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ABSTRACT

Five African American women employed at a Florida clinic that serves low-income clients in a predominantly African American neighborhood were interviewed and observed for more than a year. The interviews and observations revealed that, although none of the five women was a licensed counselor, all of them manifested qualities often associated with the profession of counseling. The five women counseled their adult patients in parenting and other problems, helped discipline patients' children, communicated with patients in "their own language," and collaborated to serve and meet the practical needs of patients and patients' families through services provided at the clinic and community center in which it is located. All of the women were actively involved in the church and relied on it as an educational institution and provider of moral and spiritual support, and they all used the "strategy" of situating their patients in a supporting network of which the church and clinic are critical links. It was recommended that educators adopt/adapt the educational techniques and tools used by the five women when dealing with students of backgrounds similar to those of the clinic's patients. (Contains 11 references.) (MN)

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Makin' a Life:
Parenting in Families of Color

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I am deeply indebted to the women at the Bond Clinic in Tallahassee, Florida for sharing their stories with me and allowing me to give them full credit by using their real names.

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I make sure that my granchil'ren don't slip between the culture of this thing, whatever it is that young people is goin' through. I feel like the parents, some of the parents, can save and preserve their chil'ren. Some of 'em can't. Because it's a lot of 'em into partyin' and goin'. But I feel that when you git a certain age it's time for you to leave that alone and be in tune with makin' a life for your chil'ren. But even if it's not your chil'ren, it's your granchil'ren. See where in my case I'm talkin' about my granchil'ren.

Ms. Netha.

Ms. Netha is one of five women employed at the Bond Community Health Clinic in Tallahassee, Florida, who shared their experiences as parents. Bond serves low-income clients in a predominantly African American neighborhood. Through our conversations the women detailed the strategies and skills they use as parents and as health practitioners. During our conversations, I observed the critical role the women in the clinic play in serving members of the community. In this paper, I will focus on two community institutions the women described as important resources for themselves and for their patients: the clinic and the church. While only a few highlights of the study can be presented here, the women's experiences and stories offer educators valuable insight into the African American community--insight that can provide a solid foundation for strengthening ties between schools and families.

When I began the interviews I intended to focus on the women's roles as educators in their families--that is the people with whom they live. However, what I observed at the clinic caused me to revise my original plan as well as my understanding about African American families and communities. What I

discovered was that “makin’ a life” for children is a responsibility that is shared by adults in the African American community.

I met and talked to each of the women frequently over the period of one year. Usually our conversations took place at the clinic, during office hours. Our conversation was often interrupted by a telephone call or a request from a co-worker. These interruptions added a rich perspective to the stories about their children and families because they repeatedly illustrated the manner in which the women collaborate to solve problems. Such a perspective would not have been gained had the interviews been conducted in isolated offices or at a coffee shop after working hours. While listening to the women’s stories about their relationships with their own children and families I observed interactions among the women as they worked together in the clinic and between the women and the patients.

One way the women support and encourage families is to share the job of discipline. They talked to young patients as if they were their own children. After one child became impatient and spoke to his mother with disrespect, Ms. Netha, the clinic receptionist told me:

I sit in here sometimes and the chil’ren, 12, 13, 14, sometimes younger than that be hollin’, “I’m ready to go! You ain’t seen the doctor yet!” They talkin’ to they momma.

I say, “Who you talkin’ to?” They look at me. I say, “That’s right!”

They momma don’t say nothin’. I say, “Uh, uh. You don’t talk like that to yo momma. You got to leave here.”

She say, “I know that lady goin’ to get ya.”

This incident illustrates the responsibility Ms. Netha feels to assist the child's mother by offering the admonishment.

Discipline was only one task that women in the clinic shared. The clinic is part of a "holistic" system of raising healthy children. Dr. Joshi, a family physician at the clinic, described her choice to work at Bond as reflecting her desire to work at a clinic where she could do more than just give a prescription.

We have been able to give support to many people in different ways. It may not be only medical. Sometimes emotional, sometimes, it is just saying, "You can do it!" Sometimes I come and say, "Now Netha, help this person, send them to church, see what you can do."

Although the women are not "licensed" counselors they possess qualities that are often associated with persons of such a profession. Farmer (1989) describes one role a counselor can assume is to help adults with needed adaptation. Individuals who are not professionally trained in counseling, such as Ms. Netha, are able to assist adults. Establishing rapport with patients is an important part of the communication required to effectively and efficiently meet the health needs of patient of limited resources. Ms. Netha's rapport with parents and their children gives her great credibility.

A technique Ms. Netha uses to develop rapport is to "talk their talk". During a conversation with her, I saw just how adept she was at being able to adjust her talk to fit the situation. When I arrived at the clinic to see Ms. Netha, she told me she was probably going to have to cancel our appointment. She was trying to tie up some loose ends before going away for a week on vacation. When I asked her where she was going on vacation she responded "churchin'."

Not understanding her, and without pause or thought, I said, "Excuse me?" She replied, "I'm goin' to a church conference." As soon as she realized I had not understood her "black" response, she switched to a "standard" phrase.

Anthropologist John Gwaltney (1980) called this switching "cultivated ease."

Such a skill allows the speaker to talk to others with different language preferences. In a pilot interview, Marilyn, an African American, said:

I tried to teach my children that the real world is like a rainbow. I want them to learn reality and how to live with people. Some of my kids' behavior caused relatives to say, "You think you're white! Why you talkin' like that?" You know--if they were using correct subject-verb agreement, not black dialect.

Children learn early how to adjust their conversation for the situation. By the time they are adults they may be so adept at it, like Ms. Netha, they may scarcely realize they do it.

Support for diverse language has begun to surface during the last decade. Educators have become sensitive to the cries for acknowledging the diversity of our people. The diversity of language is an area in which we must begin to recognize and respect diversity (Chronicle of Higher Education, July, 1992).

In addition to discipline, counseling and communicating, the women in face the task of meeting practical needs of their patients and families. Marsha, the nurse educator at the clinic, described her job as "makin' a way outa no way." Using this traditional African proverb, Marsha taught me about her job as nurse educator at Bond. This African proverb explains succinctly her role in the clinic. Proverbs have long been recognized for their ability to engender critical thinking

and analytical skills (Daniel, Donaldson, & Jeremiah, 1987). Marsha went on to explain:

“...You go in and work with what they have... Not goin’ in with your background and your values. You have to deal with them and what they have...a lot of the patients don’t have resources, don’t have insurance or jobs that pay well. So you do a lot of knocking on doors and begging for stuff that’s free or little or nothin’. People do come through for us.”

Ms. Netha expanded on another problem they face when working with low income clients:

You give a person a prescription and you tell them to go fill the prescription. They may scrape up enough money to fill the prescription, but a lot of medicines say, “Eat before you take your medication.” You don’t even have food to eat. Where ma food? HEEY? WHERE MA FOOD? GIMME SOME FOOD. Feed me. Den give me my prescription. But don’t go applyin’ these things, before you get to the root of the problem. Before the problem can be solved, you got to find out what the problem is.

Disciplining children, counseling adults, and communicating with individuals of different backgrounds illustrate critical skills and knowledge employed by the women to meet the health needs of limited resource families in the Bond community. The women collaborate to serve the families through services provided at the clinic. Located in a community center, adjacent to a library and recreational facility, the clinic is part of an establishment where people tend to congregate naturally. It functions internally to assist both employees and patients and also serves as a link to other critical resources such as the church.

Throughout our conversations, the women talked again and again about their involvement in the church. Two important functions of the church for these women were that it is first, an educational institution and second, that it provides moral and spiritual support to parents who struggle to do the best they can raising their children. In the following excerpts from two conversations, these points are made:

Marilyn: My children learned how to stand in front of a group and make presentations. This developed oratorical skills like role playing. Often announcements are read, not placed on a bulletin. Often it's children who do that. They have to learn to plan the programs."

Teresa: "Each class gives a review. It gives the students a chance to speak... Then you have another one to read the announcements. We tell them this is their chance to read without being criticized."

Marilyn: "There's a superintendent and secretary in our Sunday School. So we assign a young person to an adult who is in the position and eventually the adult moves out of the role. The child then performs the duties above. This develops skills in conducting meetings and listening and writing skills. I had this experience and so have both my children."

Marilyn: "As the superintendent, something that they are getting that they may not realize until later is that they are learning oratorical skills and how to conduct meetings. For example, in our particular denomination, Primitive Baptist, the Roberts Rules of Order is used to open and close Sunday School in a general assembly. A lot of parents probably don't realize their children are learning these skills."

In a separate conversation, Emma described a difficult situation--one that was threatening to alienate family members from one another. She went to her prayer group at church with the problem. Here is her account:

Emma: We've always taught our kids that you cannot ask me something that you've already asked your Dad and gotten a "no." So my kids know which one to ask. I always tease 'em that, I keep on tellin' 'em that as long as I'm happy then everybody in the family will be happy. Because if I go back in that room and close that door and cry to your Daddy he's goin' to come out and kill you.

Kenny played in a band and they wanted to go to Washington, D.C. It was goin' to cost a nice little chunk. I said, "We can afford it. Carl kept on sayin', "He's not makin' good grades, he's not putin' forth an effort." I went back in the room and I cried and when I came out Carl said, "All right, we goin' to send him, but it's goin' to make him a sorry man."

After all that, we had a prayer meetin' at the church. They said, he didn't deserve to go, it was makin' him sorry. So I told him, "no". So he said, "OK." But he understood the concept.

Barbara: So he didn't go to Washington?

Emma: He didn't go to Washington.

In the first example the educational role of the church is evident as children learn important public speaking skills. In the second example, the church family provides a supportive environment for parents to make family-related decisions. Not only does the church support the function of the parents, the employees of the clinic recognize it as a significant resource for their patients. The women use the church as a principal means to assist their own children as well as their patients to achieve physical, mental and spiritual health. Their "strategy" involves situating patients in a supporting network, of which the church and clinic are critical links--places where parents teach and where parents learn.

I began to realize that the commonly accepted meaning of "family" may not be appropriate to describe the African Americans. "Those persons who are related to each other by blood, marriage, or adoption and who share the same household," (U.S. Census, 1982) is hardly sufficient to describe the families to which these women belong. "Parents" are not necessarily a biological mother or father. Families are more than a group of individuals who live in a particular house. A more inclusive and meaningful definition of family, offered by Karenga (1982), is "ways of teaching, structuring, validating, changing and expanding social behavior and relationships". A related and interesting discovery of this research was that African American families are indeed different from white American families but when compared with families in other cultures of the world, African Americans look much more like the other families than do the white American families (Bornstein, 1991; Burgess, 1980; Saran, 1985). This new perspective on families combined with the women's stories and experiences educators can derive some important strategies for strengthening ties with African American families.

Strengthening Ties with Families: Summary and Recommendations

Many parents remember school as a hostile place where they were neither wanted nor respected. Ms. Netha explained how some parents feel:

You might could talk better with the educated parent than you can with the other parents. But when you git somebody that's not educated themselves, low self-esteem and you well-dressed and they don't have dress and you goin' to tell them somethin' about their chil'ren, then they git a cocky attitude. Then they start actin' like a nut.

Strengthening ties begins with developing rapport. Listening is a critical communication tool. Listening builds self-esteem. It is easy to listen to stories and stories are a common means of expressing ones self in many cultures (Mishler, 1986). Stories are a natural, non-threatening way to share and compare experiences. Story-telling redistributes the balance of power from a traditional interview where researcher controls the process to one in which the participant becomes empowered. Parents can talk about what is important to them rather than what is important to the educator. Story-telling gives voice to participants-- in this study, they had a voice in shaping the final printed text through the stories they told. The stories reveal a host of resources that can be used to support educational endeavors.

Educators can adopt/adapt the educational tools and techniques used by the women in this study. Proverbs will enrich everyone's learning and enhance communication. Invite community leaders to speak--listen to the way that they communicate with their followers. Identify ways to communicate other than sending home "Dear Parent" notes. Go into the community--don't always expect them to come to the school. Visit their homes or hold meetings in their community centers.

A major concern of educators in the schools should be to become familiar with existing networks and use them to support educational undertakings. Focus on their strengths. Woodson (1986)reminds us that "the only reason to spend your time studying failure is if you want to produce more failure."

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