

# Kinship and Spirituality: Utilizing Strengths of Caregivers

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**SUMMARY.** Kinship caregivers view spirituality and religion as integral and holistic in nature and an essential coping component to their survival as caregivers. This article examines the following eight spirituality and religious themes defined by a group of African American caregivers of children: spirituality and destiny; spirituality and drugs; faith and healing; spirituality and negotiation; surviving through faith; spirituality, religion, and community; religion; worship and the child; and the need for respite through worshiping and self-care. Historical and social aspects regarding the role of spirituality and religion within the African American community are discussed. Qualitative data from a focus group of 19 low income African American kinship caregivers aged 40-70 years are used to present spiritual and religious clinical tools, techniques, and concepts for intervening with kinship caregivers. doi:10.1300/J045v22n03\_07 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-

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[Haworth co-indexing entry note]: "Kinship and Spirituality: Utilizing Strengths of Caregivers." Lawrence-Webb, Claudia, and Joshua N. Okundaye. Co-published simultaneously in *Journal of Health & Social Policy* (The Haworth Press, Inc.) Vol. 22, No. 3/4, 2007, pp. 101-119; and: *Tradition and Policy Perspectives in Kinship Care* (ed: Rowena Grice Wilson, and Sandra Edmonds Crewe) The Haworth Press, Inc., 2007, pp. 101-119. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://jhsp.haworthpress.com>

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doi:10.1300/J045v22n03\_07

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**KEYWORDS.** Religion, strengths perspective, African American caregivers, coping

For each child that's born, a morning star rises and sings to the universe who we are. We are our grandmother's prayers and we are our grandfather's dreams, we are the breadth of the ancestors, we are the spirit of God. (Sweet Honey in the Rock, 1995)

### INTRODUCTION

Kinship care today requires competence and knowledge in many areas: child development; behavior management; cultural diversity; the philosophy and practice of permanency planning; the effects of separation and placement on children and their families; and the needs of children who have experienced physical and sexual abuse, exposure to drugs or AIDS during infancy and family violence (Everett, J.E., 1995).

There has been an abundance of research in recent years of kinship care, especially as it pertains to children who are formally or informally placed with their grandparents (Dubowitz, H., Feigelman, S., & Zuravin, S., 1993; Dubowitz, H., Zuravin, S., Starr, R.H. Jr., Feigelman, S. & Harrington, D., 1993; Gleeson, J.P., 1995; Leashore, B.B., Chipungu, S., & Everett, J., 1991; LeProhn, N., 1994; Scannapieco, M. & Jackson, S.M., 1995; Fuller-Thomson, Minkler & Driver, 1997; Gibson, 1999).

#### *Children with Disabilities and Their Elderly Kinship Caregivers*

According to the U.S. Bureau of the Census, approximately 4.3 million children lived with relatives in 1992. While most of these children lived with their mothers in the homes of relatives, some 878,000 lived apart from their parents in their grandparents' homes (U.S. Bureau of the Census, 1993). The children as a group tend to test low on achievement tests and to have cognitive and language difficulties. A significant

number of these children also exhibit behavioral problems (Dubowitz, H., 1990).

A study of the California foster care system found that about 15% of these children were in fair to poor health; more than 40% had been prenatally exposed to drugs; about 10% exhibited fetal alcohol syndrome; 31% of children in non-related foster care and 23% of the children in kinship care had repeated at least one grade; 32% of the children in nonrelated foster care and 26% of the children in kinship care were in special education (Berrick, J. & Barth, R.P., 1991).

However, for kinship caregivers of children with disabilities, especially elderly kinship caregivers, more studies are needed to help us further understand who they are, their coping strategies, their needs as parents and ways we can contribute to strengthening their families. This paper specifically explores the role that spirituality and religion plays in the lives of kinship caregivers. Qualitative focus group data is used to explore the following question: What role does spirituality and religion play in the lives of low-income African American kinship caregivers who are in most cases elderly women, as a means for helping them to address the needs of their grandchildren while finding the will and strength to care for them?

This paper is divided into five sections. Section one provides a brief overview of kinship care and the elderly kinship caregivers providing care to their grandchildren. Section two offers an exploration of the definition of religion and spirituality and historical references to how it is perceived in the African American community. Section three describes the focus groups that were conducted with a sample of low-income African American kinship care providers aged 40-70. These data are used to examine issues raised in sections four and five highlighting the utilization of spirituality and religion as a strength and resource by kinship care providers and creative social work practice techniques for incorporating these elements in kinship care provision. Verbatim excerpts from these discussion are used in sections four and five to examine the following eight specific spirituality and religious themes defined by a group of African American caregivers of children: spirituality and destiny; spirituality and drugs; faith and healing; spirituality and negotiation; surviving through faith; spirituality, religion and community; religion, worship and the child; and the need for respite through worshipping and self-care. Historical and social aspects regarding the role of spirituality and religion within the context of the African American community is discussed. Finally, conclusions are reached with respect to this exploration.

### ***What Is Spirituality and Religion***

Spirituality is an ethereal concept that appears to elude all rational understanding in discussions between and amongst people. Often what happens is a blurring of being “religious” and being “spiritual.” The definitions imply a distinct difference between the two. Webster defines religious as “relating to or manifesting faithful devotion to an acknowledged ultimate reality of deity; of, relating to, or devoted to religious beliefs or observances; scrupulously and conscientiously faithful” (Merriam-Webster, 2000; p. 985).

While on the other hand, spirituality is defined as “sensitivity or attachment to religious values, the quality or state of being spiritual, of or relating to spiritualism defined as the view that spirit is a prime element of reality” (Merriam-Webster, 2000; pp. 1130-1131). These definitions represent the Christian perspective of spirituality and religion that is dominant in Western culture. Their applicability becomes modified when discussing spirituality and religion from an Africentric perspective.

The field of social work although rooted in the basic principles of Judaic-Christian values has yet to embrace certain aspects of religion such as spirituality in a way that allows the positive features of its expression to be incorporated in service delivery helping those needing assistance and intervention. Too often we as practitioners shy away from incorporating any parts of a client’s spiritual and religious belief in the treatment process. This may be related to the legal emphasis on separation of church and state, a basic freedom of the U.S. Constitution as a safeguard for protecting the rights of all citizens to express or not express their religious belief and to prevent denials of access to services based on religious beliefs by state and/or local government agencies.

Current promotion and debates about faith-based services by the Bush Administration has put religion front and center of discussions about social service agencies and their use or non-use of religion in service provision. Again, one should be careful not to confuse religion and spirituality as one and the same as they are perceived differently depending on an individual’s worldview.

### ***Spirituality***

Spirituality is defined as “the transcendent relationship between the person and a Higher, a quality that goes beyond a specific religious affiliation” (Peterson and Nelson as cited by Turner, Lukoff, Barnhouse, &

Lu, 1995, p. 437). In essence this means that regardless of the religion one may practice, that most religions seem to have an element of spirituality as part of its structure. Whether one chooses to embrace the attached spirituality is left to the individual. Hence, one can be spiritual without being religious and religious without being spiritual. Spirituality is associated with a sense or state of being in which people see themselves connected to the world in some integrated manner. Religion on the other hand is defined as “an adherence to the beliefs and practices of an organized church or religious institution” (Shafranske & Maloney, 1990). Prest and Keller (1993) has thus far come up with the most inclusive explanation of spirituality. They define spirituality as “a multifaceted relationship between human and metaphysical system . . . the spiritual system is intra and interpersonally constructed to provide faith explanations of past, and present experiences, and, for some, to predict the future and explain the ultimate meaning of life and existence” (p.138).

### ***Africentric Perspectives on Spirituality and Religion***

Religion and spirituality have been important elements for the survival and maintenance of African Americans throughout history and long before their transport and arrival to the shores of the Americas. African philosophy and religion were central to the lives of Africans and infused in their daily activities and identity (Mbiti, 1991; Nobles, 1991). There was no separation of mind/body and spirit as denoted in the original principles of Judaism. Mind, body and spirit were one and the same and part of “being,” living. Every living thing had a spirit and the spirit of that living thing was infused with the spirit of other living things including man. Man and nature are one and the same. One cannot separate living and being from spirit. The dead and the living are all a part of each other. Spirituality and religion were integrated from birth to death. The spirit world of the dead is not separate from the world of the living. It is still a common belief today that the spirits of ancestors continue to dwell within the heart, mind, souls and spirits of the living (Mbiti, 1991). This perspective of spirituality and religion was part and continues to be part of the worldview of Africans as well as African Americans even though Christianity has had a major influence in their religious beliefs. There continues to be the unique blending of the traditional principles of African religion and philosophy with respect to “being as one with the universe” and the more conservative practices of Christianity. A linguistic example of such a worldview is the statement, “We be” and “I be” denoting the emphasis on being and existing.

During the European colonization of Africa and the Americas and the horrific experiences of the slave trade, religion and spirituality were maintained and practiced by the slaves. Throughout the implementation of the slave trade and slave system, in the Americas, especially in the United States, ancestors of African Americans were forced to accept Christianity as the only form of religion that could be practiced. Within the context of Christianity, some aspects of African philosophy and religion were modified and incorporated into the practices of Christianity by the slaves. For instance, the spirituals sang by slaves were reminiscent of the use of symbolisms, integration of being and existing and the infusion of identity from a spiritual perspective as well as call and response communication patterns of African languages engaged in at celebratory and religious ceremonies of Africans before their enslavement and as an avenue of revolution and liberation. The personalized nature of spirituals embraced the spirit of those who came before and those to come after us, as demonstrated by the powerful emotions such spirituals continue to evoke in its listeners.

Spirituality and religion were seen as and continue to be perceived as sources of healing, support, community and survival. Religious and spiritual expressions within churches were critical for the survival of African Americans during slavery. Spirituals and scriptures were utilized to promote hope, strength and the will to survive, very similar to the griots within African villages. Griots were responsible for helping to maintain the connections between individuals and their ancestors by sharing stories of survival, genealogy, as well as morals or life lessons to guide the daily lives of those within the village. It embraced the spirituality and wisdom of those who came before us. Church activities and sermons are reminiscent of this kind of powerful storytelling and communication between the living, the dead and those yet to be born interspersed with hope and faith. During slavery, the church provided African Americans an “outlet for the expression of pain, anger, and humiliation of slavery and discrimination and a way to maintain hope in the face of unbearable circumstances” (Dunn & Dawes, 1999; p. 244). Churches were essential to the development of leadership in the African American community, political activity, social networks and affirmation that were not available from the White world (Boyd-Franklin, 1989; Taylor, Thornton & Chatters, 1987).

Spirituality and religion still play a critical role in the lives of many African Americans who belong to a variety of churches and denominations such as African Methodist Episcopal, Baptist, Roman Catholic, various Islamic sects, Jewish denominations, Pentecostal,

Jehovah's Witnesses, Seventh Day Adventist, Lutheran, Presbyterian, Episcopalian, Buddhism, etc. (Richardson & June, 1997; Constantine, Lewis, Conner & Sanchez, 2000). Active or inactive participation in these religious groups does not minimize the important function that religion plays in the lives of African Americans. The frequency of church attendance is not necessarily an indication of the spirituality of the participant or believer although many Eurocentric studies view and classify church attendance as an indication of one's religiosity (Jagers & Smith, 1996). In the African American community spirituality and religiosity are integrated and internal to the everyday lived experiences of the individual. It is possible for one to never attend church yet classify themselves as spiritual beings. Some African Americans do not perceive Church attendance as an indication of one's belief in a higher entity. Active or inactive participation in these religious groups does not minimize the important function that religion plays in the lives of African Americans. Individuals who do not identify with or participate in organized religions or churches may have been raised in a religious context and therefore retain an internalized sense of spirituality (Hines and Boyd-Franklin, 1996; Chandler, Holden, & Kolander, 1992).

## **METHODS**

### ***Focus Groups and Participants***

Two focus groups were conducted for kinship caregivers of children with disabilities (formal and informal). Focus group participation was not limited to kinship caregivers of children with disabilities who are currently committed to BCDSS (Baltimore City Department of Social Services). The invitation to participate was publicized at gathering arenas of providers who have children placed with BCDSS; individuals who do not have a child placed with them but have had or plan to be caring for a disabled kin-child, and individuals who are caring for disabled kin-children without court orders or with Juvenile Court Custody and Guardianship. Participants were invited to attend one or both focus groups. Of the twenty-four (24) kinship caregivers that signed up to participate, seven (7) attended the first focus group session and twelve (12) attended the second. Total participation was 19 (79%) and they were all African American females aged 40-70. Transportation and childcare stipends were pro-

vided and participants also received a gift worth \$10. Lunch and dinner was served at both events.

From these groups, major themes, concepts, stories, and areas of concern were generated. Discussions focused on family history, drug abuse, living situations, service delivery, and professional services, beliefs about the system and the future, and other important areas. The groups also explored economic issues, single parenthood, extended kin network, social support systems and other coping mechanisms as they relate to youths with disabilities, kinship care, and the elderly caregiver.

### *Data Management and Analysis*

The groups were audio taped and the 3-4 hours of discussions were transcribed. The data from these groups were analyzed according to topics and key words used to guide the discussions. Re-examination of the data identified the evolution of additional themes such as the value of religiosity/spirituality and its impact on the role of being a kinship caregiver, the rearing of children, the medication and evaluation of children; generational parenting differences, and meeting the needs of children in kinship care arrangements.

### *Utilization of Spirituality and Religion AS A Strength and Resource by Kinship Care Providers: Spirituality, Power and the Presence of God in Relation to Destiny*

In the provision of care for the children to whom they are responsible, kinship caregivers encounter many challenges that test their strength, faith and limited resources. One of the major coping strategies employed by these caregivers is their reliance on their spirituality and their belief in a higher entity (hooks, 1993). The majority of women in the sample perceived the spirituality, power and presence of God as critical in relation to their own destiny. They believed in the omnipresence of God and the power of his love and guidance to help them in their daily struggles. This is represented in Ms. C's response when she asserts that:

God is here because I feel his presence. Everybody based their experience here on God . . . I have been down to the lowest part in my life, but I thank God how he's using me so if you say to me "Oh, I don't like her", I will smile and don't care, well God loves me. So it seems like I am doing this myself but God is behind me . . . what

ever you say bad about me I say “well thank you so much, just pray for me because God ain’t through with me yet. . . . and he is teaching me how not to let anybody destroy what I have because I know here he’s brought me from and I know he is bringing me through. I used to worry about the problems of my trials and tribulations. But, he’s only doing that to make me a strong person. It’s just a test that he is carrying me through. All along he has been preparing me and I didn’t realize it.

Having a strong belief that the life lessons of God are to one’s benefit and that somehow God will never steer one in a direction for which one has not been prepared to handle allows these caregivers to perceive that these life lessons are a strength to be used in a positive way to assist them in the care of their children.

### ***Conditions Impacting the Bio-Psycho-Social-Spiritual Nature of Caregivers***

Several of the caregivers of these children discussed two of the most difficult conditions impacting on their bio-psycho-social spiritual nature: crack cocaine and AIDS. They all discussed how they believe the drugs taken by their children while pregnant with their grandchildren, nieces or nephews have impacted on how these children function, learn, behave and relate to others. They know that something is wrong with these children but they lament about the unknown impact of crack cocaine on the children they are rearing. They also spoke of the long-term implications of AIDS on the physical health and psychological well-being of the children and the complex and difficult family dynamics that occur as a result between them and the children they are rearing, children and their birthparents, the children in their care who may have contracted AIDS from their birthparents, caregivers and the birthparents as illustrated by the following quote:

Most of the women are on drugs. They don’t want to be on drugs . . . I say we because we forget that they smell bad, they look bad and they are out on the corner. As Christians, we are to be praying for these women, encouraging these women to let me help you. I have resources for our women in that community to send them out of state because my sister is up there and she is doing good. We have got to work together and know our resources.

They have a lot of compassion and concern for the conditions in which the mothers of these children find themselves. They grieve for the lost of their contributions and the lost relationship of their grandchildren with their birth parents and wish them no ill will, but their frustration is obvious concerning this plague in the community as evidenced by the following responses of two of the caregivers when one verbalized that *"I have the Lord in my life and I pray for her. She can do anything she want to. She can talk about me, I don't care."* Another caregiver was more succinct when she said, *"See they cry out. Just like me. I get so frustrated. Everybody kept telling me to go get counseling; go get therapy. I turned to God and church. If it had not been for that, I would have lost my mind."* Many of the caregivers believe that the power and influence of God will alter the life of even the worst of those who give themselves over to this higher entity.

The caregivers find that they must devise, supplement and modify parenting strategies to address current issues impacting on their grandchildren. The modern problems of crack-cocaine addiction and HIV/AIDS are new evolving problems with no previous references for how to address them and definitely new to a generation of women removed from the current generation experiencing this ordeal (Minkler & Roe, 1994; Minkler & Roe, 1992). This perspective is captured by the statement of one caregiver when she says *"but when it came to my grandchildren, it was a new world. This is a new . . . of time."*

What is also different is the direct and indirect impact these social issues have on the children and helping children to cope with such multifaceted social concerns at very vulnerable ages. In addition, coping and understanding the learning limitations and behavior problems exhibited by children is also new and uncharted territory since the science is still incomplete with respect to the full impact of these conditions on the health and well-being of children.

Some of the most stressful conditions experienced by these caregivers involved frustration with the helping systems such as the school and medical systems and what they perceived as the systems' lack of understanding of the impact of the broadness of the drug abuse issues and the various prescribed medications for the children and in some instances the caregivers, who themselves had medical problems. Sometimes these systems contributed to the chaos and were counterproductive to the very people whom they are supposed to assist. Oftentimes, the important role played by caregivers were minimized by these systems and the concerns and observations of the caregivers were seen as irrelevant to the care of the child (ren) and in terms of their own health. In addition, resources that

could have provided some relief to caregivers and children alike from the daily struggles of childcare were minimal with respect to social support systems.

### ***Taking Time Out: The Respite Needs of Caregivers***

Many of the caregivers had no respite from their responsibilities as caregivers as demonstrated by the following quote from a grandparent reflecting the feelings of other caregivers:

I am a grandmother and I can say that I gave up my life to raise my grandchildren. I thought that I had the perfect life. I have a husband, a nice little house in the county, boy and a girl. Now I have two more kids that have special needs. I can't go nowhere. I look at my fingers and said "my God Mary, when is the last time you took care of you. I don't get that opportunity. I have no one that I can say can you just watch the two kids because my two children's grandparents, aunts and stuff can take them but they don't want to take these special needs kids because it is too much. I need somebody to help me out for four hours on a Saturday or a Sunday or during the summer so that Mary can take a hot bubble bath, go to church. Praise the Lord.

Despite the lack of respite care external to their families, all of the caregivers felt it important to try to take care of themselves, spiritually, emotionally and physically. They were very aware of the need to take care of themselves. They were able to express that "*if we fall down and we are burnt out, we cannot help our children. We need to learn to take time out everyday just for us.*" One caregiver verbalized how she took care of herself and was joined in affirmation by other caregivers when she articulated that,

You need that break. I needed to when my son was home. I used the Bible and the Word. The atmosphere was a house of prayer . . . Sometimes my mind is like thank you Jesus. Glory Hallelujah. Thank you Jesus. I am having a little praise party in my mind.

### ***Spirituality and Negotiation: Coping with Social Institutions and Caregiver Health***

In their attempts to cope with these and other stressors from the lack of responsiveness of social institutions like school systems; spirituality

and negotiation were the techniques used. An example of one caregivers' attempt to cope with the school system is exemplified by Ms. A's reply:

I took him out of school and I home schooled him which helped tremendously. We had a Christian home school. I used the Bible for all five subjects, even math . . . for financial reasons I put him back. It seems like when I really wasn't forced on income we were blessed.

She also best captured the issue of medications prescribed for children and her frustration to this approach for everything the child does in the school system when she said,

They wanted me to medicate my problem. Like I said, no medication. I am trying natural stuff. I am doing it the way the Bible said, get back to food. I am not trying to keep going back on God but if they knew that is the only thing has worked because the inclusion program is a failure. God told me to stop medicating my problem and to deal with it.

Sometimes these stressful conditions lead to situations where caregivers themselves are placed on medications to deal with the intricacies of these conditions. But even for themselves, from the perspectives of these caregivers being free of medications enables them to be more aware and think through a process more clearly, because according to one caregiver, the bottom line is *"We only want the best for our children, which is not always easy. Ms. B started there and went through some changes, but thank God she is off stress medication."*

### ***Three Critical Coping Skills for Caregivers and Surviving Through Faith***

Three of the most critical coping skills utilized by kinship caregivers in the care of their children were faith, determination and the sense of connectedness to a higher entity. The caregivers in this sample were able to maintain their faith and a positive attitude despite the negative conditions surrounding them, refused to give up on difficult challenges without a fight and embraced prayer as a means of keeping a personal relationship with God. Their faith was a source of emotional and physical healing. Like Ms. A, the caregivers felt that, *"God is blessing me . . . when you put your faith in him and ask him to show you what he wants*

*you to do and this is what I am doing . . . I started with no money, nothing. I just stepped out on faith.*” One caregiver expressed the sentiment of the group when she declared that, *“it takes a lot of prayer. I pray and hold onto my faith because it is like how are you going to make it from one day to the next.”* They clearly saw faith as an avenue of survival and acknowledged the transmission of the relevance and value of faith to their own lives and the lives of the children for whom they are providing care, which appeared to be lacking in the lives of the birthparents of the children. When providing mutual support to another, one caregiver acknowledged the strength of another caregiver by stating that *“she chose the right way, the God-fearing way to teach her child . . . unfortunately our grandchildren and children chose the world of drugs and things of society.”* Several caregivers illustrated the importance of the transmission of faith in the power and spirituality of God to their grandchildren, which helps to provide a sense of stability, structure and self-identity.

According to one caregiver, *“Now my grandson because I teach him with the Lord, discipline him through the Lord, he understands who he is and until that child is happy with who they are you are going to have problems.”* Another caregiver stated that, *“I tell Tommy that I love you . . . come give me a hug . . . then I want you to . . . lay down for a few minutes and then I want you to go get your Word because the Word teaches you everything you need to know.”*

### ***Spirituality, Religion and Community***

Caregivers in this study viewed the utility of their spirituality and religion as going beyond their family to the larger community in which they lived. They believed that their spirituality is to be used to improve and enhance the lives of others in a broader context supporting the expectation that if one is truly religious and spiritual then the work of God extends beyond one’s own home. There is a sense of responsibility to others who may be in need. One caregiver discussed how she is

here for many reasons but the first is out of my love for children. Not just children in my home but also other children. I do what I do to advocate for kids because of my love for children. I have four children, ten grandchildren and multiple children in my neighborhood and because of the need that God has put on my heart to help . . . I will work with anybody’s kid that has problems.

This supports the belief that it is in the spirit of God to help others (Black, 1999). Ms. B also expressed how she is a

networking person and I will tell parents the word of God says “Ask and it shall be given unto you” so I am using his . . . to lead and guide me. That is why we are here to be a part of the solution and not a part of the problem and we as a concerned people have to look at our situations as a blessing.

The group sentiment was that things are in God’s hands, and when a person is suffering they need only ask God for his assistance and he will use that person and others in ways that will resolve not just their situation but the situations of others.

### *Religion, Worship and the Child*

The kinship care providers had strong spiritual and religious values and felt strongly that the children in their care should be privy to those values and reared with them. They viewed it as a second chance to do things better than they had previously done since the parents of these children had chosen a path far different than the one that they had paved for them and that somewhere along the path, their birth children had lost their way and succumbed to a different God—a God of material things. As one caregiver described it, “*there are no bad children. They are unloved because money is the parent’s God and love is the children’s God and that is why they are suffering.*” They also acknowledged that the structure and family environment of the church could be a positive experience for children with special needs in their care because of the greater level of tolerance due to the value system of the church embracing all who enters its doors. It allows a safe place and opportunities for children to build their self-esteem and to have a sense of acceptance and belonging that is difficult to find in other social institutions outside of their immediate family. One caregiver ascribed her grandson’s improvement in behavior to his church experience. According to her,

I took my grandson off of Ritalin but the church is good for the child. When I take him to church, he on the choir and they even say that this child is not sick. How can he sing on the choir and stay still . . . I tell you that prayer works. Get the children in a children’s church.

One caregiver also expressed that having a “*Christian male*” role model as “*a mentor*” in her grandson’s life was what she needed. As demonstrated in these responses and supported by Hodge (2001, p. 35), “the generational aspects involved in the transmission of spiritual and religious values” is important to these caregivers.

## **DISCUSSION**

### ***Role of Social Work***

The historical roots of social work demand that we integrate the spiritual and religious aspects of clients into the helping process. The profession itself embraces the Judeo-Christian values and principles as part of its mission and philosophy. The recent revitalized interest in the role that spirituality plays in the lives of clients as a coping mechanism is the cruxes of recent research ranging from spirituality as a coping mechanism to helping clients map the significant religious and spiritual aspects of their social relationships and support systems (Taylor & Ellison, 2000; Washington & Moxley, 2001; Hodge, 2001). Current debates are flourishing about the faith initiative that provides funding of religious groups delivering social services. The thin line that presently exists between the separation of church and state is uncomfortable in a society that established itself on this constitutional principle to prevent politicizing and the over influence of the church that existed in countries from which many of its founders and their ancestors escaped for that very reason.

Nevertheless, a wealth of literature and research is being generated that explores and examines the importance of religion and spirituality in the ability of the client to use resources intrinsic and extrinsic to themselves (Washington & Moxley, 2001; Hodge, 2001; Stanard, Sandhu, & Painter, 2000; Dunn & Dawes, 1999). Clearly there is a purpose for social work provision of kinship services to caregivers and their grandchildren that will incorporate the strengths of caregivers inclusive of their use of spirituality and religion as a healing force, coping mechanism and institutional resource, internal and external to themselves.

### ***Utilizing Spirituality and Religion: Interventions with Kinship Caregivers***

Some important aspects of utilizing spirituality and religion as interventions with African American kinship caregivers is to allow for the

expression of the different worldviews of kinship caregivers with respect to their religion and definitions of spirituality (Frame, Williams & Green, 1999; Ball & Goodyear, 1991; Richards & Potts, 1995; Black, 1999; Bachev & Cingel, 1999). How one defines one's spirituality is a personal one and oftentimes may vary from person to person. Social workers must be careful to allow for this kind of expression without judgment. Conducting spiritual and religious assessments utilizing spiritual genograms is a helpful mechanism and tool for helping kinship caregivers identify for themselves the influence and significance of religion and spirituality in their lives (Hodge, 2001). In addition, allowing kinship caregivers to incorporate their spiritual worldview into interventions by providing the client a safe environment to engage in prayer, meditation, ethereal hope and expressions of faith as indicated by the kinship providers in this study, could prove to be helpful as a stress reducer and emotional resource for coping with the stressful, complex situations of the lives of kinship caregivers and the children to whom they provide care (Washington & Moxley, 2001; Black, 1999; hooks, 1993).

Exploring and assisting caregivers to connect with spiritual and religious resources could be a rich foundation for not only meeting the material needs of kinship caregivers and their children but their spiritual and emotional needs as well. Emphasizing and affirming the power and strength of spirituality and religion expressed by caregivers is a strong facilitator for problem solving and facilitating change (hooks, 1993; Frame, Williams & Green, 1999; Constantine, Lewis, Conner & Sanchez, 2000).

Assessing the influence and role that spirituality and religion plays in the decision-making process can be paramount to the helping process. It may help to explain why some caregivers seem to be giving up when in actuality they are relying on their faith and the intervention of a higher entity to assist them in their final determination. This philosophy of respect for a higher power is often best illustrated by the Serenity Prayer, which asks that "*God grant me the serenity to change the things I can, the courage to accept the things I can't, and the wisdom to know the difference*" (Johnson, 2005, p. 1).

Lastly, it is important for social workers to develop cultural sensitivity and competence with integrating spiritual and religious worldviews in the helping process with caregivers (Hodge, 2001; Constantine, Lewis, Conner & Sanchez, 2000; Frame, Williams & Green, 1999; Dunn & Dawes, 1999). This means that more attention needs to be paid to what caregivers tell us about how they utilize their spirituality and religion and its transmission and application in caring for their grandchildren. Spirituality and religion is defined, experienced and expressed

differently by African Americans because of their historically lived experiences and must be examined and interpreted in the unique context of the kinship caregiver and their family.

### CONCLUSION

In conclusion, it is imperative to remember, “spirituality is central to the history and resilience of many African American individuals and families” (Dunn & Dawes, 1999; p. 225). Kinship caregivers of grandchildren are committed caregivers and perceive taking care of their grandchildren as a historical, religious and family responsibility. They believe that their grandchildren are best served by being reared within the context of their own family systems regardless of the sacrifice or hardship they may have to endure and that the power of God and faith will help them provide. A caregiver in the group described another caregiver with respect to this philosophy and truly denotes the perception of many of the caregivers and the role that religion and spirituality plays in the decision to rear their grandchildren. She stated that:

Ms. P is a great-grandmother. She got tired of different people keeping her grandchildren because she is a good foundation for them and they need her. She really does not need that but God has given her strength that she will be there for those children.

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doi:10.1300/J045v22n03\_07

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