

# Family Structure and Intervention Strategies<sup>a</sup>

## Beyond Empirical Research

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Choosing an appropriate conceptual framework, theoretical perspective, and methodology to conduct psychosocial research on families with sickle cell anemic children is a major step in understanding the realities of their family functioning and coping. However, research approaches used to study black families, regardless of the presence of a sick child, have historically used frameworks and perspectives that have focused on pathologies rather than the range of family conditions. As a result, very few data exist on black families that describe and explain the variety and levels of family functioning. Thus, little is known about resilient and organized black families versus those that are dysfunctional and disorganized.

Some family theorists and researchers have discussed the limitations specific conceptual frameworks have had on researchers choosing theories and methodologies to study black families. Allen asserts that researchers have conceptual and ideological "blind spots" in their various approaches to the study of black families.<sup>1</sup> These blind spots encourage conceptualizing about black families in a way that emphasizes deficits, pathologies, and lack of competence and resilience. Allen also suggests that the choice of a theoretical framework that is related to how black families are conceptualized does not allow for interpreting various family structures, and limits researchers from using different theoretical orientations. Staples and Mirande concluded that most theoretical frameworks used to study families in this society are not suited to the study of black families.<sup>2</sup> Existing theories do not allow for cultural, ethnic, and racial variation in family functioning and coping. The overall theoretical orientation emphasizes the nuclear family and therefore positive and adaptive family functioning is not viewed as existing in other family forms.

In an analytical discussion on the black extended family, Wilson states that definitions of the family as being exclusively the nuclear unit limit our understanding of black family life.<sup>3</sup> He further asserts that our normative belief about the nuclear family is often inconsistent with everyday family functioning because other family forms exist and members function well in them. If we are to assume, however, that the nuclear family is the optimal structure of family functioning, then one's research design may either exclude other family structures or view them as variations of the nuclear model. When these variations of the nuclear family are studied, researchers rarely examine the different or unique ways in which they function based on the given characteristics of the structures.

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Becvar and Becvar assert that we need to examine the variety of family forms that may be supportive of normal growth and development for both adults and children.<sup>4</sup> Butler contends that when researchers conceptualize that differences exist within the black experience, such as various family forms, more comparative data will exist on black families.<sup>5</sup> Such comparisons can help change the sociology of knowledge about black families in this country. Eshelman states that the traditional and old model of the black family was that of one monolithic lower class with multiple problems.<sup>6</sup> The new model emerging, he contends, emphasizes the black family as having a variety of types at different social-class levels. The different family types vary according to demographic, situational, and personal characteristics. Therefore, the various types, similar to those identified by other researchers, have distinct problems from one another and they have different kinds and levels of functioning.<sup>7</sup>

Overall, black family life is like that of others in the American society, which reflect an array of family forms and ways of coping. Thus when conceptualizing and researching black families, monolithic or unidimensional constructs rarely allow for understanding the variety that exists in the black community. Not one, but different family structures are present in the black community and each warrants understanding of how members function and cope within them. For example, the single-parent, not the two-parent, household is often perceived as the dominant family structure in the black community today. To a great extent this perception is due to the increasing amount of research on single-parent problem families. Even when these families are studied, researchers rarely examine any positive aspects of functioning and coping. An increase of research on single-parent households, to the exclusion of those where two parents are present, will further perpetuate myths about black family life.

Although there has been a steady decline of the two-parent household in the black community since the early 1950s, it still represents 55.5% of all black families. Families of this type are commonly middle class, but also include those of lower income levels. Both mothers and fathers play viable roles and generally have stable families. Each parent also usually contributes to the economic base of the family and participates in caring for the children. Therefore, to continue studying black family life as one monolithic form, in which single females are not coping and children are not thriving, greatly limits the knowledge base made available on black families. Research questions, conceptual frameworks, and theories that address the variability of black family life will no doubt expand what is now known about black family functioning and coping.

This paper focuses on addressing some of the methodologic concerns discussed earlier as they pertain to understanding family structures in which sickle cell anemic children are present. This discussion also includes information about how the development of intervention strategies used to address the needs of families with sickle cell anemic children is influenced by how black families are studied. Implications for establishing interventions are discussed in light of methodological issues.

The findings reported here are from a study conducted by Slaughter and Dilworth-Anderson involving 34 extended black families in which sickle cell anemic children were present.<sup>8</sup> The major focus of the study was to examine the impact that sickle cell children have on extended family functioning and coping. A conceptual framework using a competence, rather than a deficit, model guided the research questions and information generated from this study. See Dilworth-Anderson and Slaughter<sup>9</sup> and Slaughter and Dilworth-Anderson<sup>9</sup> for a more detailed discussion on the conceptual, theoretical, and methodological perspectives used in the study.

The study was conducted in Chicago, Illinois using samples drawn from two different area hospitals. Between the two hospitals, 56% (19) were recruited from the first and 44% (15) from the second. Since the study focused on assessing extended

family functioning, the researchers attempted to interview three different generations from each family in the study. Therefore, an adult member of the sick child's household, a grandparent, the sick child and any close-aged sibling in the age range of the child in the family with sickle cell disease were interviewed.

### THE ISSUE OF FAMILY STRUCTURE

Three different family structures were found among the 34 families in the study: (1) female-headed, single parent; (2) mother, father; and (3) multigenerational. Although the study was not designed to delineate these different family forms, it was the researchers' conceptual framework that allowed such structures to inductively emerge from the various households studied. When conceptual frameworks allow for viewing the family as an extended kin system, such as that used by Slaughter and Dilworth-Anderson, then researchers are better able to identify a range of family forms that are representative of black family life.

Among the 34 families in the study, 10 of them (about a third) were identified as female-headed, single parent. Thirteen (41%) represented the traditional nuclear family with the mother and father present. Ten families (29.5%) were multigenerational in structure. Each family structure has unique characteristics that define it and influence its level of functioning and coping in reference to addressing the needs of the sick child. In the female-headed, single-parent families, the parents generally received little or no support from secondary caregivers in providing care to the sick child. The lack of support system available to these women is representative of many female-headed, single-parent households, especially if they are very poor. Norton and Glick characterize the typical single-parent household as having a high rate of poverty, a high percentage of minority representation, relatively low education, and a high rate of mobility.<sup>10</sup> As a group, female-headed families generally have little equity or stature in the American society and have pressing social and economic needs. It is these characteristics, as was the case in this study, that restrict many female-headed, single-parent families from developing a system of familial reciprocity within a kin network. Social exchange theory teaches us that family systems and subsystems function best when members have something to contribute. Psychologically, identification within the family system is encouraged through reciprocity which enhances a sense of belonging.

The 14 families in the study representing the nuclear family structure did not use the extended family network in helping to care for the sick child. These families, unlike the single parent and multigenerational, included parents with the highest occupational and educational levels in the study; their socioeconomic status allowed them to develop support systems independent of their extended kin. These families exhibited a high degree of role flexibility and adaptation in addressing the needs of the child with sickle cell disease. It was through their resourcefulness that mothers and fathers could have interchangeable roles, and their knowledge about how to seek external support enhanced their coping and functioning. Thus, from the transactional family process perspective, these families know how to integrate, maintain, and promote growth as a family unit without the support of a kin network.<sup>11</sup>

The 10 families in the study that are multigenerational in structure are indicative of the kin network system that most often describes black family functioning. These families, as Martin and Martin discuss,<sup>12</sup> are characterized by an extended family network that has a family basis, is made up of subfamilies, and has a viable mutual support system. In the 10 multigenerational families identified in the study, the extended kin provide significant support to and care for the sick child. The nuclear

family in which the sick child is situated is embedded in a viable kin network. The primary caregiver, usually the mother, is supported by the collective efforts of family members both within and outside the nuclear family.

Each of the above-mentioned family systems structurally defines who is involved in helping care for sickle cell anemic children in black families. They further provide insight into the family as a "system." The identified family structures found in the study represent a different family system which would suggest that different interventions are needed to address their distinctive features.

Because little, if any, information exists on identifying the different family structures in which sickle cell anemic children exist, approaches used to develop and implement interventions to address the psychosocial need of sickle cell anemic children and their families have been hampered. Researchers have provided, in general, such a narrow knowledge base for understanding black family life. In this instance, it is believed that the different family structures identified help broaden the knowledge base on how black families function. This information can also assist practitioners and policy makers when addressing families in which sickle cell anemic children are present. The family types or structures have distinct and overlapping systems of functioning, thus requiring interventions that are both broad based and problem/need specific.

### FAMILY STRUCTURE AND INTERVENTION STRATEGIES

Because the female-headed, single-parent households, unlike the other families in the study, tend to have the most limited support from kin, this type of family would benefit from affiliating with a support group through a community-based hospital or social service organization. However, these mothers, due to multiple responsibilities, seldom have time to attend such meetings. Therefore, outreach interventions could facilitate providing them with support. Also, because these women tend to have limited funds, service providers could facilitate developing a network among similarly situated women and their families. Such networks could foster developing a reciprocal support system. Newsletters and other written materials could also help families since they have such limited time to develop and so few resources to contribute to a support network.

Although the mother-father (nuclear) families experience less stress in caring for children with sickle cell than was found among the single parents, they nevertheless are vulnerable. This is especially true in regard to long-term caretaking of children with chronic diseases such as sickle cell anemia. Interventions that speak to prevention and maintenance would facilitate these families. Therefore, interventions that include short-term family therapy, social outlets, and time for self-development among these nuclear families could prevent and alleviate some of the stress that might be experienced, especially if the sick child suffers with frequent and severe crises. Because few practitioners have the time and agencies have limited resources to address their needs, many families that are considered normal or nonproblematic are seldom provided interventions. However, preventing problems among these families can serve as an effective and viable intervention strategy.

Unlike both the single parent and mother-father family structures, the multigenerational family provides the greatest benefits that enhance family functioning—the kin network. This kin network provides an array of support, both short and long term. However, interventions that address effective utilization of the kin network are important in meeting the needs of children with sickle cell disease in these families. Typically, multigenerational families have several support subsystems such as between

daughter/mother, sister/aunt, and brother/brother. Few multigenerational families have kin networks that are expansive and resourceful enough to address all the various needs that exist among them, especially those requiring economic assistance. Interventions that facilitate utilizing existing resources and acquiring others can enhance the sick child's chances of not getting lost in a large family system that most likely has multiple problems and needs. The multigenerational family works best when the subsystems are replenished so that they can remain resourceful. A child with sickle cell disease can function well within viable subsystems that are supported by the kin network.

## CONCLUSION

The link between methodological issues, empirical research on black families, and developing intervention strategies is complex in design and interpretation. Those interested in applied research are faced with examining traditional research methodologies, the reality of everyday life of a particular group, and the interpretation and use of data collected. As discussed in this paper, creating a knowledge base about black families requires using appropriate conceptual frameworks, theoretical perspectives, and methodologies. Although a competence model was used in the study referred to in this paper, other conceptual and theoretical frameworks exist that will enhance understanding psychosocial issues as they relate to the family and sickle cell anemic children. Frameworks or approaches such as the cultural variant, transactional, ecological, and developmental all allow for studying unique characteristics and variations among black families where sickle cell anemic children are present. Researchers must choose a framework that directly addresses the conceptual views and questions asked. However, if researchers assume and thus conceptualize families coping with sickle cell anemic children from a problematic perspective, then whatever theoretical and methodological approaches available that would provide a different knowledge base will not be utilized. Thus, practitioners are encouraged to relate to sickle cell anemic children and their families as needing to be "fixed" as opposed to helping preserve, maintain, and perpetuate their resilience and adaptive characteristics.

The more often researchers and practitioners share their views, interests, and concerns regarding sickle cell anemic children and their families, the more likely the link between empirical research and intervention strategies will become realistic and meaningful. Given the range of functioning and coping in these families, neither the researcher nor the practitioner can afford to separate himself from the information available to each. Instead, optimal understanding of families of sickle cell anemic children requires that an interdisciplinary link is established between the knowledge base of the practitioner and that of the researcher.

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