Jamaican Family Structure: The Paradox of Normalcy

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The relationship between basic research, theory, and clinical work with families is conceptualized during a discussion of Jamaican family structure and the application of change theory to a clinical case of depression in a Jamaican woman. It was found that three types of family structure are prevalent in Jamaica. The European ideal of a patriarchal-patrifocal structure creates problems for working-class Jamaicans. General system theory provides support for a different model. Change theory is applied to resolve the paradox created by the European model.

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DEVELOPING NATIONS have something to teach the industrialized world about the structure, functioning, and emotional processes of families. The family, however defined, is the primary socializing and nurturing agent of children in most cultures (18). Family therapists who treat families of diverse ethnic origins need to be aware of potential ethnocentric biases in their definitions of family health and appropriate family structure and functioning. Since the “brain drain” of the past two decades (16), Jamaicans have emigrated to the United States in numbers sufficient to form a sizable ethnic minority. Therefore, it is legitimate to describe and analyze Jamaican family structure as a theoretical background for clinical work with Jamaican families.

Though the literature on healthy families is increasing, information on Jamaican families is sparse and not systems-based. This paper is an attempt to describe Jamaican family structure from a general system theory orientation, with particular attention to this theory’s peculiar and paradoxical definition of normalcy. That is, it was found that there is a distinct European bias in determining Jamaican family health. The paradox is the notion that there is a European “normal” family. The Eurocentric Model discussed in this paper is a reflection of the European bias in Jamaican cultural expectations.

HISTORICAL OVERVIEW

Columbus discovered Jamaica in 1494 on his second voyage to the new world. The next two centuries saw continuous strife and poverty under Spanish rule. In the seventeenth century, the British assumed control of Jamaica when their attempt to overpower Haiti failed. British rule saw the strengthening of the economy via the sugar industry and its correlate, black slavery (13).

Although Spaniards had imported some slaves in 1517 after the Arawak Indian
population had been decimated by brutal enslavement or exposure to European diseases, they had not developed the economy to the point where large numbers of slaves were needed. Furthermore, their search for gold had led them in the direction of other colonies—Mexico and South America. Those blacks who were enslaved proved a constant source of harassment to the Spaniards. During numerous slave uprisings, slaves had escaped to the hills where the escapees claimed to have intermarried with surviving Arawaks, thus forming the Maroons, who survive in contemporary Jamaica as a separate subculture (13).

The effects of slavery on family life are directly related to contemporary sexual and marital norms. It was definitely not to the slaveholders' interest to encourage familial ties among slaves. Slaves were the property of the master; slave women were paid to have children because children in the labor force was the norm (13); and slaves were not allowed to marry (23). The myth that fecundity could be increased by promiscuity (13), coupled with the impossibility for slave couples to establish a common home (23), formed an extrasidential mating system that is still in force. Also, if children were the property of the slave mothers' masters, then the norm was set for the matrifocality prevalent today; given a weakened paternal role and the loss of masters, it is logical and functional to turn toward the matrilineal family (6).

A second explanation or at least influence on the matrilineal emphasis in family relationships arises from the matrarchal West African roots of many slaves (13). The extraordinary independence of West Indian women is a legacy that is fully institutionalized in contemporary Jamaica (20). Furthermore, the structure of slavery and system of forbidding marriage in the new world would have made the maintenance of any strong patriarchal kinships difficult. This view is implied by Clarke (6), who noted that there is a danger in attributing complicated patterns to any determinant.

A third view of the origin of modern Jamaican family structure is that the concubinage system produced a matrifocal effect (6). The widespread sexual exploitation of slave women by their white masters produced a large mulatto class. These children were connected in no biological way with the male slaves, but were not completely allowed into white society either. This gave rise to the "brown" middle class of today. Because they were the property of their mothers' masters and the natural offspring of the slaveholder, they were given household tasks rather than field tasks to perform, enabling them to adopt many of the European manners of their fathers. Nevertheless, these advantages came to them through their mothers' exploitation.

Nineteenth-century emancipation, while it converted the status of slaves to freemen, did little to change family structure. Married males were forced to migrate in order to provide for families (6). Smith (23) said that the adoption of the institution of marriage, when emancipation made it legal, merely labeled those who sought to marry as "social climbers," and that these couples would revert to previous extrasidential unions if the marriages did not work out.

A second wave of emigration in the 1950s and 1960s accounted for the Jamaican imbalance in sex-ratio in favor of women left behind. This served to maintain the matrifocal prevalence of family structure. After World War II, the shift from rural to urban areas accounted for a 136 percent increase in the population of Kingston/St. Andrew from 1943 to 1970 (16). The large number of mothers who moved to the cities to find work left their children in the care of rural grandmothers. The strong competition for jobs, coupled with established marginality of the male role in the family, intensified the pattern of matrifocality (1).
In contrast, female migration, particularly to North America and Great Britain, contributed to isolation of the nuclear family and separation of women from their close relatives. In a study of Jamaican women in London, Foner (9) described the increased marital power of working women in nuclear, patrifocal families but concluded that this also created problems. Though husbands were usually more willing to help with child care, the absence of extended family placed a heavier burden on both parents, without increasing the economic rewards. In England, as in Jamaica, women have been relegated mainly to the nonprofessional, lower end of the occupational range (12).

To note the prevalence of patrifocality in Jamaica is not to say that patriarchal nuclear families are nonexistent, but a direct relationship does seem to exist between family structure and class. In the upper class, the patriarchal nuclear family forms the prevailing structure. This is the European norm that exists independent of color in Jamaica. In the lower class, the modal pattern seems to be patrifocal. The upwardly mobile class adopts the patriarchal structure in some cases, but a quasi-matrifocal style is also common. While marriages or faithful concubinage unions may have provided a temporary patriarchal, patrifocal structure, many of these unions were disrupted by divorce or separation due to emigration. Because of the pressures on these families and the white bias that underpins the society, current value judgments about Jamaican family structure need to be examined from a different theoretical perspective.

The patriarchal ideal in matrifocal and quasi-matrifocal families is one of the strongest pressures on these families. Overt and covert forms of social approval sanction families in an effort to produce conformity to the patriarchal ideal. Gonzalez (11), in her dissertation research of the late 1950s, described the powerful double standard whereby social disapproval was shown to women who were unfaithful. In contrast, men were allowed to have many unions without social disapproval as long as they continued to recognize and support their children. Gonzalez also noted that sanctions against women who were engaged in several sexual unions were not strong because the ideal of one husband or companion is rarely found.

Her research was carried out primarily in Central American countries of the Caribbean where Africans intermarried with Spanish. In contrast, Jamaicans are predominantly descendants of African-English unions, though they pride themselves on a rich, ethnic mix. In Gonzalez’ framework, extrareidential unions were more like bigamy—monogamous marriage with two spouses—than polygamy, in which the spouses reside together. Extrareidential Jamaican “visiting unions” are somewhat different in that Jamaicans have strong matrifocal as well as patriarchal forms. Therefore, Jamaican visiting unions are polyandrous (multiple husbands) rather than polygynous (multiple wives).

Given the economic problems in Jamaica, one might expect a functional polygamy that is polygynous in nature because this would better enable women to have both homes and careers. Wives could either take turns with child care, delegate to the most domestic wife, or all work and delegate child care to the husband because there are larger numbers of unemployed men. Instead, the visiting unions seem to be a form of functional polygamy that has elements of patriarchy, economics, and sexual hospitality as described by Pospisil (21) in his studies of Eskimo societal structure. This argument is consistent with Linton’s classic work (14) on the natural history of the family, in which he observed that functional polygamy can take both forms depending on the sex surplus. If there are...
more females available to mate, polygyny would be predominant; if more males (a rarer case), polyandry.

PROCEDURE

The method used for collecting data on Jamaican family structure was participant observation. Interviews were conducted with expatriate Jamaicans in the United States and Great Britain, and limited fieldwork was done in Jamaica. From the interviews, a typology of family structure was constructed and then compared with available information from the literature.

The conclusions drawn from the fieldwork and interviews were that three predominant forms of family structure are prevalent in Jamaica: (a) nuclear, patriarchal-patrifocal, (b) matrifocal, and (c) quasi-matrifocal. Patriarchal-patrifocal families tended to have traditional sex-role expectations; that is, fathers should be in charge and the nuclear family should live in a home defined as the father’s. Matrifocal families had some patriarchal sex-role expectations and nuclear families lived in the mother’s home (frequently the maternal grandmother’s home). Quasi-matrifocal families were those in which single mothers and their children lived in the mother’s or maternal grandmother’s home, but visiting unions took place. Visiting unions are temporary, unmarried liaisons of the mother and one or more males who visited the family periodically; the men usually fathered the children. It cannot be said that matrifocal and quasi-matrifocal families were patriarchal because they were both characterized by patriarchal role expectations, particularly when men were living in the family, however temporarily.

The family role expectations of interest were those related to marital decisions in the areas of finances, childrearing, and other tasks identified by the subjects as important to the family. Some examples of maternal sex-role expectations were that mothers should feed, clothe, and discipline the children. Examples of paternal sex-role expectations were that fathers should have the final word on most matters and should control the family finances.

**Eurocentric Model**

An identification with and imitation of the ruling class particularly characterizes a society in which oppression of a large part of the population has occurred (13), which was and is true in Jamaica. Although ritualized rebellion periodically released the suppressed rage, emancipation in Jamaica meant adopting European models (9). As Jamaicans moved into the middle class, they more closely approximated European ideals of language, art, behavior, dress, attitude, and values (15); however, because of their appearance, African and Euro-African descendants of slaves were never fully assimilated into the European subset (3, 13). Herein lies the paradox of the Eurocentric model. No matter how wealthy (although money undeniably helps) or sophisticated an individual becomes, if his or her skin, hair, or features are “bad” (13), the person will never be completely accepted by a reference group whose criteria for acceptance include race.

In Jamaican family structure, the Eurocentric model sets up the patriarchal form as the functional ideal. The patriarchal model conforms to the cultural rules of ideal family structure, according to European standards. This definition of normality as conforming to rules or the standard is consistent with one of Ofer and Sabshin’s (19) definitions of normality. By definition, if what is normal is what is expected or what conforms to the rule, then what deviates from that norm is abnormal and labeled dysfunctional regardless of how frequently it appears. Thus, matrifocality and quasi-matrifocality are labeled dysfunctional, and the West Indian family...
becomes labeled "dysfunctional" and "unstable" (4, 5).

Proposed Model

I propose here a different model of normalcy in family structure, one that is based on general systems theory and includes matrifocal and quasi-matrifocal types within the range of health. The proposed model questions the Eurocentric assumption that to be abnormal (different from a society's norms) is to be dysfunctional or unhealthy.

The system property of equifinality supports the model of Jamaican family structure. Equifinality addresses the goal-directedness of the system—there are many ways to reach the same end (2, 17, 24). If the socialization and nurturance of children are the primary functions and goals of the family, then there may be several structures that will facilitate the process. In families that are not achieving these goals, it may not be possible to change the structure because the system property of wholeness postulates that the family cannot be isolated from its society. Given the guiding principle of equifinality, however, a therapist could examine the system from a number of different views to produce the desired outcome. The problem is thereby redefined from a faulty structure (resistant to change) to a faulty solution (child-rearing practices that do not work).

Cultural norms and values are material, that is, they are continuously integrated into the family as negative feedback cycles—pressure to maintain the status quo. Growth or healthy family functioning then gets defined by families, and sometimes by therapists, as family behaviors that should be congruent with the power structure. In the case of Jamaica, the power structure is Euro-Jamaican. Consequently, it is the European values that define family normalcy or health; healthy families are those that emulate the European family structure. Equations that set up the European ideal and denigrated the African heritage were challenged by Marcus Garvey, as reported by Henriques (13), in the early part of the century, by the Rastafarians (7), a cult that worked actively for return to the African homeland, and more recently by Nettleford (15, 16).

DISCUSSION

Resolution of the Paradox

It seems as if lower-class Jamaicans are caught in the paradox of the Eurocentric normal family. The paradox is that it is impossible for them to be either "normal" (by European cultural standards) or patriarchal, which would make them normal, because these two concepts are locked in an equation. There is no cultural reinforcement for lower-class Jamaican families to become patriarchal. In a developing nation, most of the population is lower class by industrialized standards. The churches apparently have not exerted much pressure in favor of marriage. Because it is economically unfeasible for lower-class men to support families, there are not many rewards for lower-class women to marry (22).

The danger of the Anglo culture's judgment, that health is equated with its own style, attitudes, behavior, or appearance, is that it becomes a self-fulfilling prophecy. Any group that cannot meet those expectations will be suppressed. There is the prophecy that until the lower-class families can completely adopt European values they will remain lower class. Patriarchal family structure is one such European value. Because the issue of color prevents the complete acculturation of lower-class Afro-Jamaicans, they are doomed to remain lower class. The society will continue to treat families as if they were dysfunctional units. The result is that families will internalize abnormalcy into their self-image,
and they will despair. Because despair is the enemy of change, these families will be paralyzed in their attempts to make better lives.

As previously mentioned, resolution of the paradox can only be accomplished by defining the system itself not as flawed but as in need of better solutions, that is, in need of second-order change. If a paradox evokes an attempt to force-fit into two or more mutually exclusive categories, then redefinition of the problem is the only solution (25).

The following encounter with a small child on a field trip to Jamaica illustrates second-order change of a paradox involving the European ideal of beauty and the impossible attainment of this ideal by an Afro-European, Jamaican girl.

Child:      Your hair is beautiful.
Anglo adult:  Thank you. So is yours.
Child:      No. Mine is not straight.
Adult:      Mine is too straight.
Child:      Hair is supposed to be straight.
Adult:      Some women are never satisfied. You want straight hair and I want curlier hair. What will we do?
Child:      Just keep our own, I s'pose. You have pretty straight hair and I have pretty curly hair.

This case illustrates the point that second-order change resolves the paradox. In the example, "beautiful" hair was reframed by changing the rule that "beauty" has only one aspect; beautiful hair does not have to look European or Anglo-American. Nettleford (16) insisted that this also be done for other, more fundamental aspects of Jamaican culture. For example, the national motto, "Out of many, one people," reflects the reframing of race to nationality. Similarly, family abnormality could be reframed in a more useful way—in terms of how a family functions, not in terms of its structure.

Implications for Family Therapy

Clinical work with Jamaican families suggest that therapists need to attend to their ethnocentric biases about family structure. Fieldwork and the literature (10, 12), though limited, suggest that working-class Jamaicans tend to define at least some of their family problems in terms of their inability to meet the European ideal of family structure. It is essential to question the assumption that they are not healthy families because they are not patriarchal-patrilocal in order for therapists to redefine problems and to produce second-order change.

A clinical example of redefinition of family structure is the F family. Mrs. F, an Afro-Jamaican practical nurse, presented with a clinical depression. Having emigrated to the United States one year previously to find work, Mrs. F had left her children in the care of her mother in Jamaica, where they were often visited by their father. While in Jamaica, the family had fit into the family structure category of quasi-matrifocal or visiting union. In the U.S., Mrs. F gravitated to other Jamaicans and had little contact with Americans except in the course of her work. The Jamaicans she knew were professional people who had banded together to help Jamaican newcomers adjust; however, because they were upper-middle-class Jamaicans, they tended to exhibit patriarchal-matrilocal family structures. Mrs. F's feelings of alienation and loneliness escalated into a depressive reaction that seemed to be triggered when her teenage daughter arrived from Jamaica to live with her while attending college. Her daughter brought her for therapy because she was concerned about the drastic change in her mother. After three sessions of trying to get Mrs. F and her daughter to define a solvable problem, it occurred to the therapist that Mrs. F
despair might be related to her shame at not "fitting in" with the middle-class reference group, particularly when her daughter arrived. Further inquiry revealed that Mrs. F believed that all would be well (that is, she would be perceived as healthy and a good mother by her reference group) if only she and her children lived with her estranged husband or any man in a patriarchal-patrilocal unit. The paradox for her was that she liked being independent and did not want to surrender power to her husband. Because this wish was inconsistent with her wish to live in a patriarchal family, she coped by becoming depressed.

A straightforward suggestion to Mrs. F that an egalitarian marriage is preferable to a patriarchal one (the therapist's bias) would be inconsistent with Mrs. F's cultural value system, even though the therapist believed Mrs. F would secretly agree. Instead, it was suggested that she needed to broaden her circle of acquaintances in order to find an acceptable mate with whom she could have the kind of life style she wanted. At the same time, Mrs. F was encouraged to think of her depression as temporary, as something that she needed to experience more fully before she could feel better. Thus, her symptoms were reframed as being under control. It was suggested that she would broaden her circle of acquaintances later, and that choosing a mate to whom she was willing to abdicate power would take time. After seven sessions, the depressive symptoms disappeared and therapy was terminated. A follow-up at 6 months revealed that Mrs. F had developed a good relationship, by her standards, with an Anglo-American man who appreciated her independence. She had not decided whether to marry him, but she said she was happy and had no symptoms.

The strategies were directed toward reminding her, in a subtle way, of the price she would pay—abdication of power—for her stated wish to live in a patriarchal family. Therapy was successful only when a way was found to help her resolve the inherent paradox. With the support of her daughter and certain prescriptions about how to broaden her social support network, Mrs. F was able to give up her depressive symptoms. Mrs. F's problem-solving efforts were redirected from something she could not change (being like her new friends) to something she could accomplish easily (widening her circle of friends). In this way, the client's energy is expended more effectively and the faulty solution is replaced with one that includes visualizable and attainable objectives. The change theory (25) that supports the intervention with Mrs. F. has been useful in treating other clients and has applicability with a variety of problems (8).

In summary, this article has been an attempt to describe Jamaican family structure and how adherence to Jamaican cultural expectations causes problems for both families and family therapists. There is enough evidence to suggest that family therapists need to consider carefully the disadvantages of a Eurocentric model when working with Jamaican families.

REFERENCES
6. Clarke, E. My mother who fathered me.

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