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# **Sheltering and Shielding Care**

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## Sheltering and Shielding Care

“It takes a village” has become a rallying slogan in the fairly recent past. This image of a village denotes a supportive, caring community that is integral to the raising of healthy children. However, all mothering takes place in some sort of “village.” That is, within any particular historical, social, economic, and cultural context, women have various resources to draw on, various individuals and institutions that can aid, harm, or ignore them. These different contexts constitute the actual, not ideal, villages within which women and their families live. Under ideal conditions, all children would be loved and cared for by their parents — however “parents” may be contextually defined — and both children and parents would receive support and nurturance from the broader community. Parents would have sufficient time not only to care for their children’s daily needs, but also to delight in the joys of their daughters and sons. Mothers and fathers, whether alone or together, would be able to make enough money to provide for their families; everyone would have decent food and clothing, a clean, well-maintained place to live, and appropriate medical care.

But, of course, none of us lives in this ideal world. The villages in which families live, the material and emotional support available to parents, and the manner in which parents respond to that which is available vary greatly. In this paper I examine ways in which familial and communal environments of both the present and past affect how African-American and white mothers care for their young children. The interviews on which this paper is based come from a larger qualitative study that looks broadly at urban mothers’ health care practices and beliefs regarding their young children (ages two to three) (Altschuler 1997). Based on these interviews, I discuss two ways in which the social and physical environments strongly influence the women’s

care of their children: women's perceptions of their own health status as related to their work as mothers and their perceptions of whether they must protect their children from various social and physical environments. With regard to health status, there are women who feel the necessity to improve their own health when they become mothers. For some women, this change is important in order to be better able to care for their children and to model good health habits for them.

Other women view their own health as a sort of first line defense in protecting their children from danger in the environment. They speak of good health as an absolute requirement of motherhood. In a parallel manner, members of the first group of women feel their environments to be more benign, and those in the second group feel them to be more noxious. Thus, women might be less or more vigilant about guarding their children from dangers they perceive in their familial and communal environments.

These differences are related to the ways in which the mothers care for their children. Although all the women provide what I describe as "intimate" care, some women provide what I have characterized as "sheltering" care, and others provide "shielding" care. Intimate care refers to women tending to their children's countless needs, wants, problems, and illnesses; providing them with adequate food, clothing, and housing; and giving them opportunities for learning and pleasure. The women who provide sheltering care for their children give intimate care within the context of a social environment that they do not feel they have to contend with or resist in order to care for their children. Additionally, the white women I interviewed typically perceive the extended families and neighborhoods of which they are part as relatively benign, if not positive, environments. Although a few women made brief mention of their fears of kidnapping and murder related to the horribly tragic and brutal cases publicized in the media, none of the women had any direct experience or involvement with such a catastrophe.

Many of the Black women I interviewed told me that they care for their children within a different type of social environment than do the white women. Although these Black women provide their children with intimate care, they do so within a social context that they actively perceive to be negative and/or dangerous for their children and them. They not only provide intimate care for their children; they also must provide “shielding” care to protect their children from the dangers that present themselves in the form of such entities as family members, social practices, and crime in the neighborhood. There is not an apprehensive fear of the unknown or a generalized anxiety regarding potential danger in the public sphere. Shielding care requires that mothers be even more vigilant than is required by the demands of sheltering care. Mothers can be on guard not only against disease, developmental problems, and poor eating and sleeping habits. Mothers who provide shielding care also must be alert to, and actively avoid or contend with, such people as family members whose behaviors are judged to be dangerous or unacceptable and drug dealers and users who reside in their neighborhoods and apartment buildings.

The concepts of sheltering and shielding care primarily emerged out of an analysis of the ways in which women talked about the families in which they were raised and the ways in which the experience of motherhood had motivated them to improve their own health practices. In this study, I conducted in-depth interviews with 45 mothers, most of whom were African-American (16 women) or white (22 women) and whose household incomes ranged from less than \$10,000 a year to more than \$60,000. Ten of the 16 Black women (63%) and 5 of the 22 white women (23%) of all class backgrounds spoke of motherhood itself as an opportunity, if not a requirement, to keep themselves healthier. They also spoke of motherhood as a catalyst to live their lives differently from the ways they had been raised and/or to reject aspects of family and

communal life that they viewed as unhealthy. They discussed such issues as changing eating habits, learning to deal better with serious problems such as their own depression or a husband's alcoholism, and changing very active overall lifestyles to more sedate ones. For some of these women, good health required that they separate themselves from families and/or communities that they perceived as unhealthy for them and their children. This change in their lives and perspectives reflects motherhood as a catalyst for long-intended changes, the women's devotion to their children, and their perceptions of their social environments at least in part as unhealthy, if not pathological, places.

Sharon is a white working-class woman with a college degree. She, her husband, and their daughter live in a chilly flat with a clear view of distant hills. She is a striking brunette with blue eyes who is currently staying at home with her child. I was particularly taken with Sharon's looks, because she mentioned how heavy she still was since the birth of her daughter. I would never have described her in such a manner. Slim, and with "Breck Girl" looks, Sharon went on to tell me of her battles with eating disorders. Regarding the changes she's made since her daughter Melina's birth, she said,

"I think I have very good health. I'm just really having a difficult time, because some really horrible habits have developed in me. I've learned in the last three years that smoking, starving, and purging and all those things are not healthy ways to live your life. And now Melina, who loves cooking, and I'm learning how to cook, and I'm trying to instill in her healthy eating habits without forcing it. But it's very different from my mother's generation, how they prepared food for us — "Here's a Velveeta sandwich on white bread with Miracle Whip!"

Susan, who is also white, works as a paralegal. She and her husband had been married for 15 years before they had their son. They wanted to wait until they were financially settled and had had opportunities to achieve in the workplace and travel in their leisure time. In discussing the changes she's made since she's had her son Michael, Susan explained,

“I don't know if this happens when you have a child, but now I'm really getting into health and health issues. Cause I see that I have to understand that in order to take care of him [her child]. (Have you changed your health practices?) Absolutely. I use to drink a lot more, even before being pregnant, the foods I eat, I gave up all sodas with sugar in them, which was hard for me, because I lived on Coke for 20 years. But I don't want him to see me eating things that I don't want him to eat.”

When the white women talked about making changes in their health or overall lifestyles, they talked about it in a personal context of specific health behaviors they've adopted, such as better eating habits; habits they've quit, such as drinking; and lifestyle changes, such as staying home more in order to spend time with their child. Motherhood has created an opportunity for them to keep themselves healthier within the context of needing to stay healthy to be able to care for their children. To a great extent, these difficult changes were within the grasp of these women who clearly felt the need and desire to change. They spoke of these changes as being individual in nature; the larger social environment did not directly impinge on or influence their abilities or desires to make these changes.

In contrast to the white women, the Black women did not talk about making changes in their health in terms of specific health practices they've undertaken to improve their health in their new status as mothers. Rather, the Black women discussed how their good health is absolutely required so as to maintain their guardian status within the context of the family and as a buffer to the outside world. This concern was expressed only by the Black women. These women not only discuss the importance of being healthy so that they are always able to care for their children; they also discuss how they must provide a source of individual stability and safety. They strongly emphasize that they individually must be there to protect their children and often express little or no trust for closely related family members.

For many of these Black women, friends and family do not always resemble the classic account of communal support and care that Carol Stack documented over 20 years ago (Stack 1974) or the image of mutual support she presents in recent work (Stack and Burton 1994). Though these women did speak of reliance on family and friends, they also discussed their strong reliance on themselves in taking care of their children and their rejection of contact with family members and the larger community whom they feel to be unhealthy influences for them and their children. This sort of solo family endeavor more closely resembles what has been found by scholars such as Elaine Kaplan (1997), Suzanne Randolph (1995), and Anne Roschelle (1997). Such feelings were clearly stated by Helen, who has five children, two of whom are adopted, and a large house in a neighborhood dubbed “death central” by the local community and police. In answer to what it means to be healthy, Helen says,

It means a lot, because my kids depend on me a lot. I'm like the Joan of Arc, Rock of Gibraltar, and without me, things wouldn't work. Everything would just shut down. My 16-year-old can do a lot, but just so much. So it's important for me to be healthy, and stay healthy, because my kids depend on me so much.

In the same vein, Felicia, a young single mother who was currently staying at home with her toddler and baby said

“Before I got my babies, I didn't really care about being healthy. But now that I have my babies, I think about it, I'm kinda concerned about it, because I want to be the best, because I want to be able to take care of them. Now I know that there's other people, my mom, my sister, whatever, that'll watch them, but I feel better taking care of my babies myself. So I gotta be healthy in order to keep them healthy. So I try pretty much to keep in shape.

“Since my babies, I got a totally different attitude. I can't just think about myself. I have to think about my babies as well. And like I used to be a party animal and now I sit at home and take care of my babies. And try and keep them healthy, and try and keep myself healthy. (Do you ever go out now by yourself?) Every now and then. I don't, not because I'm overly protective, but I try and pretty much keep them with me when I go, like to the park, or to a relative's house, or something like that. Nobody's going to take care of your babies like you do. I don't really trust them with too many people.”



A mother's concern, if not fear, for her children's well-being vis-a-vis the outside environment is certainly not a new phenomenon for African-American women; it stretches back to slavery, when mothers often had their children sold to the highest bidder. In fact, Patricia Hill Collins (1994) eloquently argues that mothers' concerns for their children's physical survival would be central to a discussion of motherhood if normative notions of motherhood focused on women of color, rather than on white women. What is notable is that, like Felicia, several of the Black mothers also talked about not trusting close family members and conscious decisions and actions they've taken to separate themselves from family, when they've either been enmeshed in or observed patterns of negative behaviors. Like Felicia, Monique is a young single mother living in public housing. She is training to be a nurse's aid, lives in the city where she grew up, and is close by many relatives and old friends. However, she doesn't fully welcome the contact that this proximity brings her. Monique asserted,

"I don't trust nobody with my kid. Cause it's not their kid, it's my kid, and I have to be the one to make the final decision. So I don't totally trust nobody with my kid. (Nobody?) Even if I know em really good æ I don't trust em with her. I leave her with my mom — I don't trust my mom with her either. Because my mom had me — she was young herself. And every time I come to the house, she always had an accident, she scraped her knee — cause my mom lets her play in the backyard. If she'd been watching her totally, she wouldn't have gotten no scrapes. But then, kids have accidents. But when she's with me, she doesn't have as many."

Felicia also explained,

"At one point I noticed something after he'd spent the night at my brother's house. I noticed when he came back, his father was here one day, and he tried to grab his father's private parts. He'd never done that before. I noticed he did that for a couple of days. And I thought maybe someone's grabbin or touchin him down there. Then I asked his doctor about it and I never really confronted my brother. They were all, "we would never do anything like that." So that's why I would prefer to go to the doctor, see if that was something he would go through — if it could basically be from anything. If he continued to do it, I'd keep him closer to me. Because I don't want to take no chances on anyone touching him down there."

“I know he be lonesome sometimes — that’s why he’s so affectionate toward his sister. I don’t let him outside — kids outside have filthy mouths. I used to let him outside [in the courtyard outside her apartment], but not anymore. I take him to the park, he pretty much play by himself. His cousins all got their own attitude, and I don’t want that to rub off on him. He already began, so that’s why I try to keep him around me as much as possible. He do a lot of things that I don’t approve of him doin — that’s because he’s around a lot of other little kids. I know he be lonesome, but I play with him. If he wants to play, I play with him. If he wants to play trucks, we play trucks.

“And I think his father [who is very involved in Terrell’s life, but does not live with the family], well we disagree because his father is absolute, that with the way kids are today, he needs to be rough, he needs to be violent. And I’m like, no, that’s not necessarily the approach he needs to take in life. I don’t want him being like the kids are today. But he insists on making him mean, teaching him how to fight, and stuff like that, and I don’t really approve of that.”

In discussing how they care for their children in contrast to family members, we see how these women conceptualize the care they give to their children in opposition to or resistant to facets of their families and the surrounding socio-cultural environment. They speak both of not trusting family members and of protecting children from what they perceive to be negative social practices. We can see mothers’ care of their children going against familial and community practices and norms when women perceive them to be unhealthy or in some way detrimental to their children or themselves.

The changes Toni has made in her life vividly illustrate this pattern. Toni receives AFDC and child support from her ex-husband and is a recent community college graduate in computer-assisted design. She is very involved in her church, which has been a strong and on-going support for her and her two children. In talking about her older child’s early health and her relationship with her grandparents, Toni said,

“They’re in New Town, not around so much anymore. I’ve somewhat detached myself from my family. I don’t have a lot of role models in my family. I’m trying to break — I’m not trying to break ties, I’m trying to do something different. I’m totally trying to raise my children in a way that’s totally right. I don’t want them exposed to anything that’s negative. I have alcoholics in my family, I have drug abusers, I have adulterers. I have

totally cut myself — not totally cut myself off, but that I can raise my children because it had become a toll on me. I'm totally responsible.

“These people were wearing me down. They were actually wearing me down. I care about family, and being in the midst of that, I wouldn't say I take on other people's problems, but I care. It just wears you down seeing it. It takes a lot away. And now that I'm not so close to it, you know, I can call and say “how you doin?” And I can hear what's happening, but I'm not right there — I'm here. I don't have people dropping by, their financial situations. I don't have to feel responsible for what's happening to other people. I'm a better mother for letting that go.”

In her comments, Toni discusses that she has severely curtailed contact with her family for two basic reasons: they were bad role models for her and her children, and their demands on her time and energy were emotionally and physically draining.

Janelle is a young woman who got pregnant in her last year of high school and gave up a prestigious college athletic scholarship to have her child. She is currently enrolled in community college and working part-time while living in her mother's home. Though she is now 21, it's still easy to see Janelle as the popular, vivacious high school athlete she was. In fact, Janelle is such a commanding presence that at times during our interview, I felt like I was in the audience for a performance art piece entitled "Young, Female, and Black." After discussing measures she takes when her son is sick, Janelle went on at length to tell me about other young women she knows whom she feels to be highly inadequate mothers and who, in her telling, seem to be in great contrast to how she views her own much more positive version of mothering. After talking about a younger friend who also became pregnant in high school and whom Janelle was trying to help get back to school and/or work, Janelle lamented how some people don't take advantage of available opportunities, while others are near leeches.

I say AFDC is for people who need the money, you know, to take care of their kids until they can find them a job. That's what they're tryin to get you to get. A job. So you won't have to depend on them. People are gonna be messed up because the new government [the then-

incoming 1994 Republican Congress] wants to cut the money or whatever he wants to do. People gonna be messed up. People havin all these babies, to make their checks bigger. (You think that's why they have more babies?) Yeah, seriously — the one down here, these ladies, they have five, six kids? They tryin to make their check bigger. More kids, more money. Like my half-sister. She has three kids and she's only 22. She's not doin nothin — she's depending on this. She's depending on AFDC. All she do is smoke weed, chill, just drop her kids off. Ain't doin nothin — but roamin the streets from morning til night. I see her outside. This is when I used to work full-time, she's outside lookin for weed at North Town [a local, predominantly poor and working class Black community]. And I'm like, uh-huh, uh-huh. She's, “do you wanna smoke?” And I'm “uh-uh, I gotta go to work. I have time for that later, but not now.”

You know, I feel sorry for her. She makes herself look so pretty when she comes outside, but have her kids lookin as raggedy as ever. All that money you gettin from these people — ain't you buyin them no clothes? All she do is spend it on weed, spend it on weed. All I say is, she may look fine and dandy when she outside, but her real life is when you go in her house. That's her real life — messy. Dirty. Nasty. And I say “Arleta, why don't you bathe these kids? Buy them clothes? You can look so fine and dandy when you outside, but when people look at your kids, they gonna be like...”[fades off, shaking her head].

I always said, when I have a baby, I'm gonna be sure my son dressed better than me. I know it's not all about that. But you gettin money from these people [AFDC] — at least show — because I hate the way she has my niece. She has two boys and a girl. I hate the way she has my niece and nephews. I hate it. The oldest, my nephew, he's about four now. From not taking care of his teeth, he has all silver teeth right here [indicating her front teeth]. She don't know how to take care of no kids. I don't even like her watchin my son. She doesn't even watch my son. She

doesn't know how. She doesn't need no kids right now. She doesn't need em at all, because she doesn't know how to take care of them.

In comparison to Toni, Janelle intensifies the discussion of negative role models in her description of her half-sister. Janelle catalogues her shortcomings as a mother and compares them implicitly to her own more positive ways of mothering.

Carolyn is a legal-aid attorney whose husband Calvin is a city planner. In both their paid and volunteer work, they view themselves as African-American community activists. I quote Carolyn at length in order to convey her sense of her family's history and the ways in which it has shaped her. In discussing the work that goes into being a mother for her child and the different family configurations that she's lived in since she was a child, Carolyn said,

I've tried to break the cycle. And I have to a certain extent. My mother was raised with six other kids, by a woman, my grandmother, who was an only child, and very beautiful and stunning, like people said she looked like Lena Horne, and so she was used to having all this attention. She basically had seven kids because she loved to have sex. She didn't nurture them, and it was a competitive environment. And my great-aunt was the one who pretty much raised them. She didn't live there, but she was pretty much the matriarch of the family. She raised them and nurtured them.

And so my mother basically provided for us. She had three kids as a teen-ager. My older brother she had when she was 16. She basically provided for us. She gave us food and shelter, and she loved us the best she could. But she didn't have a high school education, and she was lucky to have a job as a meat cutter. So I'm different, because she had three boys, I'm the only girl, and I went to live with my great-aunt, but I saw my mother every day. So I was lucky,

because I had the attention of my great-aunt to nurture me. I had a backyard with chickens and swings. It was the house to come to with all the toys.

It was hard, it was something I had to work through. I had survivor issues, like, why me? Why did I get a chance to have an education, or all the attention, or whatever. It was because I was with her [great-aunt]. I got everything she gave me. They got that if they came around. She treated all the kids the same. It's just that I lived with her. But if we were all together, there was no favoritism. She was a great woman, and a great role model.

Still you know you have opportunities, because I had someone to read to me at night, go over my homework. Even if I didn't have homework, to pull out some old raggedy book from the 1900s and go over multiplication tables. It was all taped up, and she'd go over it with me. I was really blessed. She died when I was 13. (Then did you go back with your mom?) Yeah, that was hard. Yeah, she was a young mom. She was growing with us — she was only 33. So she was young. How she dealt with me was totally different than how my great-aunt dealt with me. It was different. It was just hard. It was hard.

(It sounds like you got so much from your great-aunt.) Oh yeah, the foundation. I was so lucky. I feel that she walks with me now. Really, I call on her now. My mom and — I love her — we have this really strange relationship. I think it's to one extent, it's the stuff she hasn't resolved from her childhood. So yeah, we're different in how we parent. I think I had something she didn't have. You know what my [great] aunt was like? A female Calvin [Carolyn's husband]. They both struggled really hard, but education and all these things were really important. She was really tough, but nurturing. But she wasn't bitter. She was a remarkable, wonderful lady.

Thinking about and comparing the words and stories of these women from all rungs of the economic ladder reveals that a strong component of the care they give to their children

involves some sort of resistance or change in relation to the family or larger environment in which they live or grew up. Carolyn is breaking the cycle. Toni is doing something different. Janelle tells us about her half-sister as a photographic negative of herself. Janelle is not like this. She certainly doesn't smoke her life away; she smokes only socially. She is responsible; she works and goes to school. Janelle presents her half-sister as a cautionary tale, a vision of motherhood gone pathologically bad. Her half-sister is the villainous poster mother for the politicians who slashed welfare benefits.

Although the women just quoted primarily discuss components of the familial environment from which they feel they have to shield their children and themselves, Black women also spoke of danger to be avoided in the neighborhoods in which they live. For example, Amber, also an African-American mother receiving AFDC, was in the last weeks of a secretarial course when we met. Amber is an organized woman. In her mid-twenties, she was just retiring from her term as president of her housing authority development. When I met Amber for the first time, she had just come from her last meeting as president, where she had announced her success in securing several major corporate donations for the development's Halloween party for the children who live there. When Amber talks about her children's safety, she talks about it in a broader context than Felicia. In talking about safety and their apartment complex, Amber stated in a matter-of-fact manner,

I have to make sure my kids have a safe environment. (What's a safe environment for you?) Drug free, and I mean anywhere. Sometimes you may be walking down the street or I may be coming up my stairs, I see people gettin high down by the stairs, or the kids they be playing outside, and people wanna get high in front of kids. No kids should have to deal with that. (So how do you deal with that?) I'll ask the person, "Can you leave? Can you not do that around

kids?” (And do they usually listen?) They usually do, yeah. The city is big — I don’t condone it, but if you’re gonna do it, move. Have some respect for the kids.

Like Amber, Tanisha also discussed her children’s health in relation to the public housing building where she lives.

I keep em in the house a lot. It’s not safe out there. (Do you ever take them to the playground down the street?) No, uh-uh. The kids just play in the hallways right outside the apartment. I do take em to the store. It’s gotten better here lately, because they put half the people who used to stay here in jail. I was raised in this building, but I stay clear of the people I grew up with. I stay to myself. I don’t want to be involved [shaking her head]. I go my way, and they go theirs.

Engaged in the work of motherhood, these women feel compelled to turn away from various facets of their families and communities. The women whom I’ve quoted speak of a lack of trust in close family members, family and neighbors as poor role models, the social-psychological legacy of poverty, and the physical dangers of their neighborhoods. Traditionally, of course, family and community have been two of the bulwarks of African-American life, especially for poor and working-class people, as analyzed and discussed by numerous scholars of the Black family such as Andrew Billingsly (1992; Billingsly and Billingsly 1988) and Harriette McAdoo (1992; McAdoo and McAdoo 1985). Unlike their relatives a generation or more ago, as well as the non-Black women in this study, many of the Black women I spoke with, and especially those who are poor, feel a threat to their children’s well-being that seems qualitatively different from what others feel and have felt in the past. Part of the threat they feel seems to emanate from negative behaviors they identify in their immediate families, as well as in the neighborhoods in which they live. The work of motherhood is not subtle in these cases. Mothers



actively avoid aspects of family and community that interfere with their abilities to care for their children in the ways they see fit. In the past, threats to security and safety came primarily from outside the Black community. Today, mothers perceive a great threat from both outside and inside the Black community. African-American writer Marita Golden poignantly and chillingly describes this threat in *Saving Our Sons: Raising Black Children in a Turbulent World*. It is her memoir of mothering her son and a plea for the protection of all young Black men, especially with regard to the epidemic of Black-on-Black violence currently infecting them. She wrote:

I want my son to grow up to be smart, productive, and content. But like every other Black mother I know, I want my son, mostly, to live. White mothers insist, “I worry about my son too.” And well they should. For while I seek to protect my son's life, any progressive, concerned white mother must strive to raise her son to resist and reject the legacy of his father. White mothers must raise their sons to welcome the sharing of power, resources, and the world. White boys have to be taught to care whether my son lives or dies.

Although none of the Black mothers in this study spoke of directly fearing for their children's lives, as Golden feared for her son's, they very much wanted to ensure their children's strong and proper development. Like Golden's decision to send her son to a Quaker boarding school (after trying many alternatives), rather than feel she was risking his life on the streets of Washington, D.C., so too did mothers in this study reject aspects of their families or communities that they felt to be dangerous or unhealthy for their children. The women disavowed these aspects of communal life with respect to both their families' current lives and the kind of children and adults they wanted their sons and daughters to become. Thus, in talking about caring for their children, these Black mothers expressed concerns that often extended far beyond individual concerns with such issues as food, sleep, and check-ups and reached into the realm of how the larger social environment affects their children.

Only 2 of the 22 white women said that they cared for their children in a way that was in any sense oppositional to the social environment in which they currently live or in which they were raised. For these white women, this opposition was specifically in regard to the way their mothers had raised them, not in regard to negative ways of life that they perceive currently in their families or neighborhoods. Like the Black women who resisted aspects of their social and familial environments, the white women were individually responding to larger social changes in the environment, most specifically, white women's large-scale entry into the paid work-force during their lifetimes. For example, in answer to "do you take care of your child in a similar manner to how your mom took care of you?" Barbara, who works full-time as a corporate administrator answered:

No. My mom was a stay-at-home mom. I give in a lot more. You don't have that much time together. My mother was like the taskmaster of the house, and that was right, because that's who we saw all day long. And when my father came home, you catered to your father — your typical kind of household in the 50s and 60s. But I don't think we can bring up our children in the same fashion when we're at work. It's just — I'm not the taskmaster, that's not what I want to be. I want it to be a joint kind of situation between my husband and myself, where we're pretty consistent in terms of what we expect from Joey and what we give him. That both of us work at joint kind of things, versus the way I looked at my parents. I think that has to affect how you actually bring up the child. I think that's the basic difference.

Although in terms of religion, in terms of school, and things like that, we'll be very consistent to how I was brought up, and in terms of background of who you are, and how important your Italian background is in your life, that kind of community because that's really the community we hang out with. So that's going to be important to Joey's life, or at least he'll

have knowledge of it. So those kind of things will probably be consistent to how I was brought up and those are really good things. And my mother being a taskmaster was a good thing too. I mean she did a very good job. I just can't do that same kind of job.

So I think it will be different. Hopefully, the outcome will be just as good, because I think I had a very good upbringing. I hope that I can do just as good a job in a different way. We always felt loved, and we always felt that they'd do anything for us. In fact, it was obvious they put us before them in many situations.

Like Barbara's family, Jan's family of origin was much different than her family now with her husband and child. Jan's family had lived overseas for many years during her childhood. When I asked Jan if she cares for her son in a manner similar to how her mother had raised her, she answered,

I'm definitely different from my mom. We were living overseas most of the time. We had nannies, kind of. And my mother worked overseas most of the time, too. But even if she didn't, it was the 60s, and they'd go out a lot, cocktail parties, and I remember, they were like royalty to me. She was always dressed up with her hair up. It's not at all like her now. But it was just a lifestyle they got into for a few years. When I was younger, it was a time and place — Hollywood in Brazil. I don't know — it was weird. We didn't have at all that [close] relationship [that Jan has with her son]. My mother had five kids, two adopted. Four of us were within three and a half years. There was not this one-on-one thing. Plus I would definitely say that my mother's first priority would have been my father. And we came second. And Ethan is more my first priority than Dean is. Dean is an adult. He can take care of himself.

In being different from their mothers, in being a different kind of mother to their children, the white women are creating new cultural models of family and parenting, especially with regard to greater equality between wives and husbands and less reverence for fathers. Although the white women may feel their child-rearing practices may be quite different, if not better, than those of their mothers, they don't discuss their current ways of caring for their children as constituting progressive cultural practices that can serve to safeguard or ensure the proper

development of their children. This is in contrast to the African-American mothers, who not only feel they are creating new cultural models of motherhood, but feel they are doing it with the additional onus of feeling they consciously want to change existing harmful cultural practices by the way they care for their children — “I want to break the cycle.” “That’s not necessarily the approach he needs to take in life.” There are qualitative differences in the kinds of changes these women are making — the Black women are engaged with concrete issues ranging from their children’s physical safety to their ability to achieve their potential, while the white women realize that the changes they are individually making are part of a large-scale sociological transformation.

If we return to the village metaphor, it is from this vantage point that we can clearly view the different types of villages in which these women and children live. For the white women I spoke with, the village is seemingly a much more innocuous place for raising children than it is for the Black women. They are able to provide their children with sheltering care, which allows them to care for their children in an environment that does not actively impinge upon their daily work of mothering. Certainly, danger lurks all around children with regard to countless entities; the recent spate of highly publicized kidnappings and murders of children has created a generalized fear and anxiety in many parents. Yet none of the non-Black women I spoke with ever mentioned any specific, close-at-hand danger or harm emanating from any kind of familial, communal, or more broadly social environment.

However, protecting their children from harm in the immediate and/or more global social environment was a theme articulated by most of the Black mothers with whom I spoke. In contrast to the white women, the Black women I spoke with look at a much bigger picture than diet, immunizations, and social-psychological developmental issues in caring for their children.

Their concerns about the potential dangers of familial and communal environments are readily apparent as one of the central forces in how they conceptualize and give care to their children. The white women are not worrying about drug dealers in the neighborhood or in their families; they are not concerned with breaking the cycle of low educational achievement, they do not speak of actively contending with violence within their families or beyond. Because of these additional perceived threats to their children, the Black mothers feel they can not only give their children sheltering care; they must also provide shielding care to defend their children from potential threats in their environment. Certainly, some aspects of shielding care are in response to living in low or very low-income neighborhoods, but higher-income women also spoke of related concerns.

The daily work of mothering is less onerous when a woman perceives that her general environment is supportive, or at least isn't harmful. But for some women, exemplified in this case by the majority of Black women in this study, aspects of the familial and social environments are seen as actively toxic to their own and their children's overall well-being and necessary to avoid. This is not to say that shielding care is a phenomenon exclusive to Black families. Doubtless there are families of all ethnic/racial backgrounds who feel they must shield their children from communal and familial norms and environmental dangers that present themselves. But the African-American women who shared their stories with me alert us to additional labors of some Black mothers and perhaps another facet of our racialized society.

To a large extent, the Black women seem at least in part to be following Sara Ruddick's (1989) call for activist maternal nonviolence. Ruddick calls for nonviolent resistance to military battle and war, but these women individually wage maternal nonviolence against familial and communal problems on behalf of their children in the midst of a wealthy American city. In their

daily practices of mothering, the African-American women whom I've discussed in this paper actively attempt, and sometimes succeed in resisting violence, both explicit physical violence, and the more structural and pervasive violence of poverty.

## Notes

1. This phenomenon of fearing for a child's well-being is perhaps most dramatically relayed in Toni Morrison's *Beloved* (New York: Knopf, 1987), in which a mother kills her baby daughter to save her from life as a slave.
2. Marita Golden, *Saving Our Sons: Raising Black Children in a Turbulent World* (New York: Doubleday, 1995).
3. *ibid.*, pages 16-17.

## References

- Altschuler, Andrea. 1997. *Contexts of Care: Mothers and Their Young Children's Health*. Unpublished Ph.D. dissertation, Sociology Department, University of California, Berkeley.
- Billingsly, Andrew. 1992. *Climbing Jacob's Ladder: The Enduring Legacy of African-American Families*. New York: Simon and Schuster.
- Billingsly, Andrew and Amy Tate Billingsly. 1988. *Black Families in White America*. New York: Simon and Schuster.
- Collins, Patricia Hill. 1994. "Shifting the Center: Race, Class and Feminist Theorizing About Motherhood." Pp. 45-66 in *Mothering: Ideology, Experience and Agency*, edited by E.N. Glenn, G. Chang, and L.R. Forcey. New York: Routledge.
- Kaplan, Elaine Bell. 1997. *Not Our Kind of Girl: Unraveling the Myths of Black Teenage Motherhood*. Berkeley: University of California, Press.
- McAdoo, Harriette, ed. 1992. *Black Families*. Thousand Oaks, CA: Sage.
- McAdoo, Harriette and John Lewis McAdoo, eds. 1985. *Black Children: Social, Educational, and Parental Environments*. Beverly Hills, CA: Sage.
- Randolph, Suzanne M. 1995. "African-American Children in Single-Mother Families." Pp. 145-168 in *African-American Mothers: Understanding Their Lives and Families*, edited by B.J. Dickerson. Thousand Oaks, CA: Sage.
- Roschelle, Anne R. 1997. *No More Kin: Exploring Race, Class and Gender in Family Networks*. Thousand Oaks, CA: Sage.
- Ruddick, Sara. 1989. *Maternal Thinking: Toward a Politics of Peace*. New York: Ballantine Books.
- Stack, Carol. 1974. *All Our Kin: Strategies for Survival in a Black Community*. New York: Harper and Row.
- Stack, Carol and Linda Burton. 1994. "Kinscripts: Reflections on Family, Generation, and Culture." Pp. 33-44 in *Mothering: Ideology, Experience, and Agency*, edited by E.N. Glenn, G. Chang, and L.R. Forcey. New York: Routledge.