next year.*”

By this time, Corrine’s grandmother, Doris, has emerged from her bedroom and has joined us downstairs. I ask Corrine why Sally wouldn’t make it to her 10th birthday and she replies:

“*Because she would pass. My Granny is old and she won’t make it either.*” Corrine jumps off the couch, lays on the ground with her eyes closed and hands enclosed around her neck to demonstrate. After instructing Corrinne to get off the floor, Doris tells her that she has “plenty of living to do and wasn’t going anywhere”. Later on that day, Doris tells me that Corrine has become obsessed with dying and has been temperamental since her father’s death by gun violence two years prior. Doris has enrolled in children trauma camps and workshops to help Corrine process her father’s death. Similar concerns about redirecting harmful emotions within their grandchildren also arose during MAP meetings.

The Mothering Again Partnership (MAP) coordinator, Winifred, typically shared news regarding upcoming events and opportunities largely around programming for older adults and youth. Many of the grandmothers commonly expressed concerns over being able to relate to their grandchildren in a manner similar that a parent due age and generational differences. For instance, a common theme pertained to disrupting the impact of technology and social media. Evelyn, a frequent MAP meeting attendee, stated during a meeting: “*They are always on the Internet and I don’t know anything about that or who they talkin’ to*”. Another common theme reflects a shared sentiment toward finding social activities that didn’t exacerbate their emotional and/or physical health. When a member mentioned planning a summer trip to a water park for MAP members, Marva, a MAP attendee, asserting her concern with the field trip stating: “*My two [grandchildren] have a lot of energy and I find it hard to keep up with them with arthritis in both of my knees*”.

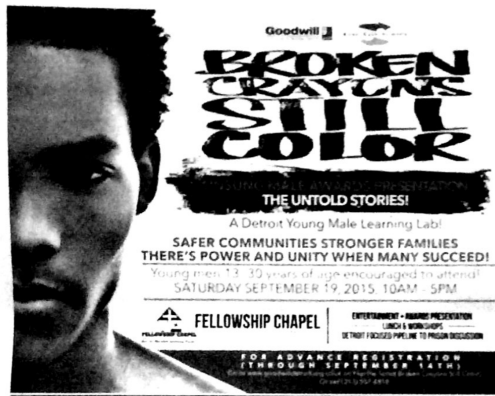


Figure 4. Broken Crayons Still Color Flyer.

Some group members attended and/or have their grandchild(ren) attend community events around youth empowerment. For example, during one group meeting, a flyer for Broken Crayons Still Color, a day-long workshop, was circulated among group members. This event was geared towards young men of color (13-30) and had different workshops led by men with experience from the “streets”. Some of the workshops were entitled: *“Don’t Be Another Broke Gangsta- Arm Yourself with Employability, Killing Some Mothers Child Isn’t Manning Up, and From the Hole to Independence and Prosperity”*. While Winifred relayed information to group members about the workshop, I could see many of the women nodding their heads, humming in agreeance to the group coordinator’s call to help the young men of Detroit become “something with themselves”.

In this case, the emotional competency grandmothers seek to cultivate within their grandchildren was informed by the desire to see their grandchildren avoid ‘traps’ they’ve witnessed in Detroit’s youth and in many cases their own children. For example, over several months, I observed various group members commenting on the youth in Detroit being ‘angry’ and ‘hopeless’, which drives them to make reckless decisions, such as getting in trouble in school or caught dealing drugs. Economic hardships and political unrest can create a dialectical

relationship between the state and embodied conditions of mistrust, anxiety, and perceptions of bodily harm (Tapias 2006; Hamdy 2008). In *Emotions and the Intergenerational Embodiment*, Tapias (2006) examines how emotions, such as anger and sadness, perpetuated by economic insecurity and violence impact how Bolivian women perceived their personal health and the health of their offspring. In my research study, grandparents tended to associate feelings of anger and hopeless regarding disillusioned youth in Detroit.

Thus, sending their grandchildren to workshops, such as Broken Crayons Still Color, serves as platform to help deal with perceived harmful emotions, like anger; in addition, grandmothers recognize the need to help prepare their grandchildren for a Detroit vastly different from the city these grandmothers grew up in and raised their own children. They can't and don't want to do it alone. That said, I do not intend to suggest that the grandmothers are convinced that intergenerational programming and workshops will serve as a life alternating solution, but only to highlight their awareness of their social landscape from which they are raising their grandchildren. I posit that the workshops serve as a form of "busyness" that grandmothers believe will help protect their grandchildren from outside influences as well as cultivate their self-esteem.

Food Provisioning as Care

In this section, I explore how African American grandmothers raising grandchildren use their experiences with food quality and preparation as a site for grandchild care to counter healthy eating discourse circulated by white non-profit staff during workshop encounters. I draw on semi-structured interviews with grandmothers and participant observation of a 6-week family nutrition workshop, which was heavily modeled using instructional materials from various U.S. federal nutrition and agriculture organizations. Specifically, I detail reactions to various dietary

recommendations, such as acceptable portions of meat, and alternate foods proposed by staff members as healthier food options. I consider the tension between what is promoted as “healthy” eating from staff members and “good” eating by grandparents. I argue that this tension is reflective of racialized, gendered and generational expectations of kinship care and quality of life for grandmothers and their grandchildren.

I was approached by Winifred, Mothering Again Partnership (MAP) coordinator, to help co-facilitate a 6-week healthy living program that consisted of two components: chair yoga on Tuesdays and nutrition workshop ran by the local non-profit, Greens for Life, on Thursdays. Group members were instructed to arrive 30 minutes prior to the start of each nutrition workshop session, so that we could eat the lunch that Winifred provided for group participants. Lunch usually consisted of different types of meat, sometimes fried, a side dish, such as potato salad or a side salad coupled with sugary fruit drinks and various kinds of dessert. While eating lunch, the non-profit staff would often arrive to set up their materials needed to run the workshop. The lead workshop instructor, Thomasina, appeared uncomfortable with this observation and eventually pulled me aside asking, *“Is this typical lunch fare for the group?”*. I reply affirmatively. It was not lost on me that she was attempting to draw attention to the perceived irony of consuming such foods just prior to participating in a healthy eating workshop.

Each Thursday, Thomasina, Greens for Life facilitator, and other staff members run the nutrition workshop structured around a different food group each week. The workshop consisted of instruction, group activities, and live cooking demonstration of a healthy meal prepared by Jamie, a Greens for Life chef. At the end of each workshop session, participants were sent home with ingredients to replicate the demonstrated meals within their own homes. During the first session, Thomasina scans the room and asks the group if they are familiar with MyPlate, while

holding a plastic white plate with a large colorful pinwheel displaying the familiar food groups: protein, fruits, grains, vegetables, and dairy. Effectively replacing MyPyramid Food Guidance System in 2011, the MyPlate informational campaign was designed to encourage healthy eating habits and was modeled after the Dietary Guidelines for Americans (U.S. Department of Agriculture 2017).



Figure 5. Group participants observing Jamie chop vegetables.

Setting the stage for the entirety of the workshop, Thomasina highlights that the workshop curriculum was specifically tailored for families, including those raising grandchildren. We are all given a Cook Matters for Parents workbook, filled with recipes and nutrition tips. Over the 6 weeks, Thomasina directs group participants towards discussions regarding their food provisioning and consumption practices within their home such as, *“How often do you serve your grandchildren fruits and vegetables at home?”*. As a gendered domain, women have largely been tasked with domestic care work within the kitchen area, which involves tasks such as food preparation and provisioning (Engelhardt 2011). The kitchen area is where grandmothers reported instructing their grandchildren to “say grace” prior to consuming their meal. It also represents an intimate setting, where values and beliefs are animated regarding

food choice, preparation and consumption practices and kin relations are actively carried out and maintained through the sharing of meals (Carsten 2004).

Sometimes, good eating according to Greens for Life staff and/or group participants, is achieved and other times, it is not. Thomasina directs group participants to their own kitchens where they are asked to discuss the contents of their refrigerator and pantries. By invoking the domestic space, she is bringing forth choices that grandmothers make on behalf of themselves and their family regarding their wellbeing in a public manner. The implications of this are illuminated in the following example during Thomasina's lecture on different sources of protein and healthier options.

Thomasina begins her lecture by referencing that most Americans consume more protein through meat than is recommended by the USDA. She notes that over time it could lead to a plethora of health complications, such as high blood pressure and obesity. In the background, Jamie is preparing turkey and tofu mixture for group participants on the portable stove. He places them in small plastic cups and I distribute them to group participants. Thomasina asks if anyone has tried tofu before and that one way to cut down on the amount of meat served during meals is to blend with healthy options, such as tofu. The majority of the group participants state that they've never had it before or consume the food item regularly. Seraphina, one of the most vocal participants in the group, blurted out loud:

"Maybe that's how White people do it, but where I'm from you got to have enough meat. That's good eatin'."

I could see other participants nodding their heads in agreeance with statements such as *"Mmm-hmm"* and *"That's right"* echoing within the group. Through Seraphina's employment of "we", she is drawing a boundary between the White non-profit staff and the largely African American group participants. Food can be used to both establish group belonging and distinguish other

groups from one another (Mintz and Du Bois 2002). Specifically, Seraphina is pointing out a difference between food preparation and presentation by voicing her objection towards compromising the meal through the infusion of adding an additional ingredient, in this case, tofu. One interpretation of the above interaction is that Seraphina and other group participants were acting defensively. At the end of the workshop session, three of the participants attempted to gift me their tofu.

While the Greens for Life staff emphasized the affordability of several of the foods discussed throughout the workshop to incite behavior change, they did not situate the food provisioning process in the city of Detroit. Considered a malserved area, around 23.8% of Detroit's population is considered to be food insecure (Danziger et al. 2014; Allard, Wathen, Shaefer, and Danziger 2017). Minority and low income residents, particularly those that are food insecure, are more likely to participate in food assistance programs and workshops, like Greens for Life, and therefore are more exposed to public health messages that transfer the burden of care from the state to the grandmothers (Carney 2015). During one workshop session, Thomasina reminds grandmothers that their grandchildren “*model their behavior after yours, so you'll want to set a good example*”. Here, she is employing the additional surveillance of their grandchildren regarding food provisioning practices within the home and implying that the actions that are made in the present could have an impact for their grandchildren's future.

Conclusion

In this chapter, I have explored conceptions of the good life and associated activities among caregiving African American grandchildren. I have examined how grandmothers these conceptualizations intersect with their caregiving responsibilities with their grandchildren across three domains: the cultivation of religious faith, emotional competency, and food provisioning. I

argue that perceptions of the good life are closely tied to gendered, racialized and generational expectations of care.

CHAPTER 6: CONCLUSION

It's not easy. I can tell you that. It's not an easy thing...It's not an easy thing raising grandchildren, but I wouldn't put it off on nobody else. I wouldn't want nobody else to raise them but me since I'm the next closest to my daughter. I wouldn't want nobody else to raise the children. I would like to be the one to raise them.

Clara, a 68 year-old primary caregiver

Throughout this dissertation process, spanning from data collection, analysis, and the write-up phase, I set out to examine why African American grandmothers were caring for their grandchildren and what this care entailed while living in Detroit, Michigan. As a result, I wanted to explore: why are grandmothers caring their grandchildren and what did this care look like? This extended mothering network has been frequently referenced in studies examining African American kinship structures (Stack 1974; Mullings 1997; Barnes 2015). However, I posit that this recognition of the racialization of care and caregiving is limited without further exploration into the motivations behind providing intensive grandchild care and ethnographic investigation into lived realities of caregiving African American grandmothers as well as their relationships with their grandchildren. To this end, I developed care calculation as a framework to address these limitations and center the lived experiences of older caregiving African American grandmothers as they negotiate individual and familial wellbeing.

Utilizing intensive grandchild caregiving as a case study, I introduce the concept of care calculation as an interactive and processual mechanism where functional, emotional, and temporal aspects of kinship care are continually being evaluated by caregivers. Care calculation also illuminates the intentions and motivations surrounding kinship care, such as making the decision to provide care as well as factors that influence their caregiving practices. Throughout this dissertation, I have argued that grandparent caregiving should be understood as an agentic process where making the decision to care and associated care work cannot be explained entirely

by biological relatedness or responding to a set of circumstances. Within this dissertation study, I draw on anthropological considerations of kinship and care & well-being and the good life, as well as black feminist approaches to mothering and motherhood, to inform my discussions of care calculation.

As I detailed in Chapter 3, previous studies have utilized family making within gay and lesbian and transnational adoption families to show how kin relations are fostered through other means, such as care, without the presence of biological relatedness (Weston 1991). Here, these studies demonstrated how family making manifested through the opportunity of being able to ‘choose’ your family and thus directing your time and resources to those chosen individuals. This dissertation contributes to literature on anthropological studies on care and caring acts as the mechanism for which kin relations and relatedness are created and maintained by unpacking assumptions embedded within traditional kinship roles such grandparenthood. Given the considerable time investment, I utilized intensive grandchild care as a case study to explore how caring kin relations are initiated and maintained among African American grandmothers and the political-economic context from which the need for grandchild care has arisen throughout their life course.

Care calculation also contributes to black feminist theories on mothering and motherhood by centering the lived experiences of older African American women. Coined as othermothering, Patricia Hill Collins (1990) details the prominence of extended mothering networks among African American families and the role of kin members, such as aunts and grandmothers, as well as non-kin women taking up care of non-biological children for a myriad of reasons. However, without moving beyond recognition of older African American women’s care work, we run the risk of marginalizing the lived experiences of older African American women and their

contributions to the institution of black motherhood and their care work. That said, the concept of care calculation expands our discussions of black feminist motherhood and mothering by detailing the intentions and motivations behind providing intensive grandchild care and their resulting caregiving practices. This allows for both the recognition of social location in determining African American kinship structure, while making room for discussion of older African American women's agency regarding kinship care.

Finally, the concept of care calculation builds on anthropological considerations of wellbeing and the good life, particularly Fischer's (2014) argument that understanding perceptions of the good life individuals and populations requires consideration of their beliefs, aspirations and visions that orient their engagement with the world beyond the accumulation of material objects. In this dissertation, I use care calculation to show how understanding idealized forms of wellbeing and the good life can be used to understand grandparent and grandchild kin relations and their associated caregiving practices. I argue that perceptions of the good life are closely tied to gendered, racialized and generational expectations of care. African American women have always existed on the margins of the state and thus are oftentimes rendered illegible by the state. This is even more evident for older African American women. However, from this illegibility, African American women have forged new pathways regarding making space for themselves and their families. Living on the margins of the state has also informed how African American grandmothers understand own their positionality in relation to the state and this is evident in their parenting strategies with their grandchildren.

That said, I have used the framework of care calculation to guide my examination into how a group of African American grandmothers navigate intensive grandchild care and securing individual and familial wellbeing in Detroit, Michigan through the following research questions:

(a) How are ties of caregiving responsibility created and maintained among grandparents caring for their grandchildren? (b) What constitutes a good life for caregiving grandmothers? (c) And, how are perceptions of the good life and wellbeing related to transmitting values to their grandchildren?

Othermothering in African American Communities: Then and Now

As I detailed in Chapter 3, the need for intensive grandchild caregiving and the care work that gets taken up by African American women is influenced by their social location, being both black and female, as well as being responsive to broader social political realities at the time. Indeed, in my study, I found that many of the grandmothers were able to recall instances of being cared for by neighbors and extended family members in Detroit while their parents worked. Furthermore, I found that the distinction between occupying an extensive babysitter and primary caregiver role can fluctuate as the carework performed by African American grandmothers commences and ends throughout their life course. For example, some extensive babysitters reported serving as a primary caregiver for their grandchild(ren). I also found that ten grandmothers, both extensive and primary caregivers, had previously cared for a grandchild for an extended period of time. As shown in Figure 1, this does not include those had previously taken on care for an elderly parent, spouse, or another family member.

In my study, I conducted interviews with two groups within intensive grandchild caregiving: extensive babysitters and primary caregivers. Among the primary caregiver grandmothers, the reasons for providing grandchild care usually stemmed from a parent's inability to provide care for their child (e.g. exposure to domestic violence and substance abuse, incarceration or death of a parent). While these reasons are not unique, my objective in Chapter 4 was to demonstrate how grandmothers framed their decisions regarding undertaking intensive

grandchild caregiving roles. Based on my interviews with primary caregiver grandmothers, I found their justifications for providing intensive primary grandchild care included their recognition of biological relatedness between themselves and their grandchildren, protections their mistrust in Detroit's child welfare system, or in some cases, others reported feeling like they didn't have another option. Interestingly, when I inquired about if they felt this type of intensive caregiving should be considered as part of their role as a grandmother, many disagreed.

As discussed in Chapter 4, I found that the majority of the extensive babysitter grandmothers provided care for their grandchild(ren) in order to assist the working parent(s). Within this sub-sample, half of the participants specifically referenced the unaffordability of child care as their motivation for choosing to care for their grandchildren. In this case, many of the grandmothers made a distinction between the job opportunities available to their children and grandchildren compared to their generation. Even though the availability of factory positions had long begun tapering off during their working years, the grandmothers in my study reported spending several decades at their factory jobs and were able to collect pensions (Sugrue 2005). Beyond their reasoning, these interviews also reveal that grandmothers that part of their willingness to provide grandchild care is informed by their understandings of larger socio-political-economic realities within Detroit's landscape.

In Chapter 5, I discussed how formulations of the good life are shaped by caregiving practices as a mechanism to highlight motherwork, as a form of care calculation, performed by intensive grandchild care grandmothers. For many extensive babysitter and primary caregiver grandmothers, maintaining a personal relationship with God was reported central towards their wellbeing; not surprisingly, their caregiving practices reflected their desire to cultivate a similar relationship within their grandchildren. This was accomplished through activities such as

bringing their grandchildren to church as a way increase their grandchildren's exposure to important values as honesty and redemption, which are also reinforced at home. In addition, the grandmothers discussed cultivating religious faith within their grandchildren as a durable, "moral compass" available to their grandchildren when the caregiving grandmother has passed on.

I also demonstrated how African American caregiving grandmothers caregiving practices and their motherwork are also informed by their social location and lived experiences as African American women. In this study, I focused on how this manifested primarily across three different domains: religious faith, emotional competency and food provisioning. For instance, I showed how MAP members used to youth empowerment workshops to counter perceived harmful emotions within their grandchildren. In another example, I showed how care and caregiving practices are racialized around food provisioning as African American workshop participants' perceptions of what counts as "good eating" conflicted with the White non-profit staff. The primary takeaway from Chapter 5 was to highlight the responsive nature of the grandmother's caregiving practices as well as their recognition of the sociopolitical context from which they are raising their grandchildren. As a result, the actualization of living a good life and wellbeing for grandmothers and their grandchildren requires a persistence vigilance over past, present, and future personhood as it relates to living as African Americans within the United States.

Study Limitations

There are a few limitations within this dissertation study. First, the study population consists of a convenience sample, and the majority of participants were older, retired African American women. In the U.S., most people consider middle age as ranging between 44 to 60 years of age (Toothman and Barrett 2011). This is significant, because the average age of becoming a first time grandmother for African American women is 43 years of age (Watson and

Koblinsky 2000). Additionally, around 58% of grandparents caring for their grandchildren are in the workforce (Generations United 2014). Because my recruitment strategies, particularly location based sampling, occurred during the day, working grandparents might have been less likely to attend these events than retired grandparents. Capturing the variation between life course development stages, such as middle age, and work status could have added more complexity to this dissertation study. For instance, balancing family life as a caregiving grandmother as well as a career may have implications for future care and wellbeing as women find themselves adjusting their retirement plans in order to maintain financial stability (Harrington Meyer 2014).

In addition to participant observation, this qualitative dissertation study involved performing semi-structured interviews with 24 single intensive grandchild care grandmothers and 3 intensive grandchild care couples. These interviews were enough to reach saturation regarding the study's objectives and research questions. That said, given the sample size, the results generated from this study do not support generalizability. However, these data generated from the interviews were sufficient enough to examine the circumstances around intensive grandchild care and formulations of the good life among a group of caregiving grandmothers.

Third, this dissertation study did not involve formal interviews with any of the participants' grandchildren. Given the study's focus on grandmother-grandchildren relationships, and the minimal contributions of studies on youth's perspectives regarding these caregiving relationships, the inclusion of their perceptions would have enriched the study. For instance, as kinship and care are generated and maintained through social practices, the inclusion of the care recipient, in this case the grandchild, provides an additional perspective than the caregiver.

Unfortunately, it was not possible to interview participants' grandchildren due to scheduling difficulties; this will be a top priority in future studies.

Finally, this dissertation study did not include many male caregivers, and did not include any solo male caregivers. While intensive grandchild care within African American families remains heavily performed by African American women, men have been noted to provide equally supportive roles within a partnership or as the sole caregiver, but their efforts may go underreported. During my interviews with couple grandchild caregivers, the male participants talked about the care work, including emotional labor and physical care, they provided for their grandchild(ren). As a female researcher, my gender may have limited my access to male caregivers without their presence and participation of their spouses due to the dissertation's recruitment strategy significant dependence on location-based sampling, and women tend to appear at organized events than men.

Future Directions and Conclusion

This dissertation examines the nature of intensive grandchild caregiving among a group of African American grandparents in Detroit, Michigan. While the data generated from this study are not generalizable, they do provide insights into African American grandmothers' motivations for providing care, their caregiving practices, and how caregiving relationships shape expectations for individual and familial wellbeing. Future studies might consider the implications of neighborhood change and transition regarding social networks within post-industrial settings, such as Detroit, Michigan. Specifically, how have African American mothering networks, historically facilitated by family and friends within close proximity, changed over time? This could offer insight into the impact of large scale transformations on African American mothering networks and related caregiving practices within post-industrial settings.

Furthermore, how do communities benefit from having grandparents taking care of their grandchildren? In my study, several of the primary caregiver grandmothers were involved in organizations that interfaced with their grandchildren's educational activities, such as the Parent Teachers Association (PTA). Are caregiving older adults more likely to engage in volunteer positions than non-caregiving older adults? How do ideas put forth by older adults get disseminated within these spaces? These future studies could provide insight regarding the impact of caregiving relationships on older adults' social engagement at the community level.

In conclusion, this dissertation study has examined motivations for providing intensive grandchild care and associated caregiving practices among a group of African American grandmothers living in Detroit, Michigan. In doing so, this study explored on how caregiving relationships among kin members are initiated without the presumption of biological relatedness. Furthermore, in examining how formulations of wellbeing and the good life are shaped by caregiving relationships, I highlighted the responsive and interactive nature of intensive grandchild care as caregiving grandmothers actively negotiate and navigate individual and familial wellbeing.

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