

Kinship Ties: Attachment Relationships that Promote Resilience in African American Adult Children of Alcoholics

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Abstract: *For many African Americans, the extended family has been the source of strength, resilience, and survival. Although changes in African American families, like changes in all families in the United States that have diluted the importance of kinship ties, many African Americans continue to place a high value on extended family members. Children of Africans and communities of African descent traditionally interact with multiple caregivers, consisting of kin, and fictive kin. Utilizing both attachment theory and risk and resilience literature, this paper discusses ways to better understand the resilient nature of African American families and how multiple attachment relationships assist at-risk African American children, specifically adult children of alcoholics (ACOAs).*

Keywords: African-American, ACOAs, kinship ties

INTRODUCTION

Alcoholism is a complex phenomenon, with many factors affecting its onset, progress, and remission. The effects on individuals in the alcoholic's life are equally as complex, as is the fact of resiliency in many of those people (Hall, 2007; Hawley, 2000). It is estimated that one out of every eight Americans is the child of an alcoholic (NIAAA, 2002a, 2002b). A rather large body of current empirical research clearly indicates that there is great variability in adult children of alcoholics' adjustment and that, not all children of alcoholics develop drinking problems or psychopathology as a result of their alcoholic parentage (Black, 2001). Many studies (Hall, 2007; NIAAA, 2002a; Velleman, 1999) have pointed to a common core of individual dispositions and support systems in the extended family and community, which appear to foster resilience. This paper explores the effects of secure attachment relationships through a known support system within African American families, kinship ties, in promoting resilience among African American adult children of alcoholics (ACOAs). In this paper, factors related to ACOAs' risk and resilience, and the protective functions of the kinship network within African Americans, which are significant in the development of kinship ties, are presented. I will conclude this paper by proposing an agenda for future research and implications for social work practice.

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ALCOHOLISM AND AFRICAN AMERICAN ALCOHOLICS

Alcohol is the world's most commonly used drug. Unlike most addictive substances, alcohol is legally available with minimal governmental regulation, does not require a prescription, is openly and frequently advertised, and is relatively inexpensive. Alcohol-related problems include economic losses resulting from time off of work, owing to alcohol-related illness and injury; disruption of family and social relationships; emotional problems; impact on health; violence and aggression; and legal problems. There is now a burgeoning interest in alcoholism among African Americans (NIAAA, 2002a). The National Institute on Alcohol Abuse and Alcoholism (NIAAA) contends that alcoholism ranks almost certainly as the number one mental health problem, if not the most significant of all health problems in black urban communities (2002b).

Determining the incidence of alcoholism in any community is difficult and largely depends on the definition one uses. The NIAAA (2002a) found that African Americans report significantly higher numbers of drinking consequences and alcohol-dependence symptoms than do whites. According to a report by the NIAAA (2002a), African Americans and whites report similar rates of frequent heavy drinking, but, African Americans are more likely to die of alcohol-related illnesses and injuries, such as cirrhosis of the liver and alcohol-related car crashes. Results from research studies on alcohol consumption among racial/ethnic groups found that African American men with relatively low incomes were significantly more likely than their white counterparts to report high rates of alcohol dependence symptoms; the reverse was true for African American and white men with relatively high incomes (NIAAA, 2002a).

Alcohol studies on African Americans make up a small but growing body of research. A report by the NIAAA summarized research regarding drinking patterns in African Americans as follows: 1) African Americans report higher abstinence rates than do whites; 2) African Americans and whites report similar levels of frequent heavy drinking; 3) Rates of heavy drinking have not declined at the same rate among African American men and women as among white men; and 4) Variables, such as age, social class, church attendance, drinking norms, and coping behaviors may be important in understanding differences in drinking and drinking problem rates among African Americans and whites (2002b).

Adult Children of Alcoholics

Data suggest that families with alcoholic members are often confused about the specific ways alcoholism has compromised their lives (Black, 2001; NIAAA, 2002a). The NIAAA (2002b) contend that the clinical literature focusing on the more dramatic events associated with alcoholism gives a misleading picture of its impact on the family. Adult children of dysfunctional families, where alcoholism is present, are typically referred to as adult children of alcoholics (ACOAs). Numerous self-help books and other publications describe ACOAs as maladapted. More than 20 years ago, researchers first noted that children of alcoholics (COAs) appeared to be affected by a variety of problems over the course of their lifespans. Such problems include fetal alcohol syndrome, which is first manifested in infancy; emotional problems and hyperactivity in childhood; emotional problems and conduct

problems in adolescence; and the development of alcoholism in adulthood (Black, 2001; NIAAA, 2002a, 2002b).

Currently, there is a move to classify ACOAs' identifiable and diagnosable characteristics as a separate clinical syndrome in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000). COAs tend to encounter many serious problems as they attempt to fulfill the demands of adult life. The clinical literature has suggested that ACOAs may also be at risk for emotional and interpersonal problems (Black, 2001). ACOAs have reported more alcohol-related deaths, more frequent divorces, significantly less communication with their parents, and greater frequency of parental arguments and violence in their families of origin (Black, 2001; NIAAA, 2002a, 2002b). Limited data is available that examines the development of resilience among this population; very few studies have targeted the African American population. Although it is clear that many ACOAs experience difficulties within their families, it is also clear that many factors can contribute to positive adjustment outcomes. Extended family and/or social support networks found in African American family systems are known protective mechanisms for at-risk children. Research regarding the impact of kinship ties on fostering resilience among African American ACOAs is scarce.

Researchers (Black, 2001; Hall, 2007; NIAAA, 2002a, 2002b) suggest that children of alcoholic parents may be at risk for developing a variety of self-esteem, depressive symptoms, coping problems, family dysfunction, and perceived lack of control over events in their environment. Family circumstances define the nature and extent of the trauma, making a detailed examination of family environment important. In addition, COAs' adjustment to the alcoholic member and their attempts to cope with and survive the realities of alcoholism may mediate the effects on COAs. Because it is clear that not all COAs are maladjusted, examination of the variables, such as secure attachment relationships with other family members, may have a role in buffering the stress of parental alcoholism and may provide important insights. Alcoholic family environments have been demonstrated to exhibit a higher level of family conflict and a lower level of cohesion than non-alcoholic families. It is unclear whether those characteristics of the alcoholic family that lead to poor offspring outcome are specific to alcoholic families or are merely characteristic of dysfunctional families in general and may lead to similar negative outcomes in families where alcoholism does not play a role. Consequently, COAs' status has been linked to various negative outcomes, while certain aspects of family environment (i.e., high conflict and low cohesion) have also been linked to negative offspring outcome.

Alcoholic homes are not all alike, but there are threads of commonality. Conflict, inconsistency, and role confusion are daily occurrences. An air of tension is nearly always present. Reality testing is difficult when the child is confronted by an alcoholic parent's cycle between drinking and sobriety and also starts reactive cycles of turmoil (demanding heightened problem-solving and emotional states) and calmness for family members (Black, 2001; Hall, 2007). The ever-presence of alcoholism is such that families' inclination to preserve homeostasis leads them to confront, yet accommodate to the alcoholic (NIAAA, 2002a).

Which parent and how sick s/he is seems to be an important consideration. If the mother is an alcoholic, the household is usually more chaotic and the children suffer more, especially if the father escapes the drinking problem by overworking (Black, 2001). When the mother is an alcoholic, the oldest child may be turned into a surrogate housekeeper and companion, giving rise to the problems that accompany pseudo adulthood (Black, 2001). This is especially true for African American children living in an alcoholic home. In many cases, younger siblings in the home form a secure attachment to the eldest female (Hall, 2007; Werner & Smith, 1992). This child is respected and held in high regard, because of his or her ability to take care of everything and perform well. African American ACOAs in this role earn respect in the community (Hill, 1999). Werner (1999) asserted that the feeling of being responsible is a source of satisfaction for those providing assistance or support to the family. McCubbin and Thompson (1998) pointed out that the African American female, because of culture, will also assume the role of hero in healthy family functioning and is unlikely to seek help for her problems because of the rewards of praise from the family for being responsible.

Children in alcoholic homes live with chronic embarrassment. A lack of trust develops in children who grow up in alcoholic homes (Black, 2001; NIAAA, 2002a). One or both parents seemingly fail to nurture the child; hence the child discovers his or her parents cannot be depended on (Black, 2001; Hall, 2007). The availability of caring and emotionally supportive family, friends, siblings, teachers, and neighbors (multiple attachment relationships) help to mediate stressors for African American ACOAs. Bernard (1999), Hall (2007), Hawley (2000), and Werner (1999) found that, in the presence of stressful life events, the odds of child maltreatment decreased as social support increased. Werner and Smith's 1989 longitudinal study, covering more than 40 years, found that the presence of at least one caring person provides support for healthy development and learning (Werner & Smith, 1992). Participants in Hall's study of African American ACOAs reported their problems decreased when kin and fictive kin provided support.

Risk and Resilience Factors

The literature is replete with references to the strengths and resiliency in African American families (Logan, 2000). African American families have received an abundance of negative press in regard to crime, violence, female-headed households, joblessness, and alcohol and other drug use, while the positive aspects have not received comparable attention. At a time of widespread concern about the demise of the family, the African American family has much to teach us, because social workers need useful conceptual tools as much as techniques to support and strengthen families. McCubbin and Thompson (1998) found that knowledge of successful adaptation under stressful life conditions also strengthens the conceptual base needed to frame both treatment and preventive intervention for high-risk youth, families, and especially ethnic minority families.

Rutter (1994) noted that there are difficulties in presenting a format for research in an area in which there exists neither a substantial body of empirical data nor a formal conceptualization. Resilience implies the presence of two components in the lives and makeup of "at-risk" children: 1) the presence of sustained and intense life stresses, and 2) the maintenance of mastery and competence despite such

stress exposure. Garmezy (1993) posits that three types of protective factors emerge as recurrent themes from several diverse studies: 1) dispositional attributes of the individual that elicit predominantly positive responses from the environment, such as physical, robustness, and vigor; an engaging, “easy” temperament; good problem-solving and communication skills; and an area of competence valued by the person or society; 2) socialization practices within the family that encourage trust, autonomy, initiative, and affectional ties to a stable, caring, competent adult, whether a parent, grandparent, older sibling, or other kin; and 3) external support systems in the neighborhood, school, church, or the community that reinforce self-esteem and self-efficacy and provide the individual with a positive set of values. These “buffers” appear to make a more profound impact on the life course of children and youth who grow up under adverse conditions than do specific risk factors or stressful life events. Hence, these buffers appear to transcend geographical, historical, and social class boundaries and have been replicated in samples of Asian, Black, Caucasian, and Hispanic youth (NIAAA, 2002a). Hawley (2000) contends that specific family circumstances define the nature and extent of trauma; however, others (Bernard, 1999; Black, 2001; NIAAA, 2002a; Werner, 1999) have suggested that parental alcoholism can be conceptualized as a form of chronic stress and trauma.

Risk factors are factors that have a statistically significant association with the occurrence of one or more harmful outcomes (e.g., physical and/or mental illness, substance abuse, poverty, racism). Resilience appears to be governed by interactions among protective factors within the individual, the family environment, and the larger social context. Werner (1999) documents how a chain of protective factors is forged over time, making it possible for high-risk children to become competent, confident, and caring individuals. For example, when Werner and Smith examined the links among protective factors within the individual and outside sources of support, they noted a certain continuity that appeared in the life courses of the men and women who successfully overcame a variety of childhood adversities (including parental alcoholism) (Werner & Smith, 1992). Their individual dispositions led them to select or construct environments that, in turn, reinforced and sustained their active, outgoing dispositions, and rewarded their competencies. There was, for example, a significant positive link between an “easy” infant temperament and the sources of support available to the individual in early and middle childhood. Werner (1999) posits that individual disposition is critical to being resilient. An understanding of the correlation between the infant and mother attachment behavioral systems is important for the development of resilience. Attachment theory also has relevance to our understanding of the role of the family in African American ACOAs’ lives. A broader discussion of kinship ties and social support, in the context of multiple attachment relationships, follows.

KINSHIP TIES: A CULTURALLY UNIQUE PROTECTIVE MECHANISM

Hollingsworth (1999) proposed that the African American community is central in the socialization of African American children. The childrearing strategies of African American families are protective of the child against the antagonistic environment located beyond the community and, in some cases, within the family. McCubbin and Thompson (1998) noted that, without the agency of caregivers

from outside nuclear families, many black children would live significantly brief and less comfortable lives. This interaction gives meaning to the definition of family and the ways in which extended family members assist in socialization of the young. Multiple attachment relationships formed by kin and fictive kin caring for children began during slavery. According to Bowlby, a warm and continuous relationship with a caregiver promotes psychological health and well-being throughout life in a manner that accords with the adaptive requirements of the human species (Thompson, 1999, p. 265).

The Afrocentric paradigm proposes that, in African culture, humanity is viewed as a collective, rather than as individuals, and that this collective view is expressed as shared concern and responsibility for the well being of others (Mbiti, 1969). “My family,” “my folks,” “my kin,” “my people” are terms used by African Americans to identify blood relatives and to denote relationships with special friends or “cared for” individuals who are not related. Thus, family is a group of people who feel they belong to each other, although they may or may not live in the same house, and those relationships are governed by complex rules that guide interactions and ensure that physical necessities and support are available to all. Common cultural patterns that have contributed to the resiliency of African American families include supportive social networks, flexible relationships within the family unit, a strong sense of religiosity, the extensive use of extended family, and a strong identification with their racial group (Billingsley, 1992).

It bears repeating that a discussion of African American family characteristics is exemplified in the extensive use of the entire family in childrearing, including siblings, and the extensive use of intergenerational support-giving (usually a grandmother or aunt to a younger mother). Various scholars have found that many grandmothers, sisters, aunts, or cousins act as “other mothers” by taking on childcare responsibilities for one another’s children (Guy-Sheftall, 1995; Hill-Collins, 2000). In 1995, Guy-Sheftall added that the presence of other mothers in black extended families and community role modeling offers powerful support for the task of strengthening black selfhood. Hill-Collins (2000) adds that boundaries between biological mothers and other women who care for their children are fluid. Hence, a child living with an alcoholic parent can receive the nurturance and support needed to become resilient.

Juxtaposed with the role of motherhood, the parameters of fatherhood are broad in the African American community. Uncles, ministers, deacons, elders of the church, and male teachers can all be viewed as father figures. In his discussion of father-child interaction in the African American family, Denby (1996) noted that, given economic and social supports, African American fathers welcome the responsibilities of childrearing; black fathers, like fathers of all ethnic groups, take an equal part in childrearing decisions in the family. In the case of the dubious father who may require an extra incentive to fulfill his rightful responsibilities, elders or male fictive kin fill in the gaps by encouraging and redirecting him towards familial matters of importance. These elders or male fictive kin also serve as role models, caretakers, tutors, and informal counselors for the youth of the community. African American ACOAs form attachment relationships with many family members.

ATTACHMENT THEORY

The importance children having close ties may be understood in the context of attachment theory. The origin of attachment theory lies in the early work of John Bowlby, who posited that individuals are motivated to maintain a dynamic balance between attachment to familiar situations and protective figures who provide security and “antithetical exploratory and information-seeking behaviors” (Bretherton, 1992, p. 28). Bowlby (1988) introduced the idea that individuals may have multiple models of attachment figures. The first and most important test for Bowlby’s theory of attachment was conducted by Mary Ainsworth in a series of naturalistic and laboratory studies in which she coined the term “secure base relationship” (Ainsworth, 1967). Bowlby’s evolutionary rationale is that infants in all cultures should demonstrate secure base behavior. Data provided by researchers support the idea that the secure base phenomenon is observable in different social and cultural contexts (see Ainsworth, 1985; Bretherton, 1992; Howes, 1999).

In his early writings, Bowlby (1951) proposed that a child develops a hierarchy of attachment relationships: first, to the mother as the primary relationship, and then to others, specifically the father. Later, Ainsworth (1967) wrote that “nearly” all the babies in a Ganda sample, who became attached to their mothers during the period spanned by observations, also became attached to some other familiar figure—father, grandmother, or other adult in the household, or to an older sibling (p. 67). Hence, Ainsworth acknowledged the possibility of other attachment figures. Although these findings show that the recognition of alternative attachment figures has been a part of attachment theory since its development, attachment research has largely been conducted on the child-mother attachment relationship; considerably less is known about attachment to other familiar figures (Ainsworth, 1985). The significance of this theory for African American ACOAs is that it stresses the nature of alternative and multiple attachments found in the African American family system. These attachment relationships have been proven to be significant in the development of resilience (see Hall, 2007; Rice, Cunningham, & Young, 1997).

Multiple and Cross-cultural Patterns of Attachment

Various studies have generally shown that emotional availability and other aspects of emotional communication are predictive of security of attachment (see Ainsworth & Eichberg, 1991). For example, infants whose mothers are depressed are often insecurely attached, though not all infants of depressed parents will develop insecure attachments. It is the quality of caregiving, not the depression *per se*, that is predictive of attachment. Other factors, such as infant temperament, may be indirectly related to attachment, though causal relationships are difficult to demonstrate. Hence, it is reasonable to conclude that infant temperamental characteristics interact with caregiving to increase or decrease the probability of developing an insecure attachment. Unfortunately, A/COAs’ parents are not always available to nurture or provide them with a secure base for exploration, which is important for future development (Main, 1990). Fortunately, African American ACOAs have the benefit of multiple caregivers, who facilitate the development of secure attachment relationships. The African American family emits an opportunity for support and attachment relationships that serve as protective bar-

riers against the negative dynamics of alcoholism. Attachment in a network of multiple caregivers is of crucial importance, because cross-cultural evidence shows that, in most societies, non-parental caretaking is either the norm or is frequently formed (Marvin et al., 1977). Rothbaum et al. (2000) argue that the focus on individuation and related qualities, such as self-reliance and efficacy, seems to lead many researchers to devalue reliance on others as a way of meeting one's needs. Perhaps further exploration of multiple attachment relationships provided through kinship ties is a beginning step towards acknowledging the value and worth of interdependence found in the African American culture.

DISCUSSION

After years of focusing on pathology, social scientists have begun the task of identifying strengths, resources, and talents of individuals and families. Werner and Smith's 1989 longitudinal study of 49 at-risk children, which covers more than 40 years, found that the presence of at least one caring person provides support for healthy development and learning (see Werner and Smith, 1992). This availability of caring and emotionally supportive family, friends, siblings, teachers, and neighbors may mediate stressors. Bowlby clearly recognized that an infant can, and usually does, become attached to more than one figure. In fact, Bowlby maintains that, at 9 or 10 months of age, most children have multiple attachment figures. The small but growing literature on attachment to an alternative caregiver suggests that this process is similar to that of the infant-mother attachment.

Many, if not most of the infants in the United States today, will have multiple caregivers. Some longitudinal studies, several of which follow individuals over their entire lifespan, have consistently documented that, between half and two-thirds of children growing up in families with mentally ill, alcoholic, abusive, or criminally-involved parents or those in poverty-stricken or war-torn communities, do overcome the odds and turn a life trajectory of risk into one that manifests "resilience" (Bernard, 1999; Rutter, 1994; Weinfield, Sroufe, & Egeland, 2000; Werner & Smith, 1992).

In sum, a key characteristic of resilient children was their history of having received whatever emotional nurturance is available in the family. Rice, Cunningham, and Young (1997) posit that an attachment bond can be considered a resource factor in the initiation of other relational support systems as well as serve as a factor in the evolution of coping skills necessary for managing developmental challenges. Rice and others (1997) further argue that, having an attachment to the mother, was not a significant predictor of social competency or emotional well-being among black and white adolescent students. Research has demonstrated that infant attachment security might provide a buffer, which allows for continued competence in the face of adversity (Weinfield, Sroufe, & Egeland, 2000).

Difficult life experiences take their toll on children, despite possible avenues of resilience. Research has indicated that individuals with secure early histories may show a rebound to better functioning after setbacks. Furthermore, Rice and others (1997) found that, early on, children develop internal working models with multiple attachment figures, which enable them to bounce back and serve as protective

mechanisms when exposed to risky situations. By acknowledging the significance of kinship ties/bonds that serve as alternate attachment figures for at-risk populations, we have identified a resource that enables African American ACOAs and/or groups to prevail against adversity.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The literature on ACOAs tends to focus mostly on males, alcoholics, and non-people of color. Studies tend to contain too few people of color to infer useful conceptual tools for understanding African American ACOAs. African American ACOAs, like all other children, are apprentices of their parents and family. They learn to function based on the models they observe. A variety of adults, older children, and friends also influence the self-concept and personality development of any one black child. The development of a positive self-concept for African American ACOAs is predicated based on their ability to overcome economic, environmental, and psychological stressors (parental alcoholism). In spite of these obstacles, African American families have been able to instill positive self-concept into their children. To uncover the role of kinship ties in fostering resilience, emphasis should be placed on the connection between African American functioning and the ACOAs' attachment experiences within the context of the family and community.

The prognosis for children growing up in alcoholic families is bleak. These children are twice as likely to develop an alcohol problem compared to children of abstainers and moderate drinkers. It is therefore important to help them modify their coping techniques to withstand their adverse conditions. Attachment to a caretaker in the first few years of life is apparently crucial to the child's later ability to cope with a chaotic household. Thus, when there is an infant in an alcoholic home, and the primary caretaker is unable to provide consistent care, extended family members who act as surrogates become important resources. Armed with this insight, attachment and risk and resilience theories provide a starting point for understanding some of the types of experiences that may help to inoculate at-risk children against the deleterious effects of stress. We infer from such research that adaptive, stressed children seemed to have enjoyed compensatory positive experiences outside the family and a bond with some supportive surrogate figure/s. We infer too that these children appear to possess cognitive skills that are critical for adaptation under stress—social problem-solving skills marked by greater variability, flexibility, and resiliency.

The ability of African American family members to exercise extendedness and role reversibility when faced with a crisis increases strong kinship ties and provides a balance for the family in the event of prolonged illness or dysfunction among key family members. We may conclude, therefore, that modes of intervention are available for effecting change in less favored children. Surrogate figures are to be sought, models are to be observed, and a more formal explanation invoked to teach those problem-solving skills so as to facilitate in a crisis.

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