Family Legacies in Shaping Teen Mothers' Caregiving Practices Over 12 Years

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In this article, the author focuses on the theme of family legacies. The research is based on a qualitative study of family caregiving practices in a cohort of teenage mothers and their families. Families were first interviewed in 1988-1989 and reinterviewed in 1993, 1997, and 2001. The author explored continuities and turning points in caregiving practices over the 12-year period. Eleven families participated at Time 4, including 9 mothers, 3 of their partners, 6 first-born children, and 9 grandparents of the children (N = 27). At each time period, family caregiving legacies emerged as a salient theme as the mothers and partners described their concerns, accomplishments, and the resources for or impediments to becoming the parents they wanted to be. Four cases are presented to highlight how family legacies were refined, rejected, or modified over time. The author also describes implications of the findings for clinical practice and future research.

Keywords: *teenage mothers; mothering; family legacies; hermeneutics; longitudinal research*

Because teens often remain at home after giving birth, their parents (hereafter referred to as grandparents) play a central role in shaping the teen mother's transition to parenting (Borcherding, SmithBattle, & Schneider, 2005). Although grandmother support is related to teen mothers' enhanced education and employment outcomes (Gordon, Chase-Lansdale, & Brooks-Gunn, 2004; Leadbeater & Way, 2001), associations between grandmother support and maternal practices, mothers' mental health, and child outcomes are more ambiguous (Black et al., 2002; Wakshlag, Chase-Lansdale, & Brooks-Gunn, 1996). Longitudinal research suggests that long-term coresidence with grandmothers predicts poorer outcomes for young mothers and their children, but the quality of family relationships is often ignored in these studies (Deleire & Kalil, 2002; Hess, Papas, & Black, 2002). With few exceptions, the impact of grandfathers on teen mothers' lives has also been overlooked.

Family-level studies can address these gaps in knowledge of family relationships and teen mothers' outcomes (Furstenberg, 1980; Wakschlag et al., 1996). Such studies, however, are rare. Apfel and Seitz (1991) identified four forms of grandmother involvement in the care of the teen's infant in the first 18 months postpartum. Grandmothers replaced the mother as primary caregiver (Replacement Model), supplemented the teen's care of the child (Parental Supplement), supported the

teen as the primary provider (Supported Primary Parent), or mentored the teen in an apprentice-like relationship (Apprentice Model). In a follow-up study, Apfel and Seitz (1996) found that the teens of families who had either taken over the care of the baby or provided minimal support were less likely to be parenting their children 6 or 12 years later. In my initial family study of teen mothers, two family caregiving patterns were identified (SmithBattle, 1996). Adversarial care characterized families whose competition and conflict over the baby undermined the teen's development of maternal skill and reinforced family hostility. Families exemplifying responsive care participated in the care of the baby in ways that encouraged teens to develop the relational and practical skills of mothering. Follow-up studies conducted every 4 years from 1993 to 2001 were designed to examine changes and continuities in family practices and relationships over time.

THE PHENOMENOLOGY OF EVERYDAY PRACTICES

All studies in this series have been based on the phenomenology of everyday practices. In *Being and Time*, Heidegger (1935/1962), a 20th-century German philosopher, made the radical claim that consciousness is only one way in which human beings understand and relate to the world (Dreyfus, 1991; Richardson, Fowers, & Guignon, 1999). Heidegger's ontological view challenged the epistemological privilege of the Cartesian tradition by arguing that human beings relate to the world, first and foremost, by doing things, not by thinking about them. Heidegger claimed that we are inducted into practical or lived understandings of the world as members and participants of families, communities, and cultures; these shared understandings or meanings precede us and provide the "background intelligibility" for acting and being-in-the-world.

Heidegger (1935/1962) also described the temporal structure of being-in-the-world. He argued that time is not experienced as the linear passage of discrete, uninterpreted events. Rather, as historical and social beings, the past is sedimented in our emotions, thoughts, habits, and everyday activities and thus shapes our experience of the present and future (Benner, 2001; Richardson et al., 1999). We are not radically free, therefore, to invent or reinvent ourselves as human beings or as parents. Plager (1999) drew on this Heideggerian understanding of temporality to articulate how family legacies shape what is meaningful to families. She defined family legacy as a "living tradition, an aspect of the family's life-world reshaped over time" (p. 52). Family legacies are not mental constructs or objective characteristics of individuals or families but are a "lived understanding" that is passed down, modified, and extended in embodied habits, stories, and family members' relations to people and things. As taken-for-granted aspects of the family's world, family legacies escape our awareness and resist objective description. Palmer (1969) subscribed to this view when he wrote,

> The past is not like a pile of facts which can be made an object of consciousness, but rather is a stream in which we move and participate in every act of understanding. Tradition, then, is not over against us, but something in which we stand and through which we exist; for the most part it is so transparent a medium that it is invisible to us—as invisible as water to a fish. (pp. 176-177)

In previous studies in this series, family caregiving legacies emerged as a salient theme in teen mothers' accounts of difficult and meaningful parenting situations

(SmithBattle, 1996, 1997, 2000). Teen mothers with coherent and meaningful caregiving legacies drew on embodied memories and experiences from childhood and directly imitated their parents in caring for their children. Those with negative family legacies often rejected the example of their parents and strove to reinvent a more positive tradition through trial and error and in opposition to the ways in which they had been raised. These mothers described how negative legacies from childhood created experiential "land mines" and difficulties in parenting their own children. Their stories also captured how navigating a course through these land mines to become better parents than their parents had been to them required conscious reflection, hard work, and the support of others. This 12-year follow-up study provided another opportunity to describe the development of family legacies and the role that positive and negative parenting models play in shaping caregiving practices. Four cases illustrate these patterns below.

PARTICIPANTS

In the original study (Time 1), 16 teenage mothers, 18 grandparents, and 3 of the teens' male partners participated in joint and separate interviews over a 3- to 5-month period that began when the teen's infant reached 8 to 10 months of age. Families were recruited from health and social service agencies; were Black or non-Latina White; and were diverse with respect to household composition, income levels, and educational attainment of grandparents. At Time 4, mothers ranged in age from 27 to 31 years; their children were 12 to 13 years of age. Six of the mothers (from the 11 participating families) were Black, and 7 were White. Two mothers had four children; 3 had three children; 5 had two children; and 1 had one child. Five mothers were married or in long-term relationships, and 6 were single or divorced. Three of the single mothers lived with grandparents. Two mothers received public assistance; the 9 remaining mothers were employed out of the home or provided child care in their homes. The reader is referred to earlier publications for a fuller description of the sample and procedures for the four studies in the series (SmithBattle, 1996, 1997, 2000, 2005).

STUDY PROCEDURES

Teen mothers and adult family members provided informed consent for all studies. At Time 4, the teen mothers' children gave their assent, and their parents consented to their participation in the study. Data collection included individual and family interviews conducted during three home visits. On the first visit to the mother's home, I asked her (and her partner) to describe changes in their lives since Time 3 (Life History Review) and difficult and rewarding parenting situations (Coping Interview). At least 1 month later, I returned to conduct a second Coping Interview with the parent(s). Parents and children were then asked to describe their daily lives (Family Routines Interview). Parents also completed a Demographic Questionnaire and rated their Satisfaction with Economic Well-Being and Neighborhood. Grandparents were visited once and asked in private interviews to describe changes in their lives since Time 3 (Life History Review) and rewarding and difficult situations in being a parent and grandparent (Coping

Interview). Interview guides for all interviews were used in previous waves of the study. Each semistructured interview elicited detailed stories of specific parenting situations or family routines; that is, participants were asked to describe what they did and felt in concrete situations with enough detail so that their understanding of the situation was available for later interpretation (Benner, 1994). All interviews were tape-recorded, professionally transcribed, and reviewed for accuracy. In appreciation of their time, children and grandparents received $15; parents received a total of $30 for two visits.

DATA ANALYSIS

The complete longitudinal data set consisted of 253 interviews and field notes. Each 4-year follow-up study followed the interpretive or hermeneutic approach to analysis (Benner, 1994; Christ & Tanner, 2003). Hermeneutics commits researchers to interpreting human experience as it is lived rather than as it is represented in the mind, described in theory, or decomposed into objective elements. The method is inherently contextual and is well suited to discover how human lives and actions are historically situated and how family meanings precede us and shape everyday experience (Chesla, 1995; Plager, 1994). For the larger Time 4 study, I read and coded all the interviews and then created Interpretive Summary Files for each family (see SmithBattle, 2005). These large text files organized data from each family's interviews according to broad thematic headings and included my interpretive comments. I then reread all Summaries and focused on parents' understandings of the difficulties and meanings of parenting as continuous or discontinuous with their pasts, before turning to previous Summaries from Times 1, 2, and 3 to search for earlier transitions and continuities. When earlier case summaries presented ambiguities or questions, I returned to the original interviews from Times 1, 2, and 3. In the later stages of analysis, cases were compared and contrasted to identify paradigm cases (Benner, 1994) and to clarify and refine my interpretation of how family legacies were rejected, revised, or extended over time.

FINDINGS

Revising Family Legacies From a Couple's Respective Families of Origin

Cary and Tim married 2 years after their first child was born. At Time 4, they were the proud parents of two sons and two daughters (ages 13, 11, 10, and 8). They bought their own home in a suburban neighborhood in 1996. When I returned to reinterview them at Time 4, I was greeted by 13-year-old Jake as he vacuumed the living room floor. Because families often reported frustration in enlisting their children's help, I was eager to explore this issue and eventually learned that children's participation in chores elaborated a family legacy from Tim's childhood. I also learned that the couple drew on Cary's father's positive example in relating to their growing children.

From her first interview 12 years earlier, Cary admitted to being harshly punished as a child. Although she was reluctant to accuse her mother, from whom she was estranged, of abuse, she made it clear at Time 1 that she rejected her mother's

example of parenting. Having moved in with Tim's family after her first pregnancy was confirmed, she closely watched and imitated Tim's father as she cared for baby Jake, as she admired him as kind and gentle with children (SmithBattle, 1996). She also contrasted her painful childhood memories with Tim's "tight-knit" family as she was inducted into their family habits and the practical meanings lodged therein. At Time 4, Cary recalled the fear and intimidation surrounding chores in her mother's household and her resolve to avoid her mother's example:

> My mom worked and what we were suppose to do when she wasn't there, got done out of fear. So our house was in tiptop shape all the time . . . So I'm not like that with our kids . . . it was too stressful. I couldn't really enjoy myself. And I was always scared that if it wasn't exactly right, I was gonna get in big trouble. And my mom was really mean.

Cary was loath to recreate a family mood of fear with her own children, but she lacked the experiential know-how to develop an alternative set of parenting practices. Later in the interview, Cary described relying on Tim's instruction, based on his childhood experience, for making demands of children without intimidation:

Tim: I remember coming home from school, having to make sure that there were certain things that I had to do and my brothers had to do. . . . When you have seven kids, it's understandable.
LS: So do you draw on Tim's example?
Cary: Um, I guess in a way I do. I remember when Jake was maybe 6 or so. And I was complaining to Tim that I'm tired of picking up their toys. And he says, "Well, why are you picking up the toys? If they can pick it out of the bucket, they should be able to put it back in. . . . They're not too young. Make 'em put away their stuff. You show 'em how to do it for a week, and then you watch 'em do it for a week, and then they should be able to do it by themselves."
LS: So you had real guidelines for how to do it.
Tim: Yeah. I don't know if a week worked or not, but . . . (laughter)
Cary: We still have to go over it. . . . But for the most part, I can tell them, "Go in and straighten up your room.". . . But Tim's the one who said, "You can't expect them to know how to do it. You have to show them the way you want it done. And then you watch them and tell 'em they did a good job or correct them."

Cary has filled in the gaps in her own childhood experience based on what she wants to avoid from her past and by drawing on Tim's legacy and experiential know-how. As described below, Cary describes resetting the family's direction to reinforce the skills and expectations regarding children's participation:

> I felt like I was yelling at them too much . . . so we sat down at the table one morning this summer and I said, "I don't want to go the way we've been going, especially in the morning. Because then I'm stressed out for the day and you go to school and I've just been yelling at you all morning and things still don't get done. So we need to figure out a better way." So we went over all the chores. . . . We just wrote it down. . . . And then we started it right before school [started] and it went really good.

Later in the interview, Cary described her father, who had died years earlier, as a positive model for relating to her growing children. As she said, "My dad was open with me, so I wanna be open with them." In the excerpt below, Cary relied

on her father's example to coach Tim to be less harsh with their youngest daughter after he scolded her for not putting things away:

Tim: I was telling her how I didn't accept it, don't give me an excuse, go clean this up, do what I just asked you to do . . .

Cary: I heard him in the hallway . . . I said, "Who's getting in trouble?" And he said, "Anna." He was mad. And I said to the boys, "Daddy just needs not to yell at her." And Tim goes, "What?" And I go, "I agree with you. She shouldn't have given an excuse, but maybe if you'd just explain to her that she needs not to answer you back in that way." . . . And he says, "You can't just butter everything up and make it okay." "I'm not saying to make it okay, but . . . maybe you could find a different way to explain to her, letting her know that she was wrong, but not scare her or intimidate her." . . . [After we talked], I heard him telling her something nice. . . . And I was smiling to myself, 'cause he just tried to explain it. And I think, none of our kids are bad. So they'll all listen to talk just as well as yelling. And they're all old enough now to where [it works]. Tim grew up in a different household. You did what your parents said and that was it. The kids didn't have an opinion. And I know, from not having that with my mother, and then having it with my dad where we talked and he explained. . . . Not that [our kids] can debate with us, because we're still the parents. But I would rather have communication back and forth, rather than "You go do that because I said so and that's it." And I think that's how Tim grew up. But I had it different, both ways.

Cary and Tim agree that their styles of parenting differ: Cary is the more protective parent and, in Tim's eyes, is "too relaxed," whereas Tim, from Cary's perspective, tends to come across as "too overpowering." As the above excerpt reveals, they use each others' differences as a "check" to reset their course. Cary affirms that Tim's more generous childhood experience and her own experience in being enculturated into his family during Jake's early years provided the experiential cushion for caring for their young children. Now that their children are older, Cary's father's practice of engaging children in dialogue and Tim's family legacy of participation provide memories, experiential know-how, and positive examples for Cary and Tim to emulate and refine.

Rejecting the Past

Lily and Jose married at age 20, 3 years after their first daughter was born. They had a second daughter a year later. Jose supported the family as a machinist with fairly good wages, even though he only recently completed a Graduate Equivalency Degree (GED). Lily supplemented family income by providing day care in their home. Their combined income (over $75,000) allowed them to buy a home 6 months before I returned to reinterview Lily at Time 4.

Lily grew up in a two-parent, dual-career household in a suburban neighborhood. Like Cary, Lily rejected aspects of her family legacy. Although Lily described being close to her mother, her father was an alcoholic, and her mother's typical response was to appease him, a pattern that I observed during their joint interviews over the 12 years. Although Lily's mother attempted to compensate for her husband's drinking and maintain some normalcy in their daily lives, her self-silencing meant that she and Lily and her brother were always "walking on eggshells" in the hopes of preventing his drinking and angry outbursts. In spite of an unpredictable home life, Lily was class president and was voted the student who

was most fun to be with. Few people were aware that she had considered suicide before becoming pregnant.

Unlike Cary, Lily could not draw on aspects of her husband's childhood experience to revise her family legacy. As described below, Lily had felt like a "slave" to her father's inflexible demands, and Jose had always been chastised and humiliated by his parents. Without a positive tradition to draw on, Lily and Jose made few demands of their daughters and were frustrated by the results. They avoided assigning chores until a remark by Lily's brother provided the impetus for the couple to change course and to make new demands of their daughters:

Lily: My brother said, "Lily, you need to start giving the kids more responsibility. You really need to start making them do things for themselves." We used to do everything when we were kids. . . . My brother and I had a list of chores to do, a huge long list, before we could do anything. . . . Of course, my brother wouldn't do his, so then I had to do them. . . . I said to him, "Well, you were the same way [as my girls], you just wouldn't do them." He said, "I know, but you're not even making a list for them." And I said, "Do you know why I'm doing that? Because we did everything and felt like slaves.". . . And Jose was brought up so that if he watered the lawn too much, he was called stupid. . . . So we're doing everything, and then getting fed up and losing our tempers. And we're not talking about it. We're yelling which is not getting our point across [to the kids].

LS: So what did you do? . . .

Lily: We told the girls you need to start doing more things. And [the youngest] will always ask us if she can do things. But when she does the dishes, she pours half of the soap in there and it's just a mess. So it's just easier if I do it. But it's not teaching her anything. . . . So we said, "Look, this is too much on us." We're not gonna make them do everything, the way we felt [growing up]. But we need to start giving them responsibility, or they're never gonna learn.

LS: You're trying to work out a new way compared to what both of your parents did.

Lily: Exactly.

LS: That's kinda hard to do.

Lily: It is because you don't have anything to follow. And nothing to say, okay, this works or it doesn't. We just need to try it on our own. But we're gauging it by how the kids react, which so far has been good. They're really receptive to it.

Although Lily's and Jose's childhood experiences provided clear landmarks for what to avoid as parents, they lacked the embodied skills and family ethos to promote their daughters' family participation. Without examples and experiences to follow and landmarks "to say this works or it doesn't," Lily and Jose embarked on developing new practices after Lily's brother challenged their lack of expectations for the girls. That the girls were receptive to these changes and that Lily and Jose could rely on their mutual support provided the ground for them to create a new legacy that differed from the ways they had been raised.

Revising Family Legacies Based on a Corrective Relationship

Single mothers cannot so easily draw on the family legacy of the other, often noncustodial parent in revising an impoverished family legacy. Tammy's story, therefore, provided a paradigm case of how a single mother developed a new tradition in opposition to an abusive past by drawing on corrective experiences with a trusted therapist.

In her very first interview at Time 1, Tammy told of being raised by an alcoholic, single mother whose life revolved around men and "booze" (SmithBattle, 1994). Although Tammy's father was a more sympathetic figure, he had been fairly peripheral in Tammy's life and died when she was 12 years old. In the context of a chaotic home life, she began to use drugs and ran away from home at 12 years of age. She gave birth to Joy at 16 after a previous miscarriage and resolved to raise her on her own when Joy's father left her. She married another man 3 years later but had recently separated from him after becoming pregnant with a second daughter, who was 10 months old at Time 4. Tammy lived with her two daughters in her own apartment and supported them with unreliable child support payments and by working in various positions without a high school degree. Her mother died 2 years before the Time 4 study began.

From the beginning, Tammy made it clear that her mother's neglect and abuse compelled her to be conscious of acting differently from her mother: "to make damn sure that I'm not that way to Joy." However, like the previous mothers, Tammy lacked concrete examples from her past for how she should act. In subsequent interviews, Tammy referred to new relationships with supportive adults and knowledge gained from courses in early childhood education to develop new family practices that differed from the way she had been raised (SmithBattle, 2000). She also credited her therapist, whom she had seen continuously from the time she was 15 years old, for helping her to come to terms with her past. At Time 4, she said,

> He is the person that I just go to to make sure that I'm doing what I'm supposed to be doing. Like to keep me in check. Like if things aren't right or I'm going down the wrong path, he'll let me know.

Because she sometimes included Joy in sessions, she became aware of embodied habits from childhood that interfered with her becoming the parent she wanted to be:

> There was a couple times when I and Joy were in counseling sessions . . . and Joy would say something and I would get mad because of the way she said it. And I would hold the grudge. And [therapist] would call me on it. And I'd go, "Ohhh, like I never even saw that that's what I was doing." So it's good to have Joy in the sessions with me sometimes, because I would not have thought that I was holding anything in. Those aren't things that you consciously think of, like I'm gonna be mad at you all day because you were a jerk to me or whatever. And you can't see that that's what you're doing. So that's why I like going with her. Because I don't wanna be like that with her.

In the context of a corrective relationship with her therapist, Tammy's discovery of habituated responses encouraged her to develop new skills and routines that were more congruent with her vision of mothering. Her example contrasts with Meg, the single mother profiled below, whose resources for correcting embodied responses from the past and altering an impoverished family legacy were more limited than Tammy's.

Remaining in the Grip of Family Legacies

Meg did not have positive childhood memories, a reliable partner, or a long-term relationship with a therapist to reshape her family legacy. Her relationship with her

mother, with whom she and her children have continuously resided, has compli-cated her parenting practices and relationship to her sons. Although Meg had always been keen to establish a separate household, her wages were never substantial enough to make this goal possible. Her lack of stable relationships with men have also undermined this goal. Her interviews over the 12 years have highlighted the dif-ficulty of establishing a positive family legacy as current family interactions com-pound problematic and embodied habits from the past. As a result, Meg and her mother confront a highly determined situation marked by land mines and impedi-ments, even though both women express regrets and concerns about their family life.

Meg gave birth to her first son, Mike, at age 17 after two miscarriages. She has had two additional sons (9 years old; 7 months old), all of whom have different fathers. All these men have physically abused her but not her sons. Meg's mother, Carol, had also been abused in an intimate relationship and by her own mother as a child. By Time 2, Carol admitted that she had verbally abused her own children, and Meg reported that Carol hit her until she was 12 years of age. At Time 2, Meg recalled hitting Mike hard enough to create a welt 2 years earlier but had resolved never to hit him again. At Time 4, Meg reported being encouraged to discipline her sons harshly, "especially a mouthy 13-year-old," but she dismissed such advice because of her regrets over hitting Mike years earlier, her childhood experience of being hit, and her belief that corporal punishment was ineffective. As she said, "What does whipping ever do?" She admitted, however, that she often yelled and threatened her older sons. In the following excerpt, she described the challenge of developing a new legacy when the embodied habits of each family member rein-force negative interactions:

> I don't want to talk to my sons in the way I do [with yelling and threats], but . . . they've learned a certain pattern and a certain behavior so that they won't listen until I talk to them in that tone. So it's trying to break me and them from that habit.

She added that yelling and threatening her sons was "just as bad [as hitting them]. I always knew that I was doing something wrong. And I think that that's how we were brought up; it's learned behavior. And I'm not all the way better, 'cause I still yell."

At Time 4, Meg's style of parenting Mike, who was increasingly withdrawn and indignant, was characterized by conflict and avoidance, as Carol continued to "res-cue" him (SmithBattle, 2005). As Meg said, "When I tell him to pick up his shoes, she goes and gets 'em. She'll actually do it for him." Conflict over chores also sur-faced as Meg referred to her older sons as "dirty little bugs. They don't keep their room clean." When I asked, "So how do you handle that?" her reply testified to frus-tration and impotence: "I don't. That room would stay filthy dirty if it was up to me. [My mother'll] go in and do the laundry and clean it up." Later in the interview, Meg related how Mike's behavior was tied to being the first grandchild:

Meg: The most recent difficulty is just dealing with Mike being a teenager. And not only being a teenager, but being the first grandchild. He's spoiled and doesn't do much. (laugh)

LS: Doesn't do much in terms of . . . ?

Meg: Yeah, he doesn't do chores. Not a typical 13-year-old as far as what I can see. I remember at 13 . . . my mom made us do chores like rake leaves, mow lawns. And last night, he was out here in the living room and I asked him to do two things. He did-n't do either one. . . . It's not okay with me. And the other day I asked him to go start my car. But he wants to do it on his terms. . . .

LS: And why is it important that he do chores?

Meg: Well, because he's 13. He shouldn't be laying around the house doing nothing and being waited on hand and foot. . . . He's gonna grow up and be a lazy man.

LS: So what did you actually do in the situation?

Meg: Nothing. I mean, in the car situation, I yelled at him and I told him he was lazy. And this morning I told him, "I asked you to do two things last night and you didn't do it, so you don't play videogames."

LS: So what does he do?

Meg: He doesn't do anything. He doesn't say anything. But tell his dad on me lately.

Although Meg was frustrated by her mother's interference and Mike's behavior, she felt powerless to change it. Even if Meg and Carol could agree to reset their course, it would take tremendous tenacity and a united front, as Mike has learned that his mother is ineffectual in making demands of him. Meg offered some psychological insight into how she contributed to this pattern:

> If something is being done for you all the time, why do it? I mean, I'm a perfect example. I don't cook. Why the hell should I cook 'cause everybody does it for me? You see? It's exactly the perfect example.

She then added, "I deal with things the way that I know how to deal with it. I'm a product of my upbringing."

At Time 4, Meg's mood and style of parenting were characterized by hopelessness and avoidance, particularly in her interactions with Mike. This pattern was reinforced by Carol's long-standing overinvolvement and Meg's avoidance of relational responsibility, a circular pattern that prevented the development of new caregiving practices. Although Meg had sought therapy and reported liking her therapist, she made appointments sporadically, in part because her health insurance limited the number of sessions per year. In the absence of positive examples of parenting to emulate and corrective experiences, Meg (and Carol) had few resources to chart a new course and revise a long-standing legacy. For Meg and mothers like her, the conflicts and contradictions of parenting provided little meaning or satisfaction, and gave her more reason to withdraw.

ENDURING LEGACIES

> The past is not dead. It is not even past. (Faulkner, 1950, p. 92)

Family caregiving legacies extend backward and forward in time, structuring our present and future experience. These habits, and the practical understandings that inhere in them, are passed on in action, memory, and story, and are elaborated and reinforced first in our interactions with our parents and later with our own children. The past thus abides in us, as Faulkner (1950) suggested, as we take up the bodily and emotional dispositions learned from participating in the lifeworld of the family and larger culture. They endure in our bodily, perceptual, and emotional grasp of situations and give shape to our possibilities, struggles, expectations, and constraints, as Dunne (1993) captured so beautifully:

> As a knowing, feeling, and acting person in the present, one always carries the weight of the past—one's own and one's community's: a weight which leans

heavily on one's projecting into the future. This is the past as tradition, which means the past as present—all the more present because of its being for the most part implicit and prereflective, active from behind one, as it were, rather than something one can place before one as object. . . . Tradition may be thought of as what is underneath us, continually exercising a kind of gravitational pull. Not that it necessarily makes for a deadweight; for the ground to which it connects us by a thousand invisible filaments, in our thought and in our being, can be a sustaining one, making possibilities substantial and actual. (pp. 359-360)

Family caregiving legacies provide this "gravitational pull." They root us in the world and, for better or worse, provide the meanings, expectations, and experiential know-how that are worked out, modified, and corrected in mothers' everyday experiences of parenting. They prefigure the challenges, impediments, and resources for learning new skills and gaining new understanding of the past and present. These implications are spelled out with reference to the four cases and then in broad recommendations for clinical practice and future research.

The four cases highlight how family caregiving legacies are taken up as a resource or land mine in caring for one's children, the importance of positive and negative parenting models, and the role that corrective experiences play in revising family legacies. All four mothers illustrate how negative models of parenting do not provide the experiential ground for how one should act. Tim and Cary exemplify the fortunate circumstance of drawing on legacies from their respective families of origin to reshape their parenting practices. Their example also shows how the practical and relational skills of parenting, and the models of good parents they draw on, change in response to their children's development. This changing relevance is evident when Tim's father served as the model of a good parent in Cary's care of her young children, whereas Cary's father emerged as the model for engaging older children in respectful dialogue to foster shared behavioral expectations. Both men provided an experiential cushion for Cary and Tim at different stages of child development. Lily and Jose have a strong commitment as a couple to raising their children in ways that differ from the ways they were raised, but they have few positive models to draw on, as seen in the example of teaching their children to be responsible for household chores. Tammy also struggles to avoid acting like her mother (SmithBattle, 1994). Although her experience and education as a preschool teacher provided some landmarks and models for how to care for her child (SmithBattle, 2000), the corrective relationship with her therapist over her entire 12 years of parenting contributes to new understanding and the correction of embodied habits learned in response to an alcoholic mother. Meg lacks this possibility. Although refusing to hit her children is an advance over her past, her story is nevertheless characterized by contradictions and the lack of a clear direction or purpose. Without resources to repair her family's world, she repeats her past, even as she condemns it.

Precisely because family habits are embodied and prereflective, they endure in our bodies, emotions, moods, and relationships as parents extend them or flee from them. Parents can never completely transcend an oppressive past, because negative models, memories, and experiences do not provide the experiential know-how or cushion for becoming the parent one wants to be. Lily described this difficulty when she remarked, "You don't have anything to follow. And nothing to say, okay, this works or it doesn't." Her additional comment—"We just

need to try it on our own"—refers to the human capacity to improvise and rein-vent oneself as a parent, but creating new practices in opposition to the past is difficult to imagine or sustain without corrective experiences, interpersonal sup-port, and community resources. As Tammy's story highlighted, the strong inten-tion to avoid acting like her mother did not erase her embodied responses from childhood or provide the experiential know-how and perceptual skills to act dif-ferently from her mother (SmithBattle, 2000). Transcending the limits of her past became a possibility as she committed, with the help of a therapist, to recognize the subtle and embodied influence of the past on the present and to come to terms with it.

IMPLICATIONS FOR CLINICAL PRACTICE AND FUTURE RESEARCH

The prenatal and early postpartum periods present a window of opportunity to address family legacies in teen mothers' early transition to mothering. To assess how family legacies shape this critical period, clinicians are advised to listen care-fully to young mothers' dreams and hopes for the future, and the ways that they want to be like and unlike their parents. Eliciting their difficulties and successes in becoming the parents they want to be can promote a dialogue regarding their pasts and the resources and land mines from childhood in extending or altering their family legacies. Asking mothers to describe memories of family routines (e.g., bedtime, mealtime, discipline, birthday celebrations) can further a fruitful discussion of the legacies they wish to continue as well as their experience of being nurtured or neglected as a child. Mothers with difficult childhoods can also be asked to describe positive examples and experiences of care from kin and nonkin that can be drawn on in caring for their own children, as mentors or sur-rogate parents contribute to positive outcomes for high-risk children (Hirsch, Mickus, & Boerger, 2002; Werner & Smith, 2001). Clinicians can also gain insight into mothers' social worlds by asking them to describe parents in their current social networks whom they want to emulate. These conversations contribute to a dialogue about mothers' concerns, validate their strengths, and provide insight into their struggles and successes in repairing the past and caring for their own children. Engaging mothers (and fathers) in these discussions as they and their children grow older can foster their aspirations to be good parents and to come to terms with the past.

   Findings also explain why mothers dismiss child-rearing advice when it con-flicts with the experiential know-how available in their family legacies. For this reason and whenever feasible, including mothers' partners or parents in clinical encounters serves two purposes. First, clinicians can validate their critical role in supporting the mother and child. Second, inviting family members to discuss their expectations and parenting experiences can disclose shared and contradic-tory meanings and habits that shape the mother's possibilities and her likelihood of following child-rearing advice. This approach facilitates clinical understanding of family relationships and experiential know-how, so that clinicians are in a bet-ter position to tailor interventions to the family's world and each parent's possi-bilities, constraints, challenges, and resources for parenting.

This research also highlights the role that corrective experiences play in revising family legacies over time. In this study, mothers described corrective experiences from living with a partner's family or from a long-term relationship with a therapist. Clinicians also provide corrective experiences when they take teen mothers' concerns seriously, validate their strengths and aspirations to be good parents, and help them negotiate the difficulties of parenting (Kitzman, Yoos, Cole, Korfmacher, & Hanks, 1997; SmithBattle, 2003). Clinicians should also consider referring mothers with negative legacies to home visiting, family support programs, or counseling services for the opportunity to develop corrective relationships with supportive adults. Given current welfare requirements in the United States and Canada that mothers less than 18 years of age live at home or in supervised settings to receive welfare assistance, mothers who reside in highly conflicted homes should be informed of residential programs. It must be noted, however, that the scarcity of community resources (including mentoring, family support, and public health nursing programs), along with the erosion of public policies supporting access to housing, education, health care, and gainful employment, seriously constrain the potential impact of clinicians in addressing the problems and contradictions faced by low-income families.

To my knowledge, only two additional studies have examined family legacies. Plager (1999) addressed family legacies in shaping health promotion practices with families of school-age children, and Silverman, Baker, Cait, and Boerner (2002-2003) identified the impact of negative legacies on children's bereavement after the death of a parent. These few studies suggest that family legacies deserve further exploration to generate knowledge of family caregiving for ill, disabled, or elderly family members, and family stress and coping with life transitions or illness. Because such research is well suited to discovering family-level meanings, habits, and the practical and embodied knowledge that reside in experience, future studies that focus on family legacies can make important contributions to theory development across a wide range of health and family phenomena. Longitudinal, multiwave studies are also recommended to examine intergenerational continuities and discontinuities in caregiving practices over time, as well as the struggles and resources for learning new skills and extending or revising family legacies.

Evaluating the quality and rigor of hermeneutic studies must be consistent with the assumption that human beings are social and historical beings who are constituted by the meanings lodged in everyday practices (Angen, 2000; Benner, 1994; Christ & Tanner, 2003). In this study, I gained access to family meanings by conducting semistructured interviews that encouraged family members to describe aspects of their lives in their own terms (Benner, 1994). The inclusion of family members at 4-year intervals provided rich and multigenerational descriptions of family legacies over time. Interpretive Summary Files provided an audit trail of my initial impressions and changes in my understanding over time (Rodgers & Cowles, 1993). Variations and similarities in caregiving meanings, habits, resources, and challenges were validated by two qualitative researchers who read 5 complete cases (or 26 interviews) between them at Time 4. The limitations of the study include the small sample size and attrition of families over time. Because the strongest example of a family with a coherent family legacy at Time 1 was lost to follow-up, this analysis is limited to teens who embark on mothering from less

nurturant backgrounds. Studies that include teens who draw on more coherent family legacies are needed to describe the broad range of teen mothers' backgrounds and possibilities. Finally, significant social policy changes have occurred since this study began 12 years ago. In 1996, welfare reform in the United States has made it much more likely that teen mothers will live with their families after giving birth (Kaestner, Korenman, & O'Neill, 2003) and will have fewer opportunities to attend college (Adair, 2001) than teen mothers who gave birth prior to welfare reform.

CONCLUSION

Many years ago, Furstenberg (1980) noted that researchers had overlooked the role that families play in shaping teen mothers' experiences. In spite of many advances in understanding the complexity of teen mothers' lives, researchers continue to neglect the family as a source of shared meanings and habits. The study reported here corrects for the methodological individualism of much of the research on early childbearing to reveal how family legacies endure in countless and subtle ways in young mothers' caregiving practices. Findings highlight how teen mothers take up family legacies as a resource or land mine as they are enacted and modified in the flux of ongoing experience and in interaction and dialogue with parents, partners, children, and professional caregivers. The practical significance of the study lies in the recommendation that clinicians attend to family legacies and teen mothers' positive and negative models of parenting. Recovering each mother's family history gives due weight to family experiences from childhood and deepens our appreciation for the challenges and limits that teen mothers face in becoming better parents than their own parents. Clinicians must also advocate for clinical programs and community services that provide young families with the resources that promote well-being and the corrective relationships that encourage teen mothers to build on the positive aspects of their pasts and reckon with the negative.

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