

**A QUALITATIVE STUDY OF GRANDPARENTS
RAISING GRANDCHILDREN**

By

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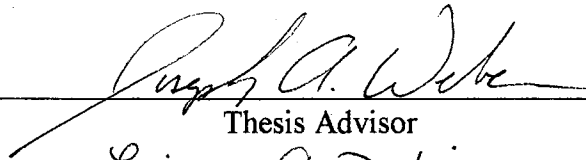
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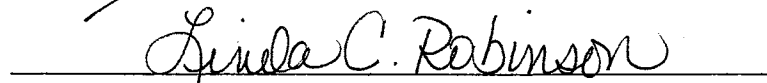
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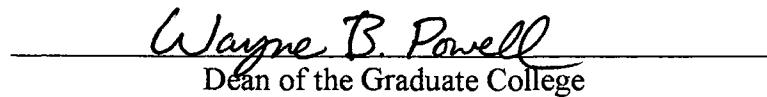
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CHAPTER I

INTRODUCTION

Nearly 4 million American children live in households headed by grandparents and the number continues to rise (Lugaila, 1999). The circumstances that cause grandparents to become responsible for their grandchildren are varied. Parental drug and alcohol abuse, child abuse and neglect, chronic unemployment and teen-age pregnancy are some of the social and economic problems grandparents attempt to stabilize. These circumstances have an impact on all generations in a family. Grandparents are often the closest relatives asked to care for a child during difficult times. Grandparents assume parental responsibility at a time in their lives when other developmental activities would normally occupy their attention. Grandparent caregivers accept new responsibilities and often become involved in uncertain situations.

Grandparenthood represents a time of great joy and fulfillment for most people. Family continuity stems from watching adult children become parents. Significant and meaningful involvement with younger generations is important for healthy adult development and well-being (Erikson, 1968). Disruptive events can cause family turbulence and crisis. Grandparent caregivers deal with an interruption of life cycle events and changed expectations for themselves and their families. Once grandparents begin raising their grandchildren, they face a new set of needs and challenges.

Grandparents who are raising their grandchildren generate new concerns for social service providers, policy makers and gerontologists. Grandparents who function as parents face possible financial, legal, and social issues. These issues can affect their

mental and physical health. Previous studies have been conducted primarily with grandmother caregivers. However, this growing group is diverse including men and people in all racial and socioeconomic groups (Thompson, Minkler, & Driver, 1997).

Family caregivers sometimes experience stress while striving to improve the quality of life for their dependent loved ones. Grandparent caregivers provide stability and comfort for their grandchildren who cannot change a difficult situation. The consequence of ongoing emotional and physical care for a dependent loved one has been called caregiver burden (Pearlin, Mullan, Semple & Skaff, 1990). A strong connection has been made between caregiver burden and health outcomes (Strawbridge, Wallhagen, Shema & Kaplan, 1997). Grandparents raising their grandchildren face similar burdens, but this particular population has not previously been a focus in studies about family caregiving.

Historically, family caregiving has been viewed solely as a woman's role. Likewise, grandparent caregivers have often been presumed to be predominantly female. A recent profile of grandparent caregivers documented that while a majority was female, fifty-four percent were married (Thomson, et al., 1997). Both men's and women's views on grandparent caregiving are needed.

Statement of the Problem

Views of grandparenthood are changing within the context of a diverse and aging society. Increased life expectancy is altering families' expectations about grandparent roles. Age has previously been the underlying factor that determined life cycle events. The life course has primarily been viewed as linear, including maturation, independence,

significant relationships, raising a family, launching children and eventual grandparenthood (Duvall, 1971). Unexpected roles are created when family problems or events make grandparent caregiving necessary.

Several studies establish the importance of the specific and unique social needs of grandparents involved in raising their grandchildren (Burnette, 1999; Burton, 1992; Jendrek, 1994a; Joslin & Brouard, 1995; Minkler, Driver, Roe & Bedeian, 1993). These studies describe the profile of grandparent caregivers as most frequently female, African American and grieving the recent loss of an adult child (Thompson, et al., 1997). Grandparent caregiving is most often precipitated by problems that result from the crack-cocaine epidemic, alcohol abuse or mental illness in the grandparent caregiver's adult daughter (Jendrek, 1994a; Thompson et al., 1997). Grandchildren who move in with their grandparents have often had disrupted lives involving neglect and health or behavior problems that result from maternal drug use.

Grandparent caregivers are primarily motivated by commitment to the well-being of their grandchildren (Jendrek, 1994a). This commitment is not short term. Over half of the grandparents raising grandchildren provide this care for more than three years (Thompson, et al., 1997). This commitment is also not made impulsively. Grandparents have often watched the effects of an adult child's problem behavior on the children for a long time. In these situations, the decision to assume parental responsibility is made when grandparents choose to focus on the grandchild's well-being rather than the adult child's problems. Grandparent caregivers maintain hope that their adult children will be able to re-create a stable family environment in the future.

Statistics indicate that the number of grandparent caregivers has increased 44% percent since the 1990 census but the true number of grandparent caregivers is unknown (Thompson, et al., 1997). This population is difficult to quantify because of the temporary and informal living arrangements that are sometimes made during family upheavals. In addition, the diversity in the types of the problems that precede grandparent caregiving makes this a somewhat hidden group within the population. The range of precipitating problems also creates variance in the nature of the grandparent caregiver population. As a result, grandparents on all socioeconomic levels are involved in raising their grandchildren.

The problems that precede grandparent caregiving affect the caregiver and the entire family. Family problems and conflicts ultimately spill over into the broader social context. Interpersonal and extra-familial conflicts often leave grandparent caregivers with difficult situations to manage. Critical problems needing intervention are left to grandparents who may have no legal guardianship for a child (Jendrek, 1994a). Grandparents may not be allowed to make decisions for their grandchildren if they have custody but not legal guardianship. The legal status of grandparent caregivers determines the extent to which they can provide care for their grandchildren and the way they are treated by society.

Caregiving research has heavily emphasized the negative impact of the caregiving process including such effects as burden and stress (Kramer, 1997). Researchers now attempt to understand the ways in which these roles can be positive, as well as negative. Grandparent caregivers may find positive outcomes from the opportunity to stabilize a worrisome situation by providing care during a family crisis. Despite great hardships, the

possibility of positive psychological benefits for grandparent caregivers must not be overlooked. These outcomes may contribute to individual adaptation and personal growth.

Caregiving research to date has been focused primarily on the caregivers of elderly, disabled family members. The roles of “secondary” caregivers and extended family members have not been included. This singular focus has been referred to as “methodological individualism” (Bengtson, Rosenthal & Burton, 1995). This research approach typically focuses on single family members who are caregivers. Recent attention has re-focused caregiving research on the whole family experience, rather than on a single individual (Blieszner & Bedford, 1996; Miller & Lawton, 1997). Viewing caregiving from a family perspective increases understanding of individuals within the broader environment of the family. This approach ultimately facilitates understanding the complex relationships in surrogate parent households (Thompson, et al., 1997). Grandmothers and grandfathers both participate in these complex intergenerational households. Each makes significant contributions to the future of the grandchildren they are helping.

Clearly, the perspectives of grandparents involved in raising their grandchildren are important. Many men participate equally with women in caring for children on a daily basis. They may have support from extended family members or be attempting to manage the situation alone. Grandparent caregivers have thoughts, feelings, needs and reactions to family problems that may be different from other people in their age group. The study of grandparents raising their grandchildren is relatively new and couples’

perspectives have not yet been studied. The lack of empirical evidence is the foundation of this research study.

Purpose of the Study

The purpose of this study was to explore the issues that grandparents face while raising their grandchildren. Grandparent caregivers were asked about the sources of both stress and satisfaction in their lives. Adaptation to change in grandparent-headed families was investigated by way of qualitative interviews. The stories and experiences of grandparent caregivers were recorded in their words.

Research Objectives

Several objectives guided the research effort. These included:

1. To document the experiences of grandparents involved in raising their grandchildren.
2. To specify which sources of stress and satisfaction are most significant for grandparent caregivers.
3. To ascertain the relationship between specific stressors and life satisfaction in grandparent caregivers.
4. To explore the ways in which grandparent caregivers adapt to this new lifestyle.
5. To explore the coping mechanisms used by grandparents who are raising their grandchildren.
6. To learn about the ways grandparent caregivers pass culture, values and family history to their grandchildren.

Theoretical Orientation

Growth and Change in Families

Events that affect individuals' lives also simultaneously influence the processes of growth and change within their families. Family crises can occur from either unanticipated or normative stressors (McHenry & Price, 1994). Normative stress is that which occurs with regular progression through anticipated life events. Unanticipated stressors can occur at any time and in combination with normative stress. Grandparents who are raising grandchildren face both types of stress, simultaneously. Major family events also have significant influence on individual development (Burr & Klein, 1994).

Individual development is influenced by the life transitions of other family members (Jendrek, 1994a; McHenry & Price, 1994). Consequently, grandparents raising their grandchildren often face needs and demands that are not congruent with their chronological age. Grandparents return to the tasks of raising children at a time in life when they may have contemplated the slower pace of retirement. Grandparents' individual lives are further affected by the stress of a family crisis (Burton, 1992; Jendrek, 1994a).

Adaptation to a crisis involves both individual and family responses. Theories that focus on individual development have not typically acknowledged the contributions made by family relationships in most people's lives (Ryff & Seltzer, 1996). However, coping resources include individual and collective strengths at the time of a significant event (Burr & Klein, 1994). Coping with stressful events occurs over time, often

involving significant changes within individuals and the family as a whole (McHenry & Price, 1994).

Theoretical frameworks that deal with both individual and family transitions offer a realistic model to use in evaluating the dynamics involved in grandparent caregiving (Blieszner & Bedford, 1996; Minkler, Roe & Price, 1992). The Double ABC-X Model of Family Stress is composed of concepts and assumptions pertaining to this type of significant change. This model guided the research study and was used to evaluate the meaningful personal and family changes that occur in grandparent-headed families.

Family Stress Theory

The Double ABC-X Model of family stress provides a framework to explore adaptation of individuals and families faced with crisis. Further, the interrelationship between individual strengths, resources and family coping strategies can be investigated using the concepts in this theoretical model.

Six assumptions of family stress theory are significant the family adaptation that accompanies the crisis that precipitates grandparent caregiving (McCubbin & McCubbin, 1983). These assumptions are:

1. Families face hardships and changes as a natural and predictable aspect of family life over the life cycle.
2. Families develop basic strengths and capabilities designed to foster the growth and development of family members protecting the family from major disruptions during transition and change.

3. Families face crises that force them to change their traditional way of functioning and adapt to new situation.
4. Families develop basic and unique strengths and capabilities designed to protect them from unexpected stressors. These strengths foster a family's adaptation after a crisis or major transition.
5. Families both benefit from and contribute to the network of relationships and resources in a community, particularly during periods of crisis.
6. Family functioning is often described as predictable. There are patterns of interpersonal behavior maintained by intergenerational factors such as: situational pressures that have evolved over time, the personalities of the family members, and both the normative and unpredicted events that punctuate family life throughout the life cycle (McCubbin & McCubbin, 1983).

The necessity of raising a grandchild can easily be related to assumption one, that families face hardships and changes as a predictable aspect of family life. Crises are a universal phenomenon but some are anticipated and some are not. Assumption three states that families adapt to a new situation by changing the ways they function, and this also applies to grandparent caregivers. Grandparents evaluate the results of a crisis and determine that the best way to adapt is by becoming a grandparent-headed family. The type of problem that precipitated the crisis also affects individual and family adaptation. For example, it is likely that families will adapt differently to the death rather than incarceration of an adult child.

The most salient assumption is that families develop basic and unique strengths and capabilities that facilitate their adaptation after a crisis. Grandparent caregivers develop their own specific ways to handle the challenges they face. Likewise, family strengths assist individual grandparent caregivers in adapting to their new challenges.

The Double ABC-X model is based on an earlier model of family stress pioneered by Hill (1958). The ABC-X model focuses on the family's response to a stressor event. Accordingly a stressful event (A) interacts with family resources (B) creating a family's definition of an event (C) thus yielding a crisis (X). The A, B and C factors occur before a crisis (X). This method of studying families' adaptation to stress evolved from Family Development Theory, which describes adaptation to normative transitions. Both theoretical frameworks use family as the unit of analysis, but each emphasizes reactions and adjustment to different types of life events (Hill, 1958; Mederer & Hill, 1983).

Figure 1 illustrates the relationships between the concepts.

Insert Figure 1 about here

McCubbin & Patterson (1983) further adapted the ABC-X model. The Double ABC-X model includes pre and post crisis events. This model adds the variables which occur following a crisis that can be used to explain a family's adjustment to stressors and eventual adaptation to a crisis. This research study will focus on family adaptation after a crisis event has created the need for grandparent caregiving.

Insert Figure 2 about here

Consideration of grandparents' experiences while raising their grandchildren must include specification of the A, B, C, X concepts. "A" represents the ongoing stressors, which can result from either the dysfunctional behavior or the traumatic loss of an adult child. Dysfunctional behaviors include drug addiction, crime, incarceration, or child abuse and neglect. These problems can occur alone or in combination. The traumatic loss of an adult child can result from an accident, illness, or death. Legal, physical health, emotional health, social, psychological and family related concerns can arise from these precipitating events.

"B" represents the resources or strengths possessed by a family. Resources include financial means, social support, individual coping strategies, and assistance from community agencies.

"C" represents the manner in which the family defines the crisis event. Families can define a major event as either negative or positive. The event may create extremely difficult conditions within the family, with negative repercussions for all members. Conversely, grandparent caregivers may perceive the event as an opportunity to be able to help their grandchildren after having worried about them during ongoing struggles with the adult child. If the death of an adult child precipitates the crisis, grandparents may perceive their parenting responsibilities as a chance to take positive action in a devastating situation.

“X” represents the crisis which occurs if an individual's problems exceed the family's capability to meet the demands (McCubbin & Patterson, 1983). Crisis is defined as a period of disorganization if a family is vulnerable to a stressor. Families with sufficient resources are able to reorganize (Hill, 1958). In this study, the crisis is the event that has necessitated grandparents' responsibility for their grandchildren. The crisis occurs immediately before the grandparents assume custody of their grandchildren.

Family adjustment and adaptation are central concepts in the Double ABC-X model. The adjustment phase includes the family's immediate response to a stressor. Adaptation involves more permanent changes that occur over a longer time. The variables used in the post-crisis period describe the outcome of family efforts to achieve a new level of balance after a crisis. These variables include coping mechanisms and the “aA”, “bB”, “cC”, “xX” factors.

Individual coping strategies vary with the type of situations that occur. People develop coping strategies from their resources and depend on them to get through a difficult time. Individual coping mechanisms can be positive or negative and include emotional, cognitive or spiritual dimensions. The concept of coping mechanisms is important in studying adaptation to the crisis that precedes grandparent caregiving.

Coping mechanisms are significant factors that contribute to family adaptation during stressful times. Family coping has been categorized as three types of responses: 1. direct action, 2. reframing the problem and 3. controlling emotions caused by a stressor. These strategies can be used singly or in combination (Boss, 1988; McHenry & Price, 1994). Collective coping strategies are thought to be generated from close family relationships.

The “aA” factor represents the concept of pileup stress. Pile-up stress includes unresolved issues from the initial event and the consequences of the family efforts to cope with the difficulties of the situation. Stress pile-up is further conceptualized as ongoing and constantly changing. Pile-up stress includes both normative and non-normative changes. Therefore, families that experience new stressors before having completely coped with earlier ones tend to have greater trouble (Burr & Klein, 1994).

The “bB” factor represents the concept of family resources. Resources refer to the traits, characteristics or abilities of 1) individual family members, 2) a family system and 3) the community. Family resources include both those that existed previously as well as new resources that are developed in response to the crisis. Resources include financial means, problem solving abilities, and a social support system.

The “cC” factor represents perception or meaning of a crisis given the resources and pileup of stressors. Perceptions involve religious beliefs, reframing the stress and creating new meaning for the situation. Families that are able to redefine a situation clarify the issues and decrease the emotional burden associated with the crisis. A family’s perception of a crisis event influences the processes of adaptation and the eventual outcomes (McCubbin & Patterson, 1983).

The “xX” factor represents the continuum of adaptation from maladaptation to bonadaptation. The process of adaptation is not always smooth and at times may involve upheaval. Growth and change occur, but the process may be discontinuous (Boss, 1988; McHenry & Price, 1994). Long term adaptation is accomplished in the interdependent relationships of individuals and their families (McCubbin & Patterson, 1983). The

continuum between bonadaptation and maladaptation will be used to explore grandparents' responses to significant family change.

Definition of Terms

1. Individual stress is defined as a condition of tension within the individual which occurs as a response to one or more stressors (Croog, 1970). Family stress is further defined as pressure or tension which disturbs the steady state (Boss, 1988). These definitions acknowledge the possibility that stress may bring forth positive change.

2. Stressors are the conditions, experiences, and activities that are problematic for people; that is that threaten them, thwart their efforts, fatigue them and defeat their dreams (Pearlin, et al., 1990, p. 586).

3. Family coping strategies are the active processes and behaviors used to help manage, adapt to or deal with the stressful situation (McCubbin & Dahl, 1985).

4. Family resources are the characteristics or strengths a family uses to manage crises.

5. The terms custodial grandparent, grandparent caregiver, grandparents raising grandchildren will be used interchangeably. They are defined as those individuals who have assumed physical and financial responsibility for at least one grandchild who is age 18 or under and living in the grandparents' home.

Summary

Grandparent caregivers face untold challenges and responsibilities complicated by the very nature of contributing family and social dynamics. Men and women offer two different and essential perspectives in understanding the related issues. Factors, which contribute to adaptation in this situation, are important to identify and understand. Research results have important implications for future public programs and policies to assist grandparent caregivers. The problems and issues of grandparents involved in raising their grandchildren will be evaluated using the Double ABC-X Model of Family Stress Theory. Literature in both grandparenting and caregiving has primarily focused on women's perspectives. The focus of this study was on the experiences and issues faced in families headed by grandparents. Exploring the problems and issues of both grandmothers and grandfathers as caregivers provides additional perspective, which has not yet been sought.

CHAPTER II

Review of Literature

Several concepts are important in the discussion of grandparents raising their grandchildren. First, a summary of issues in contemporary grandparenting is presented. This section also includes current literature about grandparents raising their grandchildren. Second, research on family caregiving is presented. Finally, research about gender issues in caregiving is reviewed. This review establishes the need for exploration of the views of both men and women who are grandparent caregivers.

The strategy for this literature search began with a broad review of current scholarship in grandparent-grandchild relations. This created a context for further inquiry in intergenerational family relationships. The review was then narrowed to focus on studies involving grandparents raising their grandchildren. The current literature about grandparents raising their grandchildren illustrated the numerous difficult issues faced by these families. Many parallels were found to concepts found in family caregiving literature especially related to the balance of burden and benefit in caregiving relationships. The review of both grandparent and family caregiving literature clearly highlighted the accepted profile of all types of family caregivers as female. Consequently, this led to a focused review of literature about men's roles in caregiving. The literature search included a broad review of current scholarly journals and doctoral dissertations but was also guided and inspired by presentations and conversations at professional meetings.

Grandparenting

Grandparenthood has become a greater interest as the life span continues to lengthen. Family continuity develops as individuals watch their adult children become parents. Individuals can now anticipate living long enough to watch their grandchildren reach adulthood. This life stage, for most, represents a time of happiness and satisfaction. Grandparent/grandchild relationships represent an intergenerational bond that offers opportunities for a special kind of sharing (Weber & Hesser, 1995). Intergenerational family relationships change when grandparents assume parental responsibility for their grandchildren.

Research in Grandparenting

Exploratory studies about grandparenting began with attempts to determine the types of involvement grandparents maintained in their families. These early studies categorized grandparents by their style.

Grandparents' behavior was characterized as one of the following: formal, fun seekers, surrogate parents, reservoirs of family wisdom, surrogate parents or distant figures, in an early study by Neugarten and Weinstein (1964). Formal grandparents leave child rearing to the parents and are careful not to offer advice. Fun seeking grandparents are informal and playful with their grandchildren. Grandparents who act as surrogate parents are most often involved in regular baby-sitting or daycare for their grandchild. Grandparents who act as a reservoir of family wisdom are authoritarian and seen as the

dispenser of special skills or resources. Distant figures are grandparents who are benevolent but essentially remote from a child's life (Neugarten & Weinstein, 1964).

Grandparenting styles were later characterized as remote, involved or companionate by Cherlin and Furstenberg (1983). Remote relationships involve very little contact between the grandparent and grandchild. Involved grandparents take an authoritative role in raising grandchildren. Companionate grandparents have easygoing and friendly relationships with their grandchildren. A majority of grandparents seek companionate relationships with their grandchildren (Cherlin & Furstenberg, 1983).

The particular style a grandparent adopted was related to the personal meaning one attributed to the role by Kivnick (1982). The personal meaning of grandparent status for an individual was classified as occupying one of five dimensions: centrality, spoiling (indulgence), valued elder, immortality through clan, and reinvolvement with personal past (Kivnick, 1982). Grandparenthood was also described as important from the symbolic perspective of an older family member so that 'just being there' or being 'family watchdogs' was found to be important (Bengtson, 1985). These studies determined that the role or status of grandparent was important by itself, regardless of the particular individual style that was adopted.

The notion of important personal meaning in grandparent roles was further supported by Kornhaber and Woodward (1981). This study determined grandparents' family roles to be social/symbolic, instrumental, sentimental/emotional or spiritual (Kornhaber & Woodward, 1981). Social symbolic roles involve the function of being a child's link to the past through first hand accounts of family or lived history. Instrumental roles are described as active and functional with frequent

grandparent/grandchild interaction. Sentimental/emotional roles “involve the subjective territory of love, wonder, humor, laughter and joy” (Kornhaber, 1996; p. 95). Spiritual roles involve magical aspects of the relationship, such as “the smiles, the joys and the warmth” (Kornhaber, 1996, p. 99). Intangible and subjective experiences in grandparent/grandchild relationships contribute to quality of life for both generations.

The grandparent/grandchild relationship was also found to significantly influence both generations (Roberto & Stroes, 1992; Tinsley & Parke, 1984). Grandparents have been considered to be important resources for families during periods of social change (Barranti, 1985). They have offered stabilizing influence and comfort through their wisdom and experience. Younger grandparents express greater responsibility for actively participating in rearing their grandchildren (Thomas, 1986).

Grandparent/grandchild relationships have been studied at different points throughout the life course. Grandparents were found to be an important source of interaction and social support for both infants and their parents (Tinsley & Parke, 1987). College students expressed a high degree of closeness, influence and a strong sense of important interaction with their grandparents (Kennedy, 1992). There are conflicting views about the relationship during young adulthood. Langer, (1990) explored the emotional and instrumental exchange between young adults and their grandparents. Grandparents perceived that they offered more of both types of support than they receive from grandchildren after age 18. Robertson (1976), however, found that young adult grandchildren do feel they have a responsibility to help when needed and report their grandparents are an important source of social support.

Gender differences have also been studied in grandparents. Men and women have approached grandparenting from different perspectives. Grandfathers report strong feelings of responsibility for their grandchildren's care while grandmothers express a high level of satisfaction with grandparenting (Thomas, 1986). Robertson (1977) interviewed grandmothers and found that most enjoy the role. Additionally, a woman's grandparenting style was related to life style and many grandmother behaviors revolve around caregiving or baby-sitting (Robertson, 1977). Baranowski (1990) found that the personal meaning of grandfatherhood became more positive as men age. Most studies have indicated that women participate in research studies more often than men do. Consequently, there is a paucity of data about men's experiences as grandfathers (Baranowski, 1992; Burley-Cunningham, 1984).

Grandparents occupy unique and essential caring roles in families. Most grandparents prefer a positive, voluntary relationship with their grandchildren (Shore & Hayslip, 1994). However, they are often immediately available to assume parental responsibilities when adult children have difficulty. Nurturing grandparents serve as a safety net or as a second line of defense for children whose parents are unable to provide for them (Kornhaber, 1996). Grandparent caregivers face multiple challenges that require strength, creativity and determination. This new role requires that grandparents change the manner in which they relate to the grandchildren they are raising. Grandparent caregiving replaces some of the simple joys of grandparent/ grandchild relationships with new challenges. Most willingly accept these changes and responsibilities despite the hardships they bring.

Grandparents Raising Grandchildren

Grandparents can become caregivers as a result of their adult children's problems or death. These problems can include but are not limited to: illness, drug and alcohol abuse, child abuse, neglect or abandonment; HIV/AIDS; death; incarceration; mental illness or chronic unemployment. There are no statistics available, which reflect the scope of grandparent caregivers' problems because they have only recently come to the attention of social scientists, social service agencies and policy makers.

Grandparent/grandchild families involve both generations working through the problems together.

The stressors experienced by grandparents in this role originate from individual, family or community levels (Burton, 1992). Needs and stressors include but are not limited to emotional, family, economic, social, legal or health issues. Some of the pertinent issues include lack of reliable family support, psychological and emotional strain, physical burden and economic costs. Struggles with community, state and federal agencies for support complicate grandparents' abilities to manage the situation.

Grandparent caregivers' problems vary with the combination of the precipitating event, previous relationships and the family resources. Additionally, the environment in which grandparent caregiving occurs contributes to the intensity of the situation. Inner city grandparent caregivers are more likely to care for children suffering the emotional and physical effects of maternal substance abuse or HIV/AIDS. In 1988, the rate of maternal drug use in New York City increased from 7.4 to 29.7 per one thousand live births. Central and East Harlem rank in the top ten neighborhoods for young women who

die from HIV/AIDS (Joslin & Brouard, 1995). In other, less urban areas, grandparent caregivers deal with other local issues such as a high rate of adolescent pregnancy or large-scale unemployment. Together, the social context and precipitating family events contribute to grandparent caregivers' problems.

Family Issues

The family issues in grandparent caregiving are generated from two different scenarios. First, if grandparents become caregivers following the death of an adult child, a permanent custodial relationship can be created. Second, if grandparents assume responsibility as a result of the ongoing dysfunction of an adult child, the custodial relationship may be tenuous. This second situation may force the grandparent/grandchild dyad to manage a continually changing relationship with the adult child/parent.

The death of an adult child/parent demands that grandparents must cope with the loss of their child while simultaneously assisting their grandchildren. Children must concurrently adjust to the loss of a parent and to a new lifestyle. Death causes an abrupt shift in roles and responsibilities for both grandparents and grandchildren. A positive outcome of this trauma is that children remain with family rather than being placed in foster care (Ehrle & Day, 1994). Adaptation may be facilitated by the convergence of memories, shared grief and mutual assistance.

Grandparents raising their grandchildren due to situations other than death, continue an ongoing and sometimes difficult relationship with the adult child. The maintenance of this emotionally demanding relationship has been identified as a serious source of stress for grandparent caregivers (Burton, 1992). Chronic family conflict

focused on the irresponsible behavior of adult children is reported as the most salient problem grandparent caregivers must face (Ehrle & Day, 1994). Dysfunctional adult children may be manipulative, erratic, or violent. This creates chronic insecurity for the grandparent/grandchild dyad.

Adult children who are involved in drugs, illicit activities or crime may endanger the family on a regular basis. Grandparent caregivers may have fear of the adult child and his or her associates. There are dangers in many inner city neighborhoods and these may present ongoing concerns for grandparents raising grandchildren in these environments (Burton, 1992; Minkler et al., 1993). Additionally, the family problems of grandparent-headed households in many communities are compounded by the chronic stress of poverty.

Ongoing conflict with adult children can create tension in grandparent-headed households. Many live in fear that an unstable adult child will return and decide to take the grandchild from the grandparents. If legal guardianship is not established or protective custody not in place there is often nothing that can be done to stop this from occurring. Some grandparent caregivers are reluctant to ask their adult child to relinquish custody in fear that it will cause anger (AARP Grandparent Information Center, 1997; Minkler et al., 1993). Consequently, many grandparent caregivers try not to upset their adult child while maintaining stability and security for their grandchildren.

Financial Issues

The financial issues and problems faced by grandparent caregivers include but are not limited to financial strain, difficulty applying for government assistance,

unemployment and in some situations, poverty. In the best financial situations, grandparent caregivers may be employed and married but the additional expenses of a dependent grandchild are a burden. In the most difficult situations, grandparent caregivers may face the extra expenses of caring for more than one child, on an already stretched income. In addition, they may have difficulty establishing eligibility for financial assistance programs. Grandparents involved in raising their grandchildren do not automatically receive financial benefits. Entitlement for TANF (Temporary Aid for Needy Families) or Social Security dependent benefits are entirely predicated on the status of the adult child/parent. Grandparent caregivers without legal custody often cannot qualify to receive TANF. In some situations, a dysfunctional parent receives TANF, but grandparents care for the child. This may be an additional issue that the caregiving grandparent is reluctant to deal with, for fear of retribution from the adult child. Ongoing financial problems may create the feeling of living on the edge (Minkler & Roe, 1993; Burton, 1992).

Employment among grandparent caregiver population generates many significant family issues. Grandparent caregivers may find the need to return to work to provide adequately for their grandchildren. In these situations, there may be an ongoing struggle between the demands of a job and the needs of grandchildren. Financial pressures and little or no governmental support may cause further complications. Employment may raise the family income sufficiently to preclude eligibility for entitlement benefits. Grandparent caregivers receiving Social Security benefits may be unable to work more than twenty hours each week. Grandparent caregivers that have retired may feel they need to return to work, but be unable to get a job. Employment takes grandparent

caregivers away from home, thus necessitating daycare for preschool age grandchildren. Employment and financial concerns are universal issues for grandparents raising their grandchildren (Burton, 1992; Jendrek, 1994a; Minkler, Roe & Price, 1992).

Legal Issues

Grandparents raising their grandchildren may become involved in a number of different legal issues. The primary reasons that grandparents need to see a lawyer include adoption, legal guardianship, legal custody or temporary legal custody (Jendrek, 1994b). Legal custody is defined as the authority to make decisions concerning the child's upbringing. Legal custody includes the right to make decisions pertaining to a child's education, medical care and discipline. Grandparents who seek voluntary legal custody must have permission of the custodial parent and this is often difficult to achieve. Permanent legal guardianship can be assigned by the courts in cases of child abuse and neglect. Adoption requires termination of parental rights, which can either occur voluntarily or when a court terminates these rights involuntarily. In most cases however, grandparents do not have legal guardianship of the grandchild they are raising.

Legal guardianship is required by many institutions that provide services to children and physical custody is not sufficient. Schools require a minimum of legal custody for decisions about enrollment or withdrawal and for permission to participate in extracurricular activities. Schools may not allow grandparents to sign authorizations if parents are involved with a child even on an infrequent basis. Many hospitals and physicians will refuse to treat children without the signature of a parent or legal guardian.

Many employers' health plans will not allow grandchildren to be added to an insurance plan unless they have been adopted.

Grandparents are treated in differing ways by the legal system. Grandparents may suffer ageism or prejudice from those who will decide their legal status (Minkler et al., 1993; Jendrek, 1994b). Social service providers and advocates for grandparents' rights have created new sources of information for people who are working through these issues. Several national organizations have begun gathering and providing legal information for grandparent caregivers, including The American Association of Retired Persons, The Committee to Preserve Social Security and Medicare, and the Brookdale Center on Aging. There are also sites on the World Wide Web which offer tips and information for grandparent caregivers. Additional resources may assist grandparent caregivers in becoming more informed but the basic conflict with an adult child may still remain unresolved.

Social Issues

Grandparent caregivers face numerous potential social issues. Grandparents raising their grandchildren have recently emerged as a group with a wide variety of needs. As a whole, our society does not yet understand their struggle. On a societal level, social service agencies and policy makers show minimal understanding of grandparent caregivers' needs. On the level of a social support system, friends often do not know the best way to help. Further, on an individual level, grandparent caregivers must deal with social problems that were nonexistent when they raised their children.

On a *societal level*, grandparent caregivers have trouble with social agencies and policies. The major problems associated with social agencies stem from the lack of integrated services as well as the difficulty in understanding eligibility criterion for assistance (Burton, 1992; Dressel & Barnhill, 1994). Respite care is the most frequent need listed by grandparent caregivers (Burton, 1992, Jendrek, 1994). Respite services can offer a break for grandparent caregivers that fill this role around the clock and have few outlets for a break from the routine.

Despite the needs for assistance through social programs grandparent caregivers often feel misunderstood. They have reported the process of applying for assistance to be a humiliating experience (Jendrek, 1994b). The application processes for entitlements such as TANF deal strictly with the “deservingness” of its applicants (Minkler & Roe, 1993). The spoken and unspoken assumption that grandparent caregivers must have done something wrong to be in this situation is communicated through both the attitudes of agency personnel as well as the denial of benefits. Social programs are not currently able to meet the extensive needs of grandparent caregivers (Burton, 1992; Dressel & Barnhill, 1994).

On the level of a *support system*, many grandparent caregivers find themselves in a completely different life situation than friends and acquaintances. A sense of isolation and exhaustion may make it difficult to maintain the lifestyle they previously shared with other grandparents. Many friends who would previously have been there to lend support lack understanding of the problems (Ehrle & Day, 1994). Consequently, many communities are developing support groups for grandparent caregivers to lessen the feelings of isolation and provide resources.

On an *interpersonal level* many grandparent caregivers deal with their grandchildren's problems and their parenting skills. Problems such as teenage pregnancy, drugs, and HIV/AIDS require new parenting skills. These problems require counseling and teaching new skills to assist physically or emotionally disabled grandchildren (Dressel & Barnhill, 1994).

Grandparent caregivers also must contend with the social ramifications of their adult child's behaviors. These problems may be ongoing in the case of dysfunctional behaviors such as drug addiction, or criminal behavior. These types of behavior may contribute to feelings of being on an emotional roller coaster. An adult child's dysfunctional behavior may be kept in control for a period of time if they are incarcerated, but the problems are not permanently eliminated.

Grandparent caregivers may also have to contend with their grandchild(ren)'s other grandparents. In some situations these non-custodial grandparents may offer emotional support and financial assistance that contribute to the family stability. In other cases, these non-custodial grandparents may exacerbate the problems by attempting to gain custody or by continuing to enable dysfunctional behavior in their adult child.

The social problems of grandparent caregivers are multifaceted. Policy and program developers need additional information about the social issues of this population. The combination of these macrosocial, microsocial and interpersonal problems requires emotional strength and commitment to the integrity of the family. Adaptation to these complex family situations can be helped by increasing social awareness of the issues grandparent caregivers face.

Emotional Issues

Grandparents raising their grandchildren worry about the well-being of their grandchildren who may have suffered emotional repercussions of a dysfunctional home situation. Children may have been victims of prolonged physical or verbal abuse and they may also have been neglected. These children may have been exposed to drugs or alcohol in utero and later be dealing with Fetal Alcohol Syndrome, Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder. Children still worry about their parents and have a strong attachment no matter how badly they were treated (Larsen, 1990). Many children being raised by their grandparents need counseling (Shore & Hayslip, 1994).

Grandparent caregivers often worry about their adult child's situation. They may have concern about and conflict involving drugs or emotional problems. They may have concerns about their adult child's mental illness and lack of compliance to a treatment regime. There may be concerns about the transient lifestyle their adult child has lived and the long-term effects of his or her problems. Raising grandchildren may offer joy, hope and a positive focus in an otherwise difficult situation.

Grandparents think about what will happen to their grandchildren if they become ill or are unable to continue raising them (Larsen, 1990). They also worry about whether their adult child will ever be stable enough to be a successful parent. Conversely, they express concern that the parent may again take the child disrupting the stability (Jendrek, 1994a). Grandparents become attached to the grandchild(ren) they are raising and enjoy daily interaction with these children (Burton, 1992; Cherlin & Furstenberg, 1986; Jendrek, 1994).

Grandparent caregivers report an overall decline in their emotional health status and attribute this to watching the dysfunction of an adult child (Minkler & Roe, 1993). Grandparents involved in raising their grandchildren perceive themselves more as parents than grandparents and thus often feel confusion about this combination of roles (Morrow-Kondos, Weber, Cooper & Hesser, 1997). They must deal with misbehaving grandchildren and must learn to respond as a disciplinarian or authority figure. The relationship with their grandchildren is therefore not as carefree as it would be without this parental responsibility (Shore & Hayslip, 1994).

Health Issues

Grandparents involved in raising their grandchildren experience stressors that can potentially affect their physical health. Self reported health status was evaluated by Roe, Minkler, Saunders and Thomson (1996). Participants reported good physical health with little change since caregiving began but they do not see physicians regularly. There is an important distinction to be made between denial of symptoms and reframing an illness to manage the routine of daily life. Roe et al. (1996) speculate that grandparent caregivers often reframe their symptoms to gain a sense of control in the situation. Grandparent caregivers are thought to be hidden patients, potentially at risk for health problems themselves (Roe et al., 1996). It is possible that denial or minimization of physical symptoms may be used by grandparent caregivers as a method of functioning in this difficult situation.

Grandparents' health problems are often preempted by their grandchildren's needs. Children who have been exposed to cocaine, alcohol or HIV/AIDS before birth have complications. Lack of health insurance and financial difficulty makes the situation

more difficult. Poverty exacerbates health problems by limiting the resources one can apply to finding solutions to such complex issues. Surrogate parenting is a common occurrence in low income, urban communities where poverty and lack of resources complicate the caregiving role (Burton, 1992; Joslin & Brouard, 1995).

Caregiving

Caring is an essential component of close relationships. Caregiving is conceptualized as an extension of a caring relationship. Caregiving, according to Pearlin et al. (1990) occurs to a certain extent in all caring relationships. Chronic or progressive impairment changes a caring relationship by making caregiving the total focus. Thus, the grandparent/grandchild relationship shifts from a mutual exchange of caring to one in which caregiving becomes the primary focus.

Stress can occur when a close relationship becomes a caregiving relationship. The stress of caregiving has been well researched (Kramer, 1997; Li, Seltzer & Greenberg, 1997; Pearlin, et al., 1990; Pruchno, Burant, & Peters, 1997). Caregiver stress results from extraordinary and unequally distributed burden (Pearlin, et al., 1990). It is uncertain whether caregiving simply creates new burdens or if caregiving is an additional stressor in an already difficult life (Strawbridge et al., 1997). The new burdens created by family caregiving are an example of pile-up stress as described in the Double ABC-X Model. Nevertheless, research literature portrays caregiving most often as burdensome and negative.

Caregiving has been studied within the framework of family stress theory using the concepts of stressors, coping mechanisms, meaning of the event and adaptation (Pearlin et al., 1990; Pruchno, et al., 1997). The stressors identified in caregiving literature are related to one or more of the following: the type of dependency (physical, emotional or financial), the relationship between caregiver and recipient, family resources and the social environment. The meaning of caregiving has been found to vary between individuals within a family (Pruchno, et al., 1997). Many studies have found caregiver burden or stressor pile-up to be detrimental but only to the primary caregiver (Kramer, 1997). Recent studies have begun to acknowledge the effect or burden as a function of the whole family. These studies have gathered evidence that the effects of caregiving extend beyond the primary caregiver (Kramer, 1997).

Caregiver burden is defined as psychological distress, anxiety, depression, demoralization and generalized loss of personal freedom resulting from the responsibility for total care of another individual (Pruchno, et al., 1997). Burden is the extent to which a caregiver experiences physical, social, mental, or spiritual suffering which results from providing care for a family member. The greater the burden, the less well-being expressed by the caregiver (Tebb, 1995). Other studies have framed the process of caregiving more holistically acknowledging both positive and negative effects (Ryff, 1989).

Ryff (1989) developed six distinct dimensions of well-being that offer balance to the field of caregiving. The positive elements of caregiving include: personal growth, purpose in life, autonomy, environmental mastery, positive relations with others and self-acceptance (Ryff, 1989). The caregiver gains new self-confidence and gratification from

managing the crisis. This perspective challenges researchers to consider both positive and negative effects of grandparent caregiving.

Adaptation occurs with the existence of positive and negative coping mechanisms. Coping mechanisms have been found to be situation specific (Cohen & McKay, 1984). For example, adequate social support is often seen as a coping mechanism. Cohen and McKay (1984) found that adequate social support increases morale but not consistently in all situations. Rather, the types of stressors, social support and individual situations interact to create specific adaptive behaviors (Li, Seltzer & Greenberg, 1997). Adaptation to the stressful experience of caregiving is not always the same, but may exist in a continuum. Grandparent caregivers deal with a variety of problems that require different adaptive strategies.

Historically, studies of caregiving have focused on female primary caregivers. Researchers in caregiving are beginning to move beyond the narrow focus of the primary caregiver only, and consider secondary caregivers and the family context in which caregiving occurs. From this perspective, caregiving is viewed not as a role, but as an experience.

Gender Differences in Caregivers

There are observed gender differences in perceptions of caregiving. Caregiving is seen as a natural extension of the nurturing role and consequently both genders anticipate that women will become caregivers. Caregiving has been viewed as “women’s work” (Lutzky & Knight, 1994). This is thought to occur because men and women are both taught that being female includes nurturing roles (Hirsch, 1996).

Women are also socialized to be more expressive of their feelings while men learn not to voice feelings in the same manner. Men and women are taught to respond to stress differently (Lutzky & Knight, 1994). Consequently, female caregivers express more stress and burden than men do because they have learned to talk about their feelings while men have learned to keep them inside (Hirsch, 1996; Lutzky & Knight, 1994). It is likely that men experience as much distress as women do in similar situations but do not discuss their feelings in the same manner.

Hirsch (1996) postulated that there are two main pathways men take to the role of caregiver. The first is structural, occurring when there is no one else available to be a caregiver. The second pathway to caregiving occurs through socialization. Male socialization includes the performance of instrumental rather than nurturing tasks. Men are taught to complete instrumental tasks. Men therefore care for others through their instrumental and achievement-oriented activities such as employment and financial management (Hirsch, 1996).

The difference between male and female perspectives may lead to cognitive dissonance in men who are caregivers. Cognitive dissonance occurs when two elements of a situation are contradictory or inconsistent (Hirsch, 1996). Men who are involved in caregiving for a dependent family member see the need, and feel strongly about the person. At the same time they may feel awkward about performing gender specific tasks they believe are out of their perceived area of expertise. Consequently, men's responses have been evaluated by a framework that assumes their perspectives are the same as women's.

Knowledge about male caregivers is limited for many reasons. Men who act in a caregiving capacity have most often been viewed as secondary caregivers (Bengtson et al., 1995). Gender differences in perception, burden and coping mechanisms, however, lend another view to adaptation strategies. Exploration of both men's and women's perceptions, will offer an additional perspective on family caregiving.

Qualitative Approach

Qualitative research involves exploring individuals' life experiences through the expression of their unique thoughts and feelings. Qualitative methods assume that the meaning people create as they think or talk about their lives are crucial data in understanding family issues. Qualitative research also assumes that people communicate particular aspects of family life by way of stories (Rosenblatt & Fisher, 1993). Life stories provide rich information for analyzing dynamics and processes in families.

Qualitative research has been widely utilized in both family research and gerontology. Qualitative methods are helpful in exploring the meaning that major family changes and life events hold for individuals (Rosenblatt & Fisher, 1993). In-depth qualitative interviews can elicit deep and meaningful responses about personal experiences. Individual perspectives of the family context are captured effectively using personal accounts.

Research studies about family stress and change have also used qualitative techniques. Qualitative methods have been used to study difficult problems rather than limiting information to dichotomous indicators (Kramer, 1997). These methods has facilitated understanding of caregiving as not only an individual experience but one that

is shared by the whole family (Pearlin, et al., 1990; Skaff & Pearlin, 1992; Hooker, Monahan, Shifren & Hutchinson, 1992).

Initial studies about grandparent caregivers have included qualitative methods (Burton, 1992; Ehrle, 1994; Jendrek, 1994; Minkler & Roe, 1993; Thompson, et al., 1997). Qualitative studies have begun to yield important information about the complex issues in intergenerational households. Additional qualitative information is needed.

A qualitative approach will be used in this study to develop a deeper understanding of the experiences of grandparents who are raising their grandchildren. Family issues, challenges and opportunities will be explored and recorded in grandparents' words and stories. Increased understanding of individual strengths and family adaptation will be generated.

Summary

Grandparent caregivers potentially face many complex issues. As grandparents they may have anticipated this life stage to be a relaxed time. However, emergent family problems change the grandparent/grandchild relationship and bring a set of new demands. Research indicates that grandparent caregivers deal with simultaneous social, family and legal demands that affect their emotional and physical health. Studies are beginning to assess the personal effects of these interrelated problems. Grandparent caregivers have been documented as primarily female. Grandmothers have participated in research more frequently but men are also involved in caregiving. Men's perspectives about caregiving relationships are expressed differently than women's. Both grandmother and grandfather

caregivers' views are needed to provide additional insights on intergenerational family caregiving.

CHAPTER III

METHODOLOGY

This study was designed to explore the experiences and issues of grandparents raising grandchildren. It clarified the effects that specific stressors have on both individual grandparent caregivers and on family dynamics. The nature of the relationship between grandparents' perceptions of family stress and their adaptation to raising their grandchildren was investigated. The processes of change in grandparent-headed families were documented in grandparents' individual words and stories.

Previous research established the existence of individual problems such as health or legal problems among grandparent caregivers. This study investigated the combined effects of all stressors within grandparent-headed families. Further, the study explored the ways grandparent caregivers cope with the feelings and problems they experience. This research documented the sources of joy within these unique intergenerational relationships.

Research Design

This study was exploratory in nature and involved qualitative research methods. Qualitative methods are appropriate in exploratory research for several reasons. Primarily, qualitative research methods capture the experiences and give voice to the stories of a previously unknown or marginalized group (Minkler & Roe, 1993). Qualitative methods used within a theoretical framework allow researchers to discover

naturally arising meanings among members of study populations (Berg, 1989). These methods allow for the meaningful expression of difficult and personal experiences.

Qualitative research is also important in advancing awareness of complex and multifaceted issues in aging (Neugarten, 1985). Qualitative methods permit exploration of diverse cultural and personal beliefs, values, ideals, and experiences. Themes that emerge from qualitative interviews in exploratory research contribute to future construct development in a new area of study. Exploratory research establishes patterns which lead to quantitative studies and is most appropriate for use in areas not previously examined (Vogt, 1993).

Exploratory research often provides a bridge to descriptive research by presenting facts and ideas that can later be utilized to develop characteristics and issues of a specific population (Miller, 1986). This exploratory study was designed to deepen understanding of the lives of grandparent caregivers. Exploratory research provides important groundwork for further study in emerging areas of concern in both family relationships and aging.

Literature review indicated that research with grandparent-headed families is limited. Studies have previously focused on the existence of specific stressors but few have focused on the manner in which families cope with and adapt to difficult problems. Grandparent caregivers face complex issues that can be expressed best in their own words. Consequently, qualitative methods are the most appropriate method for exploring family dynamics in skipped generation families.

The events leading to grandparent caregiving are potentially difficult and emotional. Qualitative methods create the opportunity for a rich data about the ways

families change during extremely stressful times. Qualitative data about individual and family adaptation lend insight about the dynamics that occur during and after crises.

Previous research about family caregiving has focused on women who care for an adult relative or on grandmothers raising their grandchildren. Men are also involved in family caregiving but little is known about the similarities and differences between men's and women's experiences of raising their grandchildren. This research documented the causes of stress that both men and women find most significant and the resources they use in managing these problems. The coping styles used by grandparents in this situation were also explored in the study.

Research Questions

1. What are the experiences of grandparents involved in raising their grandchildren?
2. How do specific stressors (financial, legal, social, emotional, health and family problems) affect satisfaction in grandparent caregivers?
3. Which situations cause the most distress and the most satisfaction for grandparents involved in raising their grandchildren?
4. How do grandparent caregivers adapt to this new lifestyle?
5. What are the coping styles utilized by grandparents who are raising their grandchildren?
6. How do grandparent caregivers pass culture, values and family history on to their grandchildren?

Sample

The national profile portrays grandparents raising grandchildren as primarily female and most often African American. However, the problems that contribute to the need for grandparent caregiving affect both men and women. These problems influence dynamics within and between generations in families. The target of this study was grandparent-headed families. The perspectives of both grandmother and grandfather caregivers were sought. The processes of change that occur were viewed from the perspective of the family.

The sample population for this study was defined as grandparents who were primarily responsible for raising their children's children. The sampling frame was the population of grandparent caregivers in central Oklahoma, limited only by their availability to the researcher and their willingness to participate in the study. Grandparent couples were sought whenever possible. The sampling unit was individual grandparent caregivers.

The specific household composition was clarified for each family. All families involved in the study resided in the grandparent's home. Grandparents had assumed primary responsibility for raising their grandchildren despite whatever ongoing contact there was with the child's parents. Two adult children of participants lived in the same households but accepted no responsibility for child rearing, in these families.

The study involved a purposive sample that was generated in several ways. Contacts were made through the Grandparents as Second Parents Support Group. Professional colleagues also made referrals. The Oklahoma Department of Aging Services allowed recruitment of participants at the annual Grandparents Raising

Grandchildren conference. Other professional contacts were made through colleagues at family service agencies. The letter used to formalize professional agency contacts is found in Appendix A. A snowball effect occurred as participants referred other grandparents in similar situations. The recruitment script used for contacting possible participants also appears in Appendix A. Grandparents raising grandchildren are diverse, and it initially appeared as if they would be difficult to identify. It is important to note, however, that the number of grandparent caregivers identified exceeded the number sought for the study. A number of effective methods of locating grandparent caregivers were discovered through this research effort.

The sample population included 54 individual grandparent caregivers: 37 grandmothers and 17 grandfathers. The ages of grandparents in the study ranged from 41 to 79 with the mean age being 56.8 years. The age range for men was from 48 to 79 with the mean age being 59.4 years. The age range for women was from 41-76 with the mean age being 56.4 years. Forty-nine of the participants were Caucasian. Three were African American and two were Native American.

The socioeconomic status of the sample reflects multiple variables. First, the grandparent's education, occupation and financial situation prior to assuming care for a grandchild must be considered. Table 1 illustrates the demographics of grandparent caregivers in this sample.

Insert Table 1 about here

Second, the length of time a grandparent has been providing for grandchildren and the amount of financial assistance they may or may not receive from the state or from the child's parents must be considered. Third, the monetary resources a grandparent has spent on an adult child's problems contribute to the overall socioeconomic status. Some grandparents in the study were highly educated and professionally successful but report significant financial difficulty after using their resources for the welfare of a child or grandchild. Others were living on a limited income but had not engaged in costly legal conflict or other expenses and therefore reported that they managed to live within their means. The financial status of grandparent caregivers is relative to many social variables and unpredictable expenses.

The total number of families involved was 38. The sample included 14 stepfamilies, 15 families still in original marriages and 9, which are single heads of household. In 16 families, both spouses agreed to be interviewed, which yielded important information about the marital issues in grandparent-headed families.

The grandparents in this sample are raising children from 43 adult children and one adult niece. Two families are simultaneously raising grandchildren from two different adult children. One family is headed by a great grandmother who raised two granddaughters and is now raising four great grandchildren.

The grandparents in this sample were raising a total of 64 children. The number of children these families are caring for ranges from 1 to 4. The children's ages range from 6 months to 22 years. Three families include young adults who were raised by grandparents and are now in college or living independently. The grandparents in these families still include young adult grandchildren in their description of the household.

Grandparents in this sample demonstrate a long-term commitment to raising their grandchildren. The participants in this study have been involved in grandparent caregiving between 3 months and 17 years. The mean length of time is 6.9 years. The range in amount of time grandparents have been raising their grandchildren is also illustrated in Table 1.

The grandparents participating in the study lived in rural, suburban and urban locations. Twenty grandparents live in rural communities. Thirty-four live in either urban or suburban neighborhoods. None lived within the immediate downtown area of a large city.

Interviews

Semi structured, in-depth interviews were conducted with grandparent caregivers. Thirty-six grandparents were interviewed individually. Nine grandparent pairs requested to be interviewed jointly. During joint interviews, grandparents were asked for their individual responses to each question. Four families offered the interviewer copies of journals, court documents, articles and manuscripts they had written to capture the details of their experiences. Over half of the individuals interviewed spoke of the therapeutic value of being able to talk about their experiences and expressed thanks for being included in the study.

Procedures

Grandparent caregivers were contacted by phone to determine whether they would be willing to participate in the study. After contact was made and grandparent

caregivers had agreed to participate, the researcher arranged to meet the participant in a location of his or her choice. Forty grandparents were interviewed in their homes. Six participants were interviewed at their workplace either on a break or following work hours. Eight interviews took place at a restaurant (Denny's, Waffle House, Burger King, or Perkins Restaurant). Most participants chose a time and a location for the interview, which excluded grandchildren who would understand the content of the interview. Four interviews did take place in the presence of young children who were otherwise involved or too young to understand. Most grandparents with older grandchildren specified that they did not want their children to know what was being discussed.

Only one interview was conducted with each grandparent caregiver. Interviews were expected to last between one and two hours and they were nearly all longer than anticipated. The shortest interview lasted one hour and the longest lasted four and one half-hours. The shorter interviews were curtailed by scheduling demands of work or children. The average length of the interviews was about two hours. Participants were asked to give written consent for participation and audiotaping of the interviews. The consent form appears in Appendix B. Of the 54 participants, 51 agreed to audiotaping the interview.

Instrumentation

The interview schedule was developed to guide discussion about many issues faced by grandparent caregivers. The interview schedule was adapted from that used by Minkler and Roe (1993) in their study of grandmother caregivers. Permission was granted for use of the questions in the instrument. Some questions were eliminated and

additional questions about stressors and family dynamics were added. Questions about grandparents' perceptions of the events that led to their caregiving responsibilities were also included.

Participants were asked a series of demographic questions. Information was gathered about each grandparent caregiver's age, marital status, socioeconomic status and occupation. The numbers of children, grandchildren, and older relatives present in the household were important in establishing the demographic characteristics of intergenerational families. Grandparents were asked about the events that precipitated their caregiving responsibilities.

Grandparent caregivers were asked about each component in the Double ABC-X model of family stress. Open-ended questions were directed toward: stressors, resources, perceptions of problems and the crisis event. Grandparent caregivers were asked about ongoing and new stressors, existing and new resources, perceptions of the crisis event, and the ways they cope with the event(s). They were asked about issues that have caused the most significant stress. Grandparents were asked about the joys they experience as caregivers. They were asked about advice they would give to others facing a similar situation. The issues in the interview schedule were chosen because they are reflected in current literature about grandparent caregiving.

Some examples of questions in the interview instrument are,

- What was happening with your adult child when the decision was made that you would begin raising your grandchildren?
- Has your physical health been affected by raising your grandchild?
- Is there financial stress involved in raising grandchildren?

- What is your legal relationship with your grandchild?
- Have there been changes in your network of friends since you began raising your grandchild?
- Where is your adult child?
- What is your grandchild's relationship with his or her parents ?
- What is your relationship with your adult child?
- Do visits between your grandchildren and their parents have effects on the child's behavior?
- How do you cope with the changes in your life?

Pilot Study

A pilot study was carried out using the interview instrument with a sample of six individual consultants who have had personal experience with grandparenting issues. These consultants were not raising grandchildren but were either grandparents, adult children who were raised by a grandparent or professionals in the field. The six individuals listened to a description of the study and the interview process. Each area of the interview schedule was explained and the consultants offered suggestions about repetitive questions and those that did not follow a sequence. The consultants suggested additional questions that would enhance the interview process. The order of questions was significantly changed through pilot study. The consultants advised beginning the interview with non-threatening, factual questions and gradually moving into more difficult areas that might generate emotional responses. They recommended moving

away from sensitive areas and ending the interview with questions that engendered less emotion. The interview schedule appears in Appendix C.

Data Analysis

Tape recordings of the interviews were transcribed. Transcription of joint interviews involved separating the responses of individual participants for each question. Results were then coded using QSR NUD*IST 4 (Non-numerical Unstructured Data Indexing Searching and Theory-building) software for qualitative analysis. This software program allowed exploration of the same issues within different interviews. It facilitated comparison of the issues between men and women and among families. This program allows coding to be arranged in two ways. Coding can be set up as an Index System or as Free Nodes.

An Index System can be arranged to assist in organizing a large volume of data. Nodes are containers for the researcher's thinking (QSR*NUDIST, 1997). The main components of Family Stress theory were used as nodes for each interview. The Index system was comprised of: Demographics, Precipitating Problems, Stressors (financial, health, legal, emotional, social and family relationships), Coping Mechanisms, Advice, and Joys. As participants answered a question or made reference to an issue in any of the categories, that text unit was coded accordingly. The subunits were later rearranged as themes emerged within the larger node. These themes contributed to the creation of response typologies to the interview questions.

Free nodes can be arranged as insights and new themes that become apparent. Free nodes were created and later attached to the appropriate index node or established as

independent categories. Free nodes allow for flexible thinking and were especially helpful when exploring the text for insights about family dynamics and the processes of adaptation.

Inter-rater reliability was established by having the answers from all participants on one question, coded by three coders. A ratio of disagreements to agreements was calculated. Cronbach's alpha reliability coefficient of internal consistency was established at .91.

Assumptions and Limitations

Several assumptions have been made regarding this study.

1. For purposes of this study, it was assumed that grandparents involved in raising their grandchildren have experienced stressful events and a family crisis, which precipitated caregiving responsibilities for their grandchild(ren). These stressful events may engender positive or negative adaptation within families.
2. It was assumed that married grandparent caregivers share the responsibility for raising their grandchildren.
3. It was assumed that both challenges and opportunities arise from the event(s) that precipitated grandparent caregiving.

Factors, which limit the study, include:

1. The use of a small, purposive sample and snowball effect limited the generalizability of the study results.
2. The researcher conducted all interviews. Bias may have been demonstrated by verbal or nonverbal behaviors, which may have influenced participants' responses.

3. Coding procedures used are subject to the researcher bias.

Summary

This study was exploratory in nature and involved qualitative methods. Semi-structured, in-depth interviews facilitated exploration of the experiences of grandparent-headed families to in their own words. An interview instrument was developed to examine the family changes as well as the sources of stress and satisfaction experienced by grandparents raising grandchildren. These methods gave rise to an in-depth view of the dynamics and stress in families that have experienced crisis and trauma from an adult child's problems. Interviews were tape-recorded and transcribed allowing for an in-depth analysis of the issues raised by grandparent caregivers. Data was further analyzed using QSR NUD*IST software.

CHAPTER IV

GRANDPARENTS AS PARENTS:

FAMILIES IN TRANSITION

MANUSCRIPT FOR PUBLICATION

JOURNAL TITLE: JOURNAL OF GERONTOLOGICAL SOCIAL WORK

Abstract

This study involved in-depth interviews with families in which grandparents are raising grandchildren (N=38). The study involved the exploration of the dynamics and interrelationships of grandparents, their adult children and grandchildren. The Double ABC-X model of Family Stress provided the theoretical basis for the study. Semi-structured interviews were conducted using an instrument that included questions about family issues and dynamics in grandparent-headed families. Data was analyzed using QSR NUD*IST software for qualitative research. Adaptation occurred over time and involved change in a series of stages. Parent-child relationships were ongoing despite sometimes infrequent and sporadic contacts. Grandparents sought personal meaning of the crisis they had experienced in their families.

Introduction

Nearly 4 million American children live in households headed by grandparents and the number continues to rise (Lugaila, 1999). The circumstances that cause grandparents to become responsible for their grandchildren are varied. Parental drug and alcohol abuse, child abuse and neglect, chronic unemployment and teenage pregnancy are some of the social and economic problems grandparents attempt to stabilize. These circumstances have an impact on all generations in a family. Grandparents are often the closest relatives asked to care for a child during difficult times. Grandparents assume parental responsibility at a time in their lives when other activities such as retirement activities or leisure interests would normally occupy their attention. Grandparent caregivers accept new responsibilities and often become involved in uncertain situations.

Grandparenthood represents a time of great joy and fulfillment for most people. Family continuity stems from watching adult children become parents. Significant and meaningful involvement with younger generations is important for healthy adult development and well-being (Erikson, 1968). Disruptive events can cause family turbulence and crisis. Grandparent caregivers deal with an interruption of life cycle events and changed expectations for themselves and their families. Once grandparents begin raising their grandchildren, they face a new set of needs and challenges.

Grandparents who are raising their grandchildren generate new concerns for social workers, family counselors, social service agencies, and policy makers. Grandparents who function as parents face possible financial, legal, and social issues. These issues can affect their mental and physical health. Previous studies have been

conducted primarily with grandmother caregivers. However, this growing group is diverse and includes men and women of all racial and socioeconomic groups (Thompson, Minkler, & Driver, 1997).

Grandparent caregivers are motivated by commitment to the well-being of their grandchildren (Jendrek, 1994a). This commitment is not short term. Over half of the grandparents raising grandchildren provide this care for more than three years (Thompson, et al., 1997). This commitment is also not made impulsively. Grandparents have often watched the effects of an adult child's problem behavior on the children for a long time. In these situations, the decision to assume parental responsibility is made when grandparents choose to focus on the grandchild's well-being rather than the adult child's problems. Grandparent caregivers maintain hope that their adult children will be able to re-create a stable family environment in the future.

Grandparent caregivers have needs and reactions to family problems that are different from other people in their age group. The circumstances of grandparents raising their grandchildren has not been examined from a family perspective, which establishes the foundation of this research study.

Theoretical Foundation

The Double ABC-X Model of family stress provided the theoretical foundation for this study. The Double ABC-X Model of Family Stress is composed of concepts and assumptions pertaining to significant change in families. This model includes variables, which occur before and after a crisis. These concepts can be used to understand a family's adjustment to stress and to explain its eventual adaptation to a crisis. This study

focused on family change, which occurred in response to the events that created the necessity for grandparents to raise grandchildren.

The concepts in the Double ABC-X model include ongoing stressors (A), a family's resources or strengths (B), perceptions of the stressful events (C) and the crisis (X) which occurs if problems exceed the family's capability to resolve them (McCubbin & Patterson, 1983). Family adjustment and adaptation are also central concepts in the Double ABC-X model. Adjustment refers to the family's immediate response to stressful events. Adaptation involves more permanent changes that occur over a longer time. The variables used in the "post-crisis" period describe the outcome of family efforts to achieve a new level of balance after a crisis.

Insert Figure 2 about here

Consideration of grandparents' experiences while raising their grandchildren must include further specification of the concepts in this model. Stressors are the problems and issues, which can result from either the dysfunctional behavior or the traumatic loss of an adult child. These problems can occur alone or in combination. Health, financial, legal, social and emotional concerns could arise from these precipitating events. Resources include financial means, social support, individual coping strategies, and assistance from community agencies. Crisis is defined as a period of disorganization that occurs when a family is vulnerable to stressors. Families with sufficient resources are able to reorganize (Hill, 1958). In this study, the crisis is the event that has necessitated

grandparents' responsibility for their grandchildren. The crisis occurs immediately before the grandparents assume custody of their grandchildren.

Families can define a crisis event as negative or positive. This type of event may create extremely difficult conditions within the family, with negative repercussions for all members. Conversely, grandparent caregivers may perceive the event as an opportunity to be able to help their grandchildren after having worried about them during ongoing struggles with the adult child. If the death of an adult child precipitates the crisis, grandparents may perceive their parenting responsibilities as a chance to take positive action in a devastating situation.

Grandparenting

Grandparenthood for most, is a time of happiness and satisfaction. Grandparent-grandchild relationships represent an intergenerational bond that offers opportunities for a special kind of sharing (Weber, Hesser, & Cooper, 1995). Family continuity is established as individuals watch their adult children become parents. Individuals can now anticipate living long enough to watch their grandchildren reach adulthood. Intergenerational family relationships change however, when grandparents assume parental responsibility for their grandchildren.

Early Studies in Grandparenting

Exploratory studies about grandparenting began with attempts to determine the types of involvement grandparents maintained in their families. Neugarten and Weinstein (1964) characterized grandparents' behavior as formal, fun seekers, surrogate

parents, reservoirs of family wisdom, surrogate parents or distant figures, in an early study. Cherlin and Furstenberg (1983) characterized grandparenting styles as remote, involved or companionate.

The personal meaning of grandparent status for an individual was classified as occupying one of five dimensions: centrality, spoiling (indulgence), valued elder, immortality through clan, and reinvolvement with personal past (Kivnick, 1982). Grandparenthood was also described as important from the symbolic perspective of an older family member so that 'just being there' or being 'family watchdogs' was found to be important (Bengtson, 1985).

Intangible and subjective experiences in grandparent-grandchild relationships contribute to quality of life for both generations. Kornhaber and Woodward (1981) further determined that grandparents' family roles were social-symbolic, instrumental, sentimental-emotional or spiritual (Kornhaber & Woodward, 1981). The grandparent-grandchild relationship was found to significantly influence both generations (Roberto & Stroes, 1992; Tinsley & Parke, 1984). Grandparents have been considered to be important resources for families during periods of social change (Barranti, 1985). They have offered stabilizing influence and comfort through their wisdom and experience.

Grandparents Raising Grandchildren

Grandparents can become caregivers as a result of their adult children's problems or death. These problems can include but are not limited to: illness, drug and alcohol abuse, child abuse, neglect or abandonment; HIV-AIDS; death; incarceration; mental illness or chronic unemployment. There are few statistics available, which reflect the

scope of grandparent caregivers' problems because they have only recently come to the attention of social scientists, social service agencies and policy makers.

Family Caregiving

Family caregiving by grandparents can be generated from two different scenarios. First, if grandparents become caregivers following the death of an adult child, a permanent custodial relationship can be created. Second, if grandparents assume responsibility as a result of the ongoing dysfunction of an adult child, the custodial relationship may be tenuous. This second situation may force the grandparent-grandchild dyad to manage a continually changing relationship with the adult child-parent.

The death of an adult child requires grandparents to cope with the loss of their child while simultaneously assisting their grandchildren. Children must concurrently adjust to the loss of a parent and to a new lifestyle. Death causes an abrupt shift in roles and responsibilities for both grandparents and grandchildren. A positive outcome of this trauma is that children remain with family rather than being placed in foster care (Ehrle & Day, 1994). Adaptation may be facilitated by the convergence of memories, shared grief and mutual assistance.

Grandparents raising their grandchildren due to situations other than death, continue an ongoing and sometimes difficult relationship with the adult child. The maintenance of this emotionally demanding relationship has been identified as a serious source of stress for grandparent caregivers (Burton, 1992). Chronic family conflict focused on the irresponsible behavior of adult children is reported as the most salient problem grandparent caregivers must face (Ehrle & Day, 1994). Dysfunctional adult

children may be manipulative, erratic, or violent. This creates chronic insecurity for the grandparent-grandchild dyad.

Adult children who are involved in drugs, illicit activities or crime may endanger the family on a regular basis. Grandparent caregivers may have fear of the adult child and his or her associates. There are dangers in many inner city neighborhoods and these may present ongoing concerns for grandparents raising grandchildren in these environments (Burton, 1992; Minkler et al., 1993). Additionally, the family problems of grandparent-headed households in many communities are compounded by the chronic stress of poverty.

Ongoing conflict with adult children can create tension in grandparent-headed households. Many live in fear that an unstable adult child will return and decide to take the grandchild from the grandparents. If legal guardianship is not established or protective custody is not in place, there is often nothing that can be done to stop an unstable parent from taking his or her children away from grandparents. Some grandparent caregivers are reluctant to ask their adult child to relinquish custody in fear that it will incite anger (AARP Grandparent Information Center, 1997; Minkler et al., 1993). Consequently, many grandparent caregivers try not to upset their adult child while maintaining stability and security for their grandchildren.

The purpose of the study was to explore the issues that grandparents face while raising their grandchildren. Family relationships and adaptation to change in grandparent-headed families were investigated. The experiences of grandparents involved in raising their grandchildren and the family dynamics in multigenerational

families were of particular interest. This paper examines ongoing family relationships, and the processes of change, which accompany grandparent caregiving.

Methodology

This study was exploratory in nature and involved qualitative research methods. Qualitative methods are appropriate in exploratory research for several reasons. Primarily, qualitative research methods capture the experiences and give voice to the stories of a previously unknown or marginalized group (Minkler & Roe, 1993). Qualitative methods used within a theoretical framework allow researchers to discover naturally arising meanings among members of study populations (Berg, 1989). These methods allow for the meaningful expression of difficult and personal experiences.

Qualitative research is also important in advancing awareness of complex and multifaceted issues in aging (Neugarten, 1985). Qualitative methods permit exploration of diverse cultural and personal beliefs, values, ideals, and experiences. Themes that emerge from qualitative interviews in exploratory research contribute to future construct development in a new area of study. Exploratory research establishes patterns which lead to quantitative studies and is most appropriate for use in areas not previously examined (Vogt, 1993).

The events leading to grandparent caregiving are potentially difficult and emotional. Qualitative methods create the opportunity for a deeper perspective about the ways families face extremely stressful times. Qualitative data about individual and family adaptation lend insight about the dynamics that occur during and after crises.

Sample

The study involved a purposive sample that was generated in several ways. Contacts were made through the Grandparents as Second Parents Support Group and professional colleagues. The Oklahoma Department of Aging Services allowed recruitment of participants at the annual Grandparents Raising Grandchildren conference. The sample population for this study was defined as families in which grandparents were primarily responsible for raising their children's children. Grandparent couples were sought whenever possible. The sample included 38 families: 14 stepfamilies, 15 families still in original marriages and 9 had single heads of household. In 16 families, both spouses agreed to be interviewed, which yielded important information about marital issues in grandparent-headed families. The ages of grandparents in the study ranged from 41 to 79 with the mean age being 56.8 years. The age range for men was from 48 to 79 with the mean age being 59.4 years. The age range for women was from 41-76 with the mean age being 56.4 years. Forty-nine of the participants were Caucasian. Three were African American and two were Native American. Demographic information is summarized in Table 1.

Insert Table 1 about here

Grandparents had assumed primary responsibility for raising their grandchildren despite whatever ongoing contact there was with the child's parents. Adult children lived in the households of two participating families. Grandparents were clearly responsible for raising the grandchildren in these families and thus the adult child had an ambivalent

role. All families involved in the study resided in the grandparent's home. It is important to note that sudden death was the precipitating event in only one family in this sample. All other families dealt with long term problems of a troubled adult child which lead to grandparent caregiving. In these situations, families managed multiple problems, which became more complex over time.

The grandparents in this sample are raising grandchildren from 43 adult children and one adult niece. Two families are simultaneously raising grandchildren from two different adult children. The grandparents in this sample are raising a total of 64 children. The number of grandchildren in these families ranges between 1 and 4. The children's ages range from 6 months to 22 years. Three families include young adults who were raised by grandparents and are now in college or living independently. Young adult grandchildren continue to be included in the family constellation described by their grandparents.

Grandparent caregivers demonstrate a long-term commitment to raising their grandchildren. The participants in this study have been involved in grandparent caregiving between 3 months and 17 years. The mean length of time was 6.9 years.

Data Collection

Semi structured, in-depth interviews were conducted at a time and place of the participants' choice. Sixteen married couples were interviewed: 9 were interviewed jointly and individual interviews were conducted separately with each spouse in 7 other families. During joint interviews, grandparents were asked for their individual responses to questions. Married couples often told a joint version of the events that precipitated

their responsibility for raising grandchildren emphasizing their important individual perceptions. Over half of the individuals interviewed spoke of the therapeutic value of being able to talk about their experiences and expressed thanks for being included in the study.

Intergenerational relationships were explored by using open ended and probing questions. Genograms were used to further clarify relationships and family roles within and between generations. Genograms are family diagrams, which use symbols to delineate connections between individuals thus creating a visual model of the intergenerational relationships.

Instrumentation

The interview schedule was developed to guide discussion about family dynamics in grandparent families. Questions were adapted from the instrument used by Minkler and Roe (1993). Participants were asked a series of demographic questions. Information was gathered about each grandparent caregiver's age, marital status, socioeconomic status and occupation. The numbers of children, grandchildren, and older relatives present in the household were important in developing a demographic profile of the sample. Grandparents were asked about the events that precipitated their caregiving responsibilities.

Grandparent caregivers were asked about stressors, resources, perceptions of problems and the crisis event. They were asked about advice they would give to others facing a similar situation. The issues in the interview schedule were chosen because they

are reflected in current literature about grandparent caregiving. Examples of the questions about family dynamics included:

- Please tell me what was happening with your adult child that led you to become a grandparent caregiver?
- What is the relationship between your grandchild and his or her parents?
- Where are your grandchildren's parents?
- How has your grandchild's relationship with his or her parents changed since you began raising him (her)?
- What is your current relationship with your adult child?
- Do visits with parents have an effect on your grandchild's behavior?
- Where are your other adult children?
- How do your other children feel about the fact that you are raising _____?
- What is the current relationship between your grandchildren and their parents?
- Have there been changes in your marriage since you began raising _____?

Data Analysis

Thirty-seven families allowed interviews to be audiotaped and transcribed. Transcription of couple interviews involved separating the responses of individual participants for each question. Results were coded using QSR NUD*IST 4 (Non-numerical Unstructured Data Indexing Searching and Theory-building) software for qualitative analysis.

QSR NUD*IST software allowed exploration of the similarities and differences among participants' responses to the same questions. Coding was carried out in two

ways. First, all answers were compiled for each question. Codes were then assigned as response categories were established within the set of answers for each question.

The second type of coding used was that which occurred as insights and new themes began to emerge. The software allowed the establishment of “free” themes that were not related to specific questions but came from interviews with people in similar life circumstances. The use of free themes allowed flexible thinking. It was especially helpful when exploring the text for insights about family dynamics and the processes of adaptation. Quotes and anecdotal information were then attached to these free themes as to be used for illustration.

Results and Analysis

The results of this study suggested that there are five themes, which came from exploring the dynamics in families headed by grandparents. These themes are:

1. Blended Grandparent-Parent Roles
2. The Stages of Change
3. Parent-Child Relationships
4. Collateral Family Relationships
5. Reflections on the Meaning of Grandparent Caregiving

Each of these themes was developed using the words and stories of grandparent caregivers. The names and identifying characteristics of each participant have been changed to protect confidentiality.

Blended Grandparent and Parent Roles

The first theme, from the experiences of multigenerational families, is that as caregivers they are forced to blend both grandparent and parent roles. Both the loss of a pure grandparent role and gain of parental responsibilities for young children were described by all participants. Some expressed feelings of loss associated with being unable to fulfill their dreams of being a grandparent who typically enforces fewer rules, acts as the wise historian and who has fun with grandchildren on a regular basis. Participants distinguished the blended responsibilities of their new role as very important but not often fun.

I've never been able to be the grandparent with her. And I would like to be able to do that. So I'm ending up being her mother. I had to accept that and then to go ahead and grab hold of the reins and say okay, I'm going to take full responsibility as a mother figure (a 52 year old grandmother).

You know he doesn't know me as a grandmother; he doesn't have a clue (a 47 year old grandmother raising a 4 year old).

I'd planned on my grandchildren being in my life but not being my life (a 41 year old grandmother raising 3 grandchildren).

You know I'm certainly the family historian to her but I think what she doesn't get and can't get is kind of that unconditional acceptance for a few hours at a time that a grandmother can give. I mean as parents we are setting rules or enforcing rules and bedtime and this and that and that changes the relationship. (Thelma, a 67 year old grandmother).

Positive and negative feelings about raising young children were also expressed by all grandparent caregivers. They described a range of changes that this combined role brought to their lives. Parenting responsibilities were welcomed by some and accepted as necessary by others.

I loved it, I took care of them, I bottled them, I diapered them, I bathed them, we played, we did anything they wanted. I tried to see that they had what they wanted to play with. We'd take trips. We went to Carlsbad Caverns and places like that. We really enjoyed the children (a 72 year old grandmother who had been raising her grandchildren for 12 years).

Here I am getting a grouchy little kid out of bed in the morning, teaching prayers, brushing teeth, bandaging little what's its...How the heck did I get here? (The 54 year old grandmother raising a 4 year old granddaughter).

Grandparents related feelings of ambivalence about their new blended family role. They explained that they were sometimes confused in their simultaneous parental and grandparental roles. The uncertainty of this new family role is illustrated through the choice of names that grandparents are called by the grandchildren they are raising. Four distinct categories of titles were discovered. The four types of grandparent titles are, 1. clear grandparent titles, 2. clear parent titles, 3. mixed grandparent-parent titles and 4. grandparent's own name. A majority of grandparents are called by clear grandparent titles but a significant number are either called by parental or a mixed title. Table 2 illustrates the use of titles in the sample.

Insert Table 2 about here

The Stages of Change

The second theme which emerged from exploring the experiences of grandparents raising grandchildren was that there are five distinct stages of change that occur in grandparent-headed families. The stages of change are:

1. The Build-Up Stage
2. The Pre-Crisis Stage
3. A Defining Moment: Crisis Stage
4. Short Term Changes: Adjustment Stage
5. Long Term Changes: Adaptation Stage

These stages are qualitatively and distinctly different from each other, marked by specific transitional events. These stages occurred within families dealing with the ongoing problems of a troubled adult child. The stages are also influenced by the individual developmental tasks of both grandparents and grandchildren.

The Build-Up Stage

The build up stage refers to the time period in which an adult child's problems intensify but do not yet include dependent children. This stage includes events, which lead up to the crisis that precedes grandparent caregiving. Parents identified events and

problems that occurred early in the adult child's life that they later associated with his or her inability to be a parent.

Grandparents openly spoke about long term problems in the majority of the 44 adult children in these families. Some parents were able to trace the origin as far back as childhood or early adolescence. Many parents described a series of events in which one problem lead to others and problems that ultimately became very complex. Grandparents relate that the need to raise a grandchild was really the culmination of a much greater set of problems, which they had been dealing with for many years. Others, although unable to pinpoint a specific event, were able to identify chronic behavior problems in their adult child that had started years earlier.

She really went downhill after her father moved out. She took a drug overdose and ran away twice. I took her to a psychologist at age 11 and she was diagnosed with an oppositional disorder. Then in 6th grade the school made her repeat a grade. I've often wondered if that wasn't the event that began it all" (the mother of a 21-year-old drug addicted daughter).

Carrie has been using drugs since she was 11 years old. She has been in trouble somehow someway since then. She has always been a problem from the time that she was just a little bitty thing. She has been full of rage and anger (the 50 year old mother of a 27 year old daughter who has been addicted to drugs for 15 years).

He (my second husband) was strangling her and she was turning blue. I also found out he had been sexually abusing her. That was the beginning of her acting out"(the mother of a 25 year old alcoholic daughter).

Some parents noted chronic problems that increased tension and frustration within the family. These problems included sexual acting out, dropping out of school, and drug use. Multiple unsuccessful attempts were made to help the child overcome problems. Their frustration was clearly communicated,

She lied to me over and over again; and I believed her over and over again” (the 48 year old father of a 25 year old drug addicted daughter).

Her drug abuse probably started when she was eleven or twelve years old, at the end of grade school or the first of junior high. Then she stopped going to school. I tried everything I could think of to make her life more structured (the mother of a 26 year old).

Parents often spent savings on trying to help their adult child time and time again, believing that one more chance would make the difference. One expressed both frustration and the desire to stop the problems. A 51 year old grandfather emphasized this by saying, “You’ll do anything and spend anything to help your child.”

The dialogue between the mother and stepfather of one non-custodial parent describe the build up of his problems in this way:

Stepfather: “He was strung out, selling, dealing, stealing and in jail from the time he was 10 years old.

Mother: “He was busted at age 14 for using drugs in school. He was in inpatient rehab for a year. We spent everything we had to try and get him help. He met his first wife in treatment and they had Davey when they were 15.” Both maternal and paternal grandparents throughout his life have raised this grandchild.

The parents of a 29-year-old non-custodial father describe the increasing complexity of problems within their family,

Mother: “The children’s mother wasn’t the first girl he got pregnant. At least the second one I know of positively. I went out and bought him condoms because I knew. He was also dabbling in alcohol and marijuana.”

Father: “He lost a job for drinking on the job and, again, I didn’t want to believe it. Now he has embezzled money and there is a warrant out for his arrest.”

The parents of a man who died from drug related medical problems describe the passion with which they attempted to change the eventual outcome,

Mother: “He was 15 when we became aware of his drug use. He was so bright and had so much promise.”

Father: “We pulled interventions and got everybody involved, sent him to treatment three times and he would do well and he’d go a year in total sobriety and boom something would happen.”

The 48-year-old mother of a 26-year-old who is ‘finding herself’ relates the ways she intervened and tried to stop her daughter’s deteriorating behavior,

It was a tough time. There were times that I chased boys down the street and times that my daughter was in the car and they were starting to pull off when I would run to the car and jerk open that door and jerk her out of there. I was working days and evenings and there were times they skipped school but I got hip to that, too.

Grandparents in five families blamed the chronic problems of their adult child's partner. In these situations, grandparents had spent time learning about the problems of the troubled in-law. Some grandparents made blaming statements such as:

"He would only drink when she was around, because she was a terrible influence."

"She was lying, no good and two faced and she set him up to fail."

Other grandparents felt empathy for their adult child's troubled partner and often tried to learn about his or her problems. Relationships with the other parent continued to be a factor, which contributed to the family dynamics throughout the stages of the crisis.

They made statements such as:

"I felt sorry for her; she had a horrible childhood. I thought by helping her it would make a difference."

"I've forgiven her for what she did because I know her father sexually abused her."

Pre-Crisis Stage

The pre-crisis stage began when troubled adult children became parents. The advent of parenthood moves chronic problems to a new level intensity and family concern likewise increases. Grandparents were keenly aware of the impact of chronic problems on the needs of a helpless infant or child. Grandparents reported becoming much more watchful of their troubled adult children when grandchildren were involved. One grandmother expressed the difference in perception of the problems at this stage by suggesting: "She made her choice (to use drugs) but her baby can't make a choice."

Precipitating problems become more complex and generally increased in number after troubled adult children became parents. For example, in some situations chronic drug abuse led to financial problems, criminal activity and the absence of a stable living environment. Consequently, the problems reported by grandparents in this study were never singular, but rather existed in combination (Table 3).

Insert Table 3 about here

Grandparents raising grandchildren offered many descriptions and stories about events in the intense pre-crisis stage. This period of time ranged between days and years. In some situations, the birth of a child immediately exacerbated a crisis. In other situations grandparents watched the problems become worse for a long time. The stories and comments of grandparent caregivers best illustrate the pre-crisis period.

Grandparents who accepted responsibility for their grandchildren fairly early in their life made the following comments:

He was born with multiple problems but he went home from the hospital with his parents. They couldn't and wouldn't take care of him. When he was 3 months old they took him to the doctor and he was found to be severely dehydrated and had pneumonia. DHS became involved and he has been in our custody since (The 52 year old grandmother of a special needs baby, age 13 months).

I brought both of her babies home from the hospital after they were born and they never left my house. She left for Puerto Rico and was gone for months.

I'd filed for custody by the time she came back (a 61 year old great grandmother raising 4 great grandchildren).

The parents had split up when Ricky was barely a year old. She came to live with me and brought him. Then she got heavily into heroin and morphine again and moved out. Of course Ricky was with me all this time (the 52 year old grandmother raising a 7 ½ year old).

Other grandparent's struggle for years intervening with their grandchildren only as the adult child will allow. Grandparents expressed frustration at watching ongoing problems and being unable to do anything to help their grandchildren.

Her parents had a lot of problems and we just practically had her with us all the time. We kept her whenever they would let us. Tina left him 3 or 4 times before we decided that was it. Our granddaughter was 8 by then and she came to live with us permanently.

In April I discovered their house had no water, there were dead rats in the cabinets; there was no food; there was feces all over the floor and it was roach infested. The kids had lice in their hair. There would be different drugs laid out on the floor. This went on for weeks and months. My attorney told me that there wasn't anything I could do, but 'just to wait' because it was getting worse (a 41 year old grandmother raising 3 grandchildren, ages 2, 4 and 6).

One time he called and said 'Grandma, I'm hungry. Could you bring me some milk?' There were so many times when Danny would call me and say, 'Mom is asleep and I can't get her awake. I'm scared. Will you come?' And I'd go get him. Sometimes I'd leave her a note and sometimes I wouldn't, just

depending on my mood” (a 50 year old grandmother raising a 6 year old grandson).

Grandparents brought financial, legal, and social resources to bear on the problems during this period. Grandparents bought groceries, paid utility bills, lent money and offered child care during the pre-crisis period. Grandparents attempted to engage the Department of Human Services by calling in reports of abuse and neglect about their own children. They contacted attorneys about their concerns and legal rights. Grandparents attempted to get assistance from school officials and daycare providers who also cared for their grandchildren. They talked with school officials about lunch programs so their grandchildren would be certain to have a meal at school and were often called to pick children up when a parent would fail to do so. In many situations, grandparents were told that they did not have enough concrete evidence to take legal action against their child at that time.

Various professionals helped grandparents during the pre-crisis stage. Grandparents described feeling desperate and reaching out to a variety of professionals for help because they did not know where to begin. Some grandparents involved law enforcement by giving information about adult children and their associates who were known drug dealers. Others employed private investigators. Grandparents explained that although law enforcement officers understood, they were not always able to offer immediate intervention as they had hoped. Instead, grandparents were given advice about how to ‘get smart’ and began to gather the evidence they would need to fight for custody of their grandchildren.

Involuntary removal of parental custody involves documentation of the unfitness of a parent. Determination of unfitness must be made in court before custody of a child can be removed from a parent. Grandparents reported that they received advice from law enforcement officials, DHS and lawyers. These concerned professionals heard the plight of grandparents and advised them to react systematically rather than emotionally.

Many grandparents listened to the advice and gathered the evidence they needed to build a case for removing parental custody from their adult child. Evidence included school records, immunization records (or lack thereof), police reports, photographs and witnesses. Grandparents learned that a child's description of a parent's activities was not enough to get help. Concrete evidence of neglect or illicit activities was needed to back up verbal descriptions. Many grandparents began a journal with entries about the type and frequency of contacts with parents, and began tracking their activities. Grandparents described moving from emotional outbursts to a state of resolute determination during this stage.

Grandparents focused on the needs of their grandchildren rather than those of their children during this stage. Grandparents reported having many intense emotions and increasing concern during this time period. They spoke of fear and frustration about the conditions under which their grandchildren were forced to live and their inability to change it. Some grandparents filed for grandparental visitation rights which established their legal right to see the children and assess their welfare on a regular basis. Grandparents with established visitation rights described these times as bittersweet, explaining that they looked forward to being with the children but found it traumatic to return them to their parents after a visit. One 62 year old grandmother vividly described

a scene that was repeated several times: “We’d take the kids back when I was getting visitation and the father would be yelling at them, you know, because they’d be clinging and crying and not wanting to go back and he’d be calling them horrible names. It was unbelievable.”

Some adult children willingly left their children with grandparents for long periods of time, but would unexpectedly return and take the children away again. This increased grandparents’ concern and frustration. One grandparent couple refused to allow the custodial parent to pick up her daughter after such an incident. They explained their reasons to include no heat or water in the parent’s apartment during the winter. This former daughter in-law filed a contempt of court suit and a long legal battle followed.

Three families told stories about how their adult children were on the run during the pre-crisis period. They did not know the whereabouts of their grandchildren and described feeling absolute panic. Each described sitting by the phone, in a rocking chair, waiting for something to happen. Grandparents described themselves in these situations as prisoners of their homes, fearful of going anywhere should they miss an important phone call. Many grandparents referred to the rates of child abuse in the state, remarking that they simply wanted to prevent their grandchild from becoming a statistic.

The Defining Moment: Crisis Stage

The third stage of change in grandparent-headed families began with the moment of crisis. Serious psychological and emotional problems combined with the needs of dependent children and a crisis occurred. One grandmother described this moment in time as the moment “when you go from being an outsider to being an insider.”

Grandparent caregivers vividly described this “defining moment” as the point at which they were urged to act on behalf of their grandchildren. The defining moment was that time when grandparents realized that, in fact, they would assume total responsibility for raising their grandchild(ren). Some defining moments were set in motion from external events and others by a combination of events within the family.

External events created this defining moment for some grandparents when an outside agency became involved. Four families received phone calls or visits from a child welfare worker with the news that their grandchild was in DHS custody following some type of abuse. Other families received phone calls from a police or sheriff’s department about the arrest of an adult child. These grandparents then moved into action, establishing themselves as custodial grandparents. In another family, the child’s mother died suddenly and the father was unable to care for the 5 ½ month old infant. The grandmother expressed her reaction as she firmly said: “There was no question—she came home with me.”

A 52 year old grandmother describes her defining moment that occurred from external events:

She and her current boyfriend got into a fight while they were at the store. They got into a fight over a bottle of pop and I guess they got to physically whacking each other. Robby bailed out. It just scared him so bad that he jumped from a moving vehicle. DHS placed him in the juvenile shelter for the weekend. I told my daughter to sign guardianship over to me and her problems with DHS would be over.

Other defining moments occurred as a result of the grandparent(s) reaching an internal limit of frustration and concern, deciding to take charge of the situation.

“When Sammie was 4 months old Marci came into my house and asked me where he was. I said, ‘You have him.’ Marci couldn’t remember where she had left him. She had been partying all day and some of her friends had come into the house and taken him out. The grandmother methodically went from house to house in the town and found him after checking 8 houses” (the 55 year old grandmother of a 4 year old).

Another grandmother described her decision-making:

After years of trying to convince her to get help, one day she came to me begging to go to drug rehab and we took her. After about 28 days her counselor called me and told me she was afraid Cindy would leave because she was really addicted to crank. Cindy climbed out of her window and then took drugs back down there. That’s when I filed for guardianship because I decided she really didn’t want help (a 45 year old single grandmother raising her daughter’s three children).

Grandparents related that the defining moment has forever changed their lives. The responsibility for their grandchildren’s welfare became their primary focus from that moment on. The relationship with their adult children continued but has been permanently altered. Grandparents expressed a wide range of emotions about the crisis and the changes in their lives.

Short Term Changes: Adjustment Stage

The fourth stage of change in grandparent-headed families began when grandparents assumed custody and began making decisions about immediate needs of their grandchildren. This was related to supplies, schedules and the daily routine. This stage involved the adjustment of two generations living in one household on at least a semi-permanent basis.

I'd go home and I had two kids in diapers; Paige was four months old and she was still on formula. I'd get off work, go home boil my bottles, do my diapers and get their clothes arranged for the next day. Taking on grandkids is a big responsibility and it's not for everyone. There are people who probably shouldn't ever try it. (A 59 year old grandmother who raised 3 grandchildren after their mother's death).

In other situations, children were ill and had additional care needs (i.e., a gastrostomy tube or breathing treatments). Children's disturbed sleep and separation anxiety were described as common occurrences immediately following the crisis.

Grandparents of older children expressed the need to deal with homework and outside activities. Grandparents expressed the importance of helping their grandchildren with schoolwork, but being uncertain about the new ways subjects are taught. One 71 year old grandfather said, "I help her with her homework everyday; but if I don't get it, I call her teacher."

Grandparents reported becoming very sensitive to their grandchildren's behavior changes. Caregivers related that many children expressed their reactions to a difficult life with their parents through behavioral problems. Grandparents noted their

grandchildren's behaviors and made concerted efforts to arrange counseling and medical care as needed. Many grandparents reported behavior problems that seemed to be directly related to parental contacts either after personal visits or phone contact. Some grandparents noted no behavioral changes and expressed surprise that there were none. Grandparents reported the scope of children's medical and psychosocial problems (Table 4).

Insert Table 4 about here

Long Term Changes: Adaptation Stage

The fifth stage of change in grandparent-headed families is the slow and gradual change of adaptation. Several grandparents related that adaptation occurred one day at a time. Others related that raising grandchildren becomes easier as children grow older. The problems with an adult child may continue causing the family to revisit a crisis state periodically. Grandparents expressed ongoing frustration with the actions of adult children, but voiced the realization that what they were doing was right.

Grandparents expressed frustration with chronic problems but reported that over time the situation improved.

I'd say 'is it ever gonna work?' We had to be consistent in setting routines, and hoped that we could make the changes. You can't force immediate change, and when you've got a child that young you keep forgetting their ability to control emotions and logic. When it's been awhile since you've had kids that

young so you kind of have to learn again (A 67 year old grandfather who has been raising his granddaughter for 3 ½ years).

I think it has taken Greg and I years to adjust, literally. And, I had to be the person to say, “No you can’t do that” and it took me about a year to make that switch and another year to get comfortable with that (the mother of a 24-year-old daughter and grandmother of a 4-year-old she and her husband have had almost since birth).

A majority of grandparent participants expressed that adaptation took place through their own efforts and determination. One grandfather described himself as “absolutely tenacious.” Most grandparents suggested, “You do what you have to do and you do what you have to do for your grandchildren.”

Grandparents discussed gradual changes in their expectations of themselves and their grandchildren. They also reported that they eventually accepted the realities of grandparent caregiving. Over time, grandparents acknowledged that their family was not exactly what they had hoped for:

“My Christmas present to her this year was to give her up. By this I meant I have ceased all expectations. I still love her but I’m not putting pressure on her anymore (The 49 year old mother of a 25 year old with a 10 year drug addiction). “You do what you have to do and keep on trucking. Just add it up. You put your good parts here and your bad parts here, what you can do here and what you can’t do here and pull it together and do it” (a 48-year-old grandmother who is raising two children now and has previously raised two others).

Other grandparents expressed ongoing commitment to their adult child and hope that problems may be solved generating greater closeness in the future. They described how difficult change is:

Change is painful and I'm not gonna say it's easy, going back to court and giving the boys back to the parents because I'm still thinking don't do anything to screw up now guys, "Just keep on the same." They are going to make mistakes and that's normal but its real hard for me to say, 'Okay, now you gotta make your mistakes' and not say anything (the 48 year old grandmother of two children who were about to go back to their parents after a year of being raised by grandparents)."

Time brought a shared understanding in some families. One 48 year old grandmother who had been raising two grandsons for about 4 years said, "My daughter recently told me she realizes I did the right thing (by taking custody)."

Adaptation seems to spring from the joy and success shared by grandparents and grandchildren. A 54 year old grandfather described it by saying, "I was reminded again of how much light and joy and wonder she brings into our lives, how wonderful it is to watch her grow. I have the same hope for her as I had for my own children. I rejoice in her successes."

Adaptation does not appear to have been time dependent. Adaptation for some began by simply accomplishing necessary tasks. As time passed, grandparent caregivers realized that raising grandchildren was not difficult as it had been at first. Adaptation for others appeared to include acceptance and understanding which developed from a combination of personal and family dynamics.

Parent-Child Relationships

The third theme that emerged from exploration of the dynamics in grandparent-headed families is that of parent-child relationships. Regardless of the amount of strain, parents and children remain significant forces in each other's lives throughout the stages of a crisis. These relationships continue to have primary importance whether the parent and child are living in close proximity or not.

Four sets of continuing parent-child relationships exist in families with grandparents raising grandchildren. These four parent-child relationships in multigenerational grandparent-headed families are:

1. Grandparent-Grandchild Relationships
2. Parent-Adult child relationships
3. Adult child-grandchild relationships
4. Other parent-grandchild relationships

Grandparent-Grandchild Relationships

The first parent-child relationship in multigenerational grandparent-headed families is that between grandparents and grandchildren who are living together as a nuclear family. Their relationship is based on care and security in the face of traumatic events, in most situations. Grandparents often assume care for children who have emotional and physical needs. Most grandparents expressed reluctance about having to discipline their grandchildren as a parent would. Some grandparents dealt with extreme emotional reactions in their grandchildren following a traumatic event.

Behavior problems are associated with various aspects of grandparent-grandchild relationships in this situation. Some grandparents report that their grandchildren have behavioral problems which are directly associated with abuse and or neglect. A significant number of children in the study were described as having ADD or ADHD. Grandparents generally verbalized their understanding that children with ADD or ADHD developed symptoms as a direct result of having endured times when their physical and psychological needs were not met. Other grandparents related that behavior problems stem from medical problems that may have been induced by drug use during pregnancy.

A large number of grandparents describe behavior changes after a child sees or has phone contact with a parent. These behavior changes are demonstrated with bouts of underlying anger, aggression or anxiety (Table 4). Most grandparents express very loving and positive feelings about their relationship with their grandchildren. Grandparents in this study expressed positive feelings about the difference they believe they are making in their grandchildren's lives and futures.

The little girl is sunshine. We really think a lot of her. In fact I used to sing 'You are my sunshine' to her when she was little (the 54 year old grandmother of a 14 year old).

Watching her grow and develop learn new things is really wonderful. I guess I was busier and not as involved with my own kids. The times that are stressful are getting less and less frequent (the 68 year old grandfather of a 7 year old granddaughter).

Parent-Adult Child Relationships

Relationships with adult children changed significantly by the time grandparents assumed responsibility for raising their grandchildren. Some of these parent-child relationships remain openly hostile and others have high and low points that are associated with the adult child's problems. Still others continue to include the expression of unconditional parental love.

Adult children, often continue a power struggle with their parents, which involves manipulation of resources, child custody arrangements or emotional ties. Parents described many incidents in which an adult child stole money, credit cards or other belongings from them. The emotional climate which results from these ongoing conflicts are expressed:

She's my daughter and I love her but she is not what I hoped for and certainly not what I know that she is capable of. It is really disappointing. She has lied to me, used and abused me. There have been times in my life that I did not think there was anything left by the time she got through (the 53 year old mother of a 26 year old drug addicted daughter).

Other parents express the feeling of being on an emotional roller coaster. A manipulative adult child may approach a parent with a conciliatory attitude but when the request is denied, begin screaming and raging.

Our relationship is fine until she wants something. If I say no she starts screaming and throwing things. It doesn't matter if Sean is watching her (her 4 year old son)" (the 54 year old mother of a 24 year old drug addicted daughter).

“Our relationship is volatile. She has decided that she loves me and she has forgiven me (for taking custody of her son) but she’ll never trust me (the 57 year old mother of a 29 year old recovering drug addict).

Parents became attuned to the emotional manipulation involved when adult children use the relationship to get what they want from their families. After four episodes of abandonment, Roni’s parents changed the locks on their house. When she called next she told them, “I miss my babies and I miss the family. I know you love me and I want to come home’ (Roni is 29, her parents are 53 and 54 years old). Bob’s parents related that he only calls when he needs something. When he recently asked if he could move back in with them, they replied “ The revolving door is closed.”

Unconditional love for adult children and absolute forgiveness, despite significant failures and problems, was also expressed. Many made this statement, “I’ve told her I will always love her unconditionally.” Others felt relief to see an adult child making a concerted effort. “It is so wonderful to see her doing so well now. We’ll always be glad to meet her more than half way as long as she is making some effort”(the 54 year old father of a 21 year old mother of 2).

Many parents expressed frustration with their adult children who “never put their child’s needs above their own.” This lack of emotional commitment to a child caused broken relationships with their parents. Grandparent caregivers described this relationship damage as irreparable by these expressions,

She calls periodically but never asks about the boys.

I have a hard time forgiving her for what she has done. Ours is not a warm relationship.

She hates me.

I get so angry, it makes me crazy. I just avoid her.

Our relationship is very strained. We have little to say to each other.

Parents of adult children with problems related that they question their abilities as parents. Some parents expressed feelings of self-blame for their adult children's problems. Many made the statement "I often wonder what I did wrong."

A 47-year-old mother stated: "She is just not responsible and it's probably because I took on her responsibility." The 55 year old mother of a 26 year old son added: "I feel like I had a part in creating his dependence. I treated him more like a peer than a son. Now he depends on me to help make all of his decisions (the 55 year old mother of a 26 year old son).

They also related that they had learned they could no longer dwell on these issues, believing that they must conserve their physical and emotional energies for their grandchildren's needs.

Adult Child-Grandchild Relationships

The third parent-child relationship in multigenerational grandparent-headed families is the relationship between an adult child and his or her children. This relationship continues to be central in children's lives despite separate living situations. Children's reactions range from idealization of parents to disassociation from the parent. Some children express intense anger at their parents for abuse or neglect.

Katie has told her psychologist that she wishes she were dead so she would never have to see her mother again (Katie is 10 years old).

Sean has gone so far as to tell other kids that his mother is dead. He tells me he never wants to have to see her again” (Sean is 7 years old).

All of a sudden he would go upstairs and mark all over the walls, beat on the floor, pee down the stairs and I would think what is this about? Now I save his mother’s letters until the end of the week so he can stay in control. (Tommy is 4).

Other children are described as being revived by contact with an absent parent even if he or she has historically paid minimal attention to the child's needs.

Ronnie just adores her. Its just like you’ve sprinkled some type of magic dust on him and he comes alive (Ronnie is 7 ½).

They adore their mommy, children always do. I just can’t stand to see them hurt when she lets them down (the 53 year old grandfather of 2, ages 5 and 6).

Some children have fantasies about reunification. Grandparents relate that these are generally grounded in reality, including promises that parents have made and later broken.

Ryan is fascinated with Mommy and Daddy. He plays with his mother like a sibling. My daddy said I don’t have to do that. (This 3 ½ year old remembers minute details of his father’s apartment although the three of them have been together as a family less than a handful of times because the father has been in prison for most of this child’s life).

Robbie said that the last time she was here she told him she was going to get his two brothers and they would all live together. She hasn't called him or seen him in 2 years (Robbie is the 10 year old son of a 26 year old alcoholic).

Other children have reversed roles with their parents, and become parental in their interactions. These children and their grandparents seem to have created a set of rules, which surround interaction with the adult child-parent. Seven year old Jana talks to her mother on the phone and has been overheard to ask her each time, "Do you have a job and a place to live yet? The judge said I can't live with you until you do."

Five year old Nick sits by his mother's bed as she sleeps during her visits to her parents' home. His grandparents describe his behavior as 'taking care of her' while she is in their home. Twelve year old Chuck participated in the interview with his grandparents, interjecting additional information about his father's failures and indiscretions. His grandparents describe him as 'far more trustworthy than his father'.

The ongoing relationship with non-custodial parents may potentially have "sleeper" effects. Despite sporadic or infrequent contacts with a parent the primary nature of this bond appears to remain significant. The parent-child bond is likely to change with the individual growth and development over the years.

Relationships with the Other Parent

The fourth parent-child relationship in multigenerational grandparent-headed families is that between a child and the "other" parent. Custodial grandparents related stories about their grandchildren's interactions with the former spouse or partner of their adult child. In these situations the parents of the grandchildren were divorced or had

broken off the relationship in all but two families. Contact between the “other” parent and child was sporadic in most situations but the impact on the child was still described as meaningful.

I guess the first time we heard anything from the daughter-in-law was after court when she called on Cassie’s birthday at about 10:30 at night. She’d been drinking and did speak to her but we didn’t hear anything else from her until Thanksgiving, almost 6 months later and we found out she’d had 3 addresses since then (the paternal grandfather with custody of a 10-year-old granddaughter).

It was like he just forgot them. I can’t understand that because he was a good father when they lived together. Or at least if he wasn’t he had me fooled. I’ve always told the kids I’ve never said anything negative about him and I’ve told them he was a good father (the 76 year old grandmother of two young adult granddaughters she adopted).

Most grandparents explained that they realize that verbal discussion of the absent parent must be positive for the child’s benefit, despite any negative feelings they may personally have. Grandparents made conscious efforts to withhold their own feelings about an adult child’s former spouse or partner. In some situations, parents of a troubled adult child recognized that although the former spouse had problems, they could not place the blame entirely on that person. One 52 year old father remarked, “I like to talk about him but he is really not the issue.”

Several grandparents described the efforts they make at not talking about the absent parent in front of their grandchildren, mainly due to the respect they have for their grandchild’s need to form his or her own opinions. One grandmother illustrated the

sentiment by saying, “Other than being perfectly frank about his personality traits, we don’t downgrade him” (the child’s father was physically abusive). Non-custodial parents often lost touch with their children when a spouse’s parents retain custody. It is unknown how much of the situation is related to choice or difficulty in the relationship.

Collateral Family Relationships

The fourth theme, which emerged from exploring the dynamics in families headed by grandparents, was that of family relationships other than parent-child bonds. These relationships are significantly affected by the onset of grandparent caregiving. The collateral relationships that were explored in this study were:

1. Other Adult Children
2. Other Grandchildren
3. Marital Relationships

Grandparents often juggle simultaneous demands involving other family members. Grandparents with a mean age of 56.8 compose the middle generation of multigenerational families. These adults are the individuals that both older and younger family members turn to for support, decision-making and care. A majority of the participating grandparents balance childcare, and work or school.

We were dealing with a grandbaby who has multiple medical problems, a daughter who was still out doing drugs and stealing from us, an ex-husband’s wife who wanted custody of her (their granddaughter) fighting with the system to get the medical equipment and tests she needed and my mother had just died from terminal cancer (a 49 year old grandmother).

Within the same time period, we lost my dad to AIDS and an uncle to cancer. We were also supporting our other son and his whole family for a long time. It's almost like an emotional blackmail because they have these babies" (a 54 year old grandmother raising a 10 year old).

At the time we took him, I was 60 and my husband was still working and so we thought well for a couple years it would be a cinch. In the meantime my mother got ill and she came to live with us until she died in '89. I had more stamina then but I did have to put her in a nursing home before she died (a 76 year old grandmother raising a 17 year old grandson).

Relationships among all family members are affected by the significant changes that occur when grandparents begin raising grandchildren. Grandparent caregivers may receive help and support or additional responsibility from other family members.

Other Adult Children

The first collateral family relationship that was explored was that between a troubled adults and his or her siblings. Siblings often have strong feelings about the family events they have observed and sometimes participated in. These adult siblings had varying amounts of contact with each other. Parents describe the reactions of other adult children as ranging from those who 'disowned' a sibling, to those who made a concerted effort to help. Contact among siblings included; none, strained, infrequent and those for whom relationship was forever changed. Adults who felt angry with their troubled sibling were described by their parents:

Her brother (my son) has disowned her. He feels his own daughter is getting shortchanged of both our time and money.

My kids were real jealous at first.

She's stressed out and bitter. We never knew how much they have struggled financially. They never told us because we had so much to do with our son.

Adult children who tried to be supportive of their parents are described in this way,

My daughter is glad because she knows its good for Ryan but mad because she knows that this is the time in my life when I shouldn't have this type of responsibility.

She's a tremendous help. She's the only stable one. The judge asked her what she and the others felt about us getting custody. She spoke for all of them and said we all support it.

Parents related that their other adult children have become their greatest source of support. There were no sibling relationships described as unchanged by the events that preceded grandparent caregiving.

Other Grandchildren

The second collateral family relationship that was explored was the one between grandparent caregivers and grandchildren they are not raising. Grandchildren who are not being raised by a grandparent are keenly aware of the differences in the relationships their cousins have with shared grandparents. Some grandparents attempted to say that they treat all of their grandchildren the same.

Yea your grades are better than mine. If I lived with grandma and grandpa I'd have more time to study, too (the 15 year old cousin of a 17 year old being raised by their grandparents).

They fight all the time, just like siblings (a grandmother describing one custodial and two non-custodial grandchildren).

He doesn't understand the inequity of all of it and I can't explain it to him.

Grandparents admitted that their relationship is different with different sets of grandchildren but also relate that they cannot do anything to change existing relationships. They voice realization of their limited emotional and physical resources. One 59 year old grandmother explained this by saying, "I know that there is no equity there, but I can't do anything about it."

Marital Relationships

The third collateral family relationship explored was the marital relationship. It is important to note that 76% of the individuals in this sample were married. The onset of grandparent caregiving had varying effects on the marital relationship. Some couples describe the changes as very damaging to their relationship. Others have describe raising grandchildren as causing less strain than other family events such as retirement, death of a parent or the ongoing problems of an adult child. Couples who describe the strain as devastating to their marriage illustrate:

Our marriage is horrible. But it's not just my granddaughter, its really the marriage. She is just the focus of the problems we've had for 27 years (a 54 year old wife).

“My husband’s response was, ‘I’ll say yes and we’ll look like the happily married couple so that you can keep Mike.’ Well I’d just like to kill him. We hadn’t been married a year and I thought he walked on water. I just thought he was the most wonderful man in the world. I was so in love with him. I was bawling and wringing my hands. When I settled down I realized, if he leaves me, he’ll leave me. I’ll survive. I’ve raised children alone before; I’ll do it again” (a 52 year old woman married for the third time).

One couple described their daughter’s attempts to openly drive a wedge between them. This is illustrated in the following dialogue:

Wife: “Not a day goes by that we don’t discuss it. It’s hard on our marriage. I bury my feelings and he dreams about it; I know because he talks in his sleep.”

Husband: “Seems like all we talk about is our daughter. You could either let it make you stronger or pull away from each other but you can’t blame it on the other person.”

Another couple described their feelings:

Husband: It has affected our marriage in some harsh ways and some good ways. You know, we’ve learned to deal with a lot of problems together and probably learned to depend on each other more than we would have otherwise. We really cherish the few moments that we have together.

Wife: It’s changed our relationship, we don’t have the communication we did. We really appreciate it when we have a weekend together. We just have to get away from all the knocks on the door and the ‘Mom’s!’ and ‘Memaws!’ etc.

Several married couples described communication problems explaining that the stress they lived with eroded that important component of their marriage. The continuing stress of an adult child's problems presented continuous obstacles to overcome. Several couples had sought marriage counseling. One couple had actually divorced, but at the time of the interview, they had been reunited for 5 years and planned to remarry.

Others related that they had grown together while raising grandchildren. Couples that had experienced growth expressed the belief that sharing the common goal of offering grandchildren security and love had helped them develop wisdom and understanding in their own relationship.

Reflections on the Meaning of Grandparent Caregiving

The fifth theme that emerged from the family dynamics in multigenerational grandparent-headed families was that grandparents considered the changes they faced with wisdom and philosophical reflection. The development of personal meaning in the grandparent experience was initially explored by Kivnick (1982). Most readily talked about the importance of the role and stated that they would do it again if needed or asked.

Well, I think you're older when you're raising the grandkids and I think I worried about them a little bit more than I did with my own you know when you're young and you don't have enough sense to worry, really (the 60 year old grandmother of two).

Well life teaches you wisdom, it teaches you to think...it's kind of like a country song that says you've got to feed this love all the time. It's the same way

with raising grandkids (A 53-year-old grandfather raising a severely emotionally disturbed child).

“I love that little boy more than my own kids. He has had a terrible first seven years of his life. I want to give him a decent chance - put supper on the table for him, a bed to sleep in and a safe place to be. He knows that grandma loves him” (a 55 year old grandmother raising a 10 year old).

Grandparents gave many examples of ways they continue to function as the family historian and bearer of wisdom. They spoke with deep feeling and passion about the importance of making a difference in their grandchildren's lives. Their combined roles as grandparents and parents give them a two dimensional perspective on the past present and future. They are focused not only on the physical and concrete needs of their grandchildren, but also on the emotional, psychological and spiritual needs of these children.

Discussion

The relationships between generations in all families are complex and interdependent. Grandparent-headed families experience long-term effects of a family crisis, which precipitates the need for grandparent caregiving. These traumatic events shape family dynamics and relationships for years. Families adapt by drawing upon individual strengths and developing new ways of coping with adversity.

The need for blended grandparent and parent functions creates new challenges for all generations. Grandparents miss the opportunity to enjoy traditional roles with their grandchildren and experience a sense of loss from having to become a disciplinarian.

Grandparents also have the opportunity to provide safety and security for their grandchildren during some of the most difficult times of their lives. They gain an important sense of satisfaction in this blended role.

Adaptation to the events that precipitated grandparent caregiving may take different forms throughout the life course. Grandparent-headed families face distinct challenges and opportunities at each stage. The stages of normal individual and family development intersect with the stages of adaptation in grandparent-headed families. Normal developmental stressors may change ways of perceiving problems as well as adapting to them over the long term.

All parent-child relationships in families continue to be meaningful throughout the stages of a crisis. Despite challenges and difficult problems, parents and children do not ever completely dissociate themselves from each other. Infrequent contacts have as significant an impact on parents and children as do frequent contacts. Memories and unresolved issues affect each whether the contact is frequent or not.

Grandparents seek meaning in the traumatic experiences they have had as caregivers for their grandchildren. Middle and later life development includes the development of wisdom through lived experience. The ability to find inner meaning and growth through pain appears to be a significant factor in grandparents' adaptation to raising grandchildren.

Implications

Practice Implications

Families may be simultaneously dealing with multiple problems, which include the continuing difficulties with a troubled adult child, behavioral issues of a grandchild who has been living in chaos and the declining health of an older family member. The problem, which is presented for social service help, may be generated from any one of the generations but simultaneously affects each of them. For example, a child's behavior may provoke the need for counseling. In the process, professionals need to have be aware of the interdependence found in multigenerational households. Further, clinicians should be aware of how a child's family history contributes to his or her behavior. Clinicians should also be aware of the difficulty an older grandparent may have in handling a child's acting out behaviors.

Families may be in any of the stages (build-up, pre-crisis, crisis, adjustment or adaptation) when they present for service. The presenting situation represents only a snapshot in family history. There are many dynamic changes occurring in grandparent-headed families including the normal developmental tasks of these life stages. The effects are not only on parents and children but also involve collateral family members such as siblings and grandchildren. Insight about the long-term needs of families with a troubled adult child and older grandparents as caregivers will enhance professional practice.

Grandparents and the children they are raising have been called 'skipped generation' families suggesting there is an absent middle generation. In actuality, these families are truly multigenerational. The absence of adult children has long lasting effects on both grandparent and grandchildren. Grandparents and grandchildren deal

with continued disruption of contact with the adult child-parent. Parents experience sadness and grief about lost hopes and dreams. Children continue to fantasize about reunification with their parents. Family members live in a state of anticipation that the adult child will reappear. The missing generation has a significant effect on family history and relationships even in their absence. Practitioners are advised to consider the feelings and issues of grandparents and grandchildren maintain about the missing members. Additionally, practitioners should consider potential sleeper effects for children whose parents are unable to raise them and parents whose children are absent from the main stream of the family.

Policy Implications

Policies that affect grandparent-headed families are often based on the needs of one generation only. Eligibility for programs and services is often is determined by the presenting problem, without considering simultaneous needs of children and older adults. Effective policies must be developed to consider the multigenerational impact of family crises.

Some state-supported programs are beginning to consider a multigenerational view of eligibility standards. An example of this type of program is the Kinship Foster Care Program. Grandparents raising grandchildren are assisted in some states by the availability of monthly financial assistance while they are raising grandchildren. This type of program assists older adults who may be feel they must to return to work in order to support their grandchildren's needs. Practitioners and policy makers alike are

encouraged to consider the needs and issues of multigenerational grandparent-headed families.

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CHAPTER V

STRESS AND SATISFACTION:

A COMPARISON OF GRANDMOTHER AND GRANDFATHER CAREGIVERS

MANUSCRIPT FOR PUBLICATION

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Abstract

Grandparents become caregivers for their grandchildren following a traumatic event or as a result of long term problems, which render their adult child unable to function as a parent. There are observed gender differences in perceptions of caregiving. This study explored the differences between grandmother and grandfather caregivers on the dimensions of health, financial, legal, social and emotional stressors. In-depth interviews were conducted with 54 grandparent caregivers (37 women and 17 men). Results indicate that men and women experience stress differently and develop distinct mechanisms for coping with lifestyle and family changes that accompany grandparent caregiving.

Introduction

Middle aged and older adults are raising their grandchildren for a variety of reasons, in contemporary American society. Grandparents become caregivers following a traumatic event or as a result of long term problems which render their adult child unable to function as a parent. Grandparents act as parents temporarily in some situations and permanently in others. Grandparent caregivers face challenges and opportunities in these difficult situations. It is important to understand both the burdens and joys of grandparent caregivers.

Grandparents raising their grandchildren may have anticipated that middle and later adulthood would be a relaxed period of time. Grandparents step into a troubled situation and attempt to offer stability and security for their grandchildren who have been traumatized in some way. Grandparents assume the combined responsibilities of family caregivers and parental figures.

Research indicates that grandparent caregivers face simultaneous social, family and legal issues, which affect their emotional and physical health. Interaction with a troubled adult child can also create continuing stress. Researchers have begun to explore the effects of these interrelated problems on individual grandparent caregivers (Burnette, 1999; Burton, 1994; Minkler & Roe, 1993).

The national profile of grandparent caregivers has been established as primarily female (Fuller-Thompson, Minkler, Driver & Roe, 1997). Grandmothers have participated in research most frequently but men are also involved in caregiving. Men's perspectives about caregiving relationships are expressed differently than women's. Both

grandmother and grandfather caregivers' views are needed to provide additional insights on intergenerational family caregiving.

Theoretical Foundation

The Double ABC-X Model of family stress provides a framework to explore the ways individuals and families adapt to a crisis. This model illustrates the interrelationship between stress and coping mechanisms. The Double ABC-X Model also uses the concepts of resources and perception to explain the ways similar problems are handled in different families. This theory illustrates family perception, coping and adaptation to crises. The Double ABC-X model provides an appropriate foundation to begin exploring individual stressors and their combined effect within grandparent-headed families.

Family Caregiving

Caring is an essential component of close relationships. Caregiving is conceptualized as an extension of a caring relationship. Caregiving, according to Pearlin et al. (1990) occurs to a certain extent in all caring relationships. Chronic or progressive impairment changes a caring relationship by making caregiving the total focus. Thus, the grandparent-grandchild relationship shifts from a mutual exchange of caring to one in which caregiving becomes the primary focus.

Stress can occur when a close relationship becomes a caregiving relationship. The stress of caregiving has been well researched (Kramer, 1997; Li, Seltzer & Greenberg, 1997; Pearlin, et al., 1990; Pruchno, Burant, & Peters, 1997). Caregiver

stress results from extraordinary and unequally distributed burden (Pearlin, et al., 1990). It is uncertain whether caregiving creates new burdens or if it is an additional stressor in an already difficult life (Strawbridge et al., 1997). Nevertheless, past research portrays caregiving most often as burdensome and negative.

Caregiving has been studied within the framework of family stress theory using the concepts of stressors, coping mechanisms, and adaptation (Pearlin et al., 1990; Pruchno, et al., 1997). The stressors identified in caregiving literature are related to one or more of the following: the type of dependency (physical, emotional or financial), the relationship between caregiver and recipient, family resources and the social environment. The meaning of caregiving has been found to vary between individuals within a family (Pruchno, et al., 1997). Many studies have found caregiver burden or stressor pile-up to be detrimental but only to the primary caregiver (Kramer, 1997). Recent studies have begun to acknowledge the effect or burden as a function of the whole family. These studies have gathered evidence that the effects of caregiving extend beyond the primary caregiver (Kramer, 1997).

Caregiver burden is defined as psychological distress, anxiety, depression, demoralization and generalized loss of personal freedom resulting from the responsibility for total care of another individual (Pruchno, et al., 1997). Burden is the extent to which a caregiver experiences physical, social, mental, or spiritual suffering which results from providing care for a family member. The greater the burden, the less well-being expressed by the caregiver (Tebb, 1995). Other studies have framed the process of caregiving more holistically acknowledging both positive and negative effects (Ryff, 1989).

Ryff (1989) developed six distinct dimensions of well-being that offer balance to the field of caregiving. The positive elements of caregiving include, personal growth, purpose in life, autonomy, environmental mastery, positive relations with others and self-acceptance (Ryff, 1989). The caregiver gains new self-confidence and gratification from managing the crisis. This perspective challenges researchers to consider both positive and negative effects of grandparent caregiving.

Adaptation occurs with the existence of positive and negative coping mechanisms. Coping mechanisms have been found to be situation specific (Cohen & McKay, 1984). For example, adequate social support is often seen as a coping mechanism. Cohen and McKay (1984) found that adequate social support increases morale but not consistently in all situations. Rather, the types of stressors, social support and individual situations interact to create specific adaptive behaviors (Li, Seltzer & Greenberg, 1997). Adaptation to the stressful experience of caregiving is not always the same, but may exist in a continuum. Grandparent caregivers deal with a variety of problems that may require different adaptive strategies.

Historically, studies of caregiving have focused on female primary caregivers. Researchers in caregiving are beginning to move beyond the narrow focus of the primary caregiver and consider secondary caregivers and the family context in which caregiving occurs. From this perspective, caregiving is viewed not as a role, but as a family experience.

Gender Differences in Caregivers

There are observed gender differences in perceptions of caregiving. Caregiving is seen as a natural extension of the nurturing role and consequently both genders anticipate that women will become caregivers. Caregiving has been viewed as “women’s work” (Lutzky & Knight, 1994). This is thought to occur because men and women are both taught that being female includes nurturing roles (Hirsch, 1996).

Women are also socialized to be more expressive of their feelings whereas men learn not to voice feelings in the same manner. Men and women are taught to respond to stress differently (Lutzky & Knight, 1994). Consequently, female caregivers express more stress and burden than men do because they have learned to talk about their feelings while men have learned to keep them inside (Hirsch, 1996; Lutzky & Knight, 1994). It is likely that men experience as much distress as women but do not discuss their feelings in the same manner.

Hirsch (1996) postulated that there are two main pathways that lead men to family caregiving. The first is structural, occurring when there is no one else available to be a caregiver. The second pathway to caregiving occurs through socialization. Male socialization includes the performance of instrumental rather than nurturing tasks. Men are taught to complete instrumental tasks. Men therefore care for others through their instrumental and achievement-oriented activities such as employment and financial management (Hirsch, 1996).

The difference between male and female perspectives may lead to cognitive dissonance in men who are caregivers. Cognitive dissonance occurs when two elements of a situation are contradictory or inconsistent (Hirsch, 1996). Men who are involved in

caregiving for a dependent family member see the need, and feel strongly about the person. At the same time they may feel awkward about performing gender specific tasks they believe are out of their perceived area of expertise. Consequently, men's responses have been evaluated by a framework that assumes their perspectives are the same as women's.

Knowledge about male caregivers is limited for many reasons. Men who act in a caregiving capacity have been viewed as secondary caregivers (Bengtson et al., 1995). Gender differences in perception, burden and coping mechanisms, however, lend another view to adaptation strategies. Exploration of both men's and women's perceptions offers an additional perspective on family caregiving.

Grandparents as Family Caregivers

Grandparents occupy unique and essential caring roles in families. Most grandparents prefer a positive, voluntary relationship with their grandchildren (Shore & Hayslip, 1994). However, they are often immediately available to assume parental responsibilities when adult children have difficulty. Nurturing grandparents serve as a safety net or as a second line of defense for children whose parents are unable to provide for them (Kornhaber, 1996). Grandparent caregivers face multiple challenges that require strength, creativity and determination. This new role requires that grandparents change the manner in which they relate to the grandchildren they are raising. Grandparent caregiving replaces some of the simple joys of grandparent- grandchild relationships with new challenges. Most grandparents willingly accept these changes and responsibilities despite the hardships they bring.

Gender differences have also been studied in grandparents. Men and women have approached grandparenting from different perspectives. Grandfathers report strong feelings of responsibility for their grandchildren's care while grandmothers express a high level of satisfaction with grandparenting (Thomas, 1986). Robertson (1977) interviewed grandmothers and found that most enjoy the role. Additionally, a woman's grandparenting style was related to life style and many grandmother behaviors revolve around caregiving or baby-sitting (Robertson, 1977). Baranowski (1990) found that the personal meaning of grandfatherhood became more positive as men age. Studies have indicated that because women participate in research studies more often than men do there is a paucity of data about men's experiences as grandfathers (Baranowski, 1992; Burley-Cunningham, 1984).

The stressors experienced by grandparents in this role originate from individual, family or community levels (Burton, 1992). Stressors include but are not limited to emotional, family, economic, social, legal or health issues. Some of the pertinent issues include: lack of reliable family support, psychological and emotional strain, physical burden and economic costs. Struggles with community, state and federal agencies for support complicate grandparents' abilities to manage the situation.

Grandparent caregivers' problems vary with the combination of the precipitating event, previous relationships and the family resources. Additionally, the environment in which grandparent caregiving occurs contributes to the intensity of the situation. Inner city grandparent caregivers are more likely to care for children suffering the emotional and physical effects of maternal substance abuse or HIV-AIDS. In 1988, the rate of maternal drug use in New York City increased from 7 to 30 per one thousand live births.

Central and East Harlem rank in the top ten neighborhoods for young women who die from HIV-AIDS (Joslin & Brouard, 1995). In other, less urban areas, grandparent caregivers deal with other issues such as a high rate of adolescent pregnancy or large-scale unemployment. Together, the social context and precipitating family events contribute to grandparent caregivers' problems.

Sources of Stress in Grandparent Caregiving

Previous research has established that grandparents experience stress from financial, health, legal, social and emotional dimensions. These stressors occur both individually and in combination. Current perspectives of grandparent caregivers that documented in research literature provided an important conceptual basis for this research study.

Health status of grandparents raising grandchildren was studied by Roe, Minkler, Saunders and Thomson (1996) using self-report questionnaires. Participants reported good physical health with little change since caregiving began. They also reported not seeing physicians regularly. There is an important distinction to be made between denial of symptoms and reframing an illness to manage the routine of daily life. Roe et al. (1996) speculate that grandparent caregivers often reframe their symptoms to gain a sense of control in the situation. Grandparent caregivers are thought to be hidden patients, potentially at risk for health problems themselves (Roe et al., 1996). It is possible that denial or minimization of physical symptoms may be used by grandparent caregivers as a method of functioning in this difficult situation.

Financial concerns are universal issues for grandparents raising their grandchildren (Burton, 1992; Jendrek, 1994a; Minkler, Roe & Price, 1992). Financial burdens faced by grandparent caregivers include but are not limited to strain from additional expenses, difficulty applying for government assistance, poverty and in some situations, under-employment. Under-employment occurs when grandparents attempt to re-enter the job market but are unable to earn sufficient income due to ageism or skills that are not current. Grandparent caregivers may be employed and married but burdened by the additional expenses of a dependent grandchild. Other grandparent caregivers may face the extra expenses of caring for more than one child on an already stretched income. Grandparent caregivers that are involved in raising their grandchildren do not automatically receive financial benefits. They may have difficulty establishing eligibility for financial assistance programs. Ongoing financial problems may create the feeling of living on the edge (Burnette, 1999; Burton, 1992; Minkler & Roe, 1993).

Legal issues are often generated by the problems of an adult child. Grandparents raising their grandchildren seek legal services to establish guardianship, custody or to start adoption proceedings (Jendrek, 1994b; Wagner, Weber, Cooper, 1995). Legal custody is defined as the authority to make decisions concerning the child's upbringing. Legal custody includes the right to make decisions pertaining to a child's education, medical care and discipline. The establishment of grandparents' legal authority for a child's well-being often results from ongoing family conflict about the custody of a child. Grandparents who seek voluntary legal custody must have permission of the custodial parent and this can be difficult to achieve. Permanent legal guardianship can be assigned by the courts in cases of child abuse and neglect. Adoption requires termination of

parental rights, which can either occur voluntarily or involuntarily when a court terminates these rights. In most cases, grandparents do not have legal guardianship of the grandchild they are raising. The basic conflict with an adult child may still remain unresolved. The presence or absence of grandparent custody does not resolve the basic conflict with an adult child.

Social issues for grandparent caregivers result from a combination of factors. Grandparent caregivers often face the attitudes of society, friends and personnel in schools or social agencies (Jendrek, 1994b). These attitudes toward grandparent caregiving are generated from the assumption that they have done something wrong to be in this situation. Eligibility for many social programs is predicated on the “deservingness of applicants” (Minkler & Roe, 1993). A sense of social isolation and exhaustion stems from the new responsibilities and uncertainties that accompany grandparent caregiving. Consequently, many grandparents find themselves in a completely different life situation than friends and acquaintances. Time shared with previously supportive friends is diminished by grandchildren’s needs (Ehrle & Day, 1994).

Emotional responses to grandparent caregiving may include a myriad of simultaneous complex feelings such as guilt, anger at an adult child, and grief from multiple serious losses (Burnette, 1999; Minkler & Roe, 1993). There are emotional repercussions of a family crisis for both grandparents and grandchildren. Grandparents may be dealing with conflicting feelings about their adult child and grandchild. Grandchildren may have been victims of prolonged physical or verbal abuse and they may also have been neglected. Grandchildren’s behaviors may reflect their traumatic experiences in a dysfunctional home situation (Shore & Hayslip, 1994)

The purpose of the study was to investigate the impact of specific sources of both stress and satisfaction that grandparents experience while raising grandchildren. The study also investigated grandparent caregivers' styles of coping with stress. This paper compares the perspectives of grandmother and grandfather caregivers on the dimensions of stress and satisfaction.

Methodology

This study was exploratory in nature and involved semi-structured in-depth interviews. The data was gathered from grandparent caregivers that had the primary responsibility for raising one or more grandchildren. The focus of the study was on the greatest sources of stress that have previously been identified in research literature. The perspectives of both men and women were sought.

Sample

The sample population included 37 grandmothers and 17 grandfathers totaling 54 grandparent caregivers. The ages of the grandparents in the study ranged from 41 to 79 with the mean age being 56.8 years. The age range for men was from 48 to 79 with the mean age being 59.4 years. The age range for women was from 41-76 with the mean age being 56.4 years. Forty-nine of the participants were Caucasian. Three were African American and two were Native American. The sample was largely middle to upper middle class. The socioeconomic status of participants included multiple variables. Grandparents' education, occupation and financial situation prior to assuming care for a grandchild was considered. Many were highly educated and professionally successful.

No participants were living solely on public assistance. Many continued employment well after age 65. Additionally, they spent retirement savings and personal resources on an adult child's problems. Participants also reported spending personal resources on a grandchild's health or psychiatric care as well. Table 1 illustrates the profile of grandparent caregivers in this sample.

Insert Table 1 about here

The grandparents in this sample were raising children of 43 adult children and one niece, totaling 64 children. These families included between 1 and 4 grandchildren. The children's ages range from 6 months to 22 years. Three families included young adults who were raised by grandparents and were in college or living independently. Grandparents in these families included independent young adults when describing the grandchildren they were raising.

Data Collection

Recruitment of participants occurred in several ways. Grandparents who had attended a statewide conference for caregivers or attended a local support group were invited to participate. A snowball effect was used as grandparents led the researcher to other caregivers they knew. It is important to note that finding participants was not as difficult as anticipated.

Instrumentation

The interviews were guided by the use of an interview instrument with open-ended questions. The instrument was adapted from that used by Minkler and Roe (1993) in their initial study of grandmother caregivers. Additional questions about sources of stress (health, financial, legal, social and emotional issues) and coping mechanisms were added. Individual interviews were scheduled in a location chosen by participants and proceeded at a pace and direction they established. Interview locations included the participant's home, restaurants or places of employment. Over half of the individuals interviewed spoke of the therapeutic value of being able to talk about their experiences and expressed thanks for being included in the study.

Data Analysis

Fifty-one of the fifty-four participants allowed the researcher to audiotape the interviews. These tapes were transcribed and coded by using QSR NUD*IST software. Coding transcripts of couple interviews involved separating the comments of spouses. QSR NUD*IST software allows the researcher to establish pre-existing and new or "free" categories. The use of free categories allowed themes to emerge. Data analysis involved the creation of response typologies for questions about the sources of stress.

Results and Analysis

Health, financial, legal, social and emotional sources of stress were explored through in-depth interviews with grandparent caregivers. Grandparents were asked about the greatest source(s) of stress in their lives. Grandparents were also asked about

satisfaction they experience as grandparent caregivers. This section involves summaries of these seven themes illustrated by grandparents' words and anecdotes. Names and identifying characteristics of participants have been changed to protect confidentiality. Comparisons of male and female responses are made in the tables.

Health Status

Health status changes have been previously linked to the stress of grandparent caregiving (Minkler & Roe, 1993; Roe, K. M., Minkler, M., Saunders, F. & Thomson, G. E., 1996). Grandparents were asked about changes in their health status since they began raising grandchildren. A typology of six response categories emerged. The six response categories are illustrated in grandparents' words.

1. No change. A small number of grandparents noticed no change in health status after beginning to raise grandchildren. A 61 year old great grandmother made this statement, "If stress was going to affect my health it would have done so a long time ago."
2. Increased activity and improved health. Some grandparents perceived that their lifestyle became more active and healthier as a result of raising grandchildren. This theme was illustrated by a 55 year old grandmother who explained, "Raising Sammy (age 4) gives me a lot more reasons to take care of myself and to be more careful about my health." A 56 year old semi-retired grandfather described his changed life this way, "It's probably good for me; they (the grandchildren) keep me from sitting around as much as I would have otherwise."

3. Exacerbation of pre-existing health conditions. Pre-existing conditions such as diabetes, high blood pressure or cardiac disease were exacerbated by stress for some grandparents. A 53 year old grandfather illustrated this by stating, “I’ve had a lot of different health problems. I found out last year that I was diabetic and the doctor said that was caused by stress. I also find myself not able to do the things I used to. It’s kind of like a snowball all adding up.”

4. Clinical depression and other emotional problems. Some participants reported mental health problems such as depression resulting from caregiver stress. Grandparents explained the importance of counseling when they were having emotional problems. Five grandparents had begun taking medication for depression.

5. Increased susceptibility. Some participants noted increased frequency of colds, viruses and digestive problems. A 51 year old grandmother and wife illustrated this theme by saying, “It was as if we suddenly aged illustrated this theme. We were always tired. I began having chronic stomach problems and my husband couldn’t shake the flu.”

6. Increased fatigue. Grandparents related increased fatigue to caregiving responsibilities. Grandparents made statements such as “I’m always tired.”

Participants often gave multiple answers that fit in different categories. Table 6 summarizes the frequency of responses in each category of the typology.

Insert Table 6 about here

Financial Consequences

Financial consequences resulting from grandparent caregiving were explored with participants. A typology of six response categories emerged. The response categories follow and are illustrated in grandparents' words.

1. No financial problems. A small number of grandparent caregivers reported no financial stress. One 74 year old grandfather illustrated this theme by stating that he had been raised in poverty and adding, "I'm living like a rich man compared to the way I was raised."
2. Financial burden. The financial strain of providing for extra people created some financial stress. One 48 year old grandmother expressed this by saying, "We stay behind on our bills and it's always tight, financially."
3. Legal expenses. Custody battles, court appearances and legal fees created financial burdens. Grandparents gave detailed financial information about the cost of frequent trips to court or an attorney's office. A 67 year old grandfather illustrated this by explaining, "We're paying the attorney \$75.00 an hour to sit in court and listen to the judge lecture the mother for the fourth time about what she has to do to get Sara back."
4. Theft by an adult child. Grandparents reported theft of property, money or credit cards by the adult child, which resulted in great financial problems for some families. These stories were told with sadness and disbelief. The 47 year old mother of a 24 year old drug addicted son described the situation by saying, "He stole my grandmother's birthstone ring out of my jewelry box and sold it." The 68

year old mother of two drug addicted sons related, “He stole our Visa card and he and his friends went on a spending spree. We are still paying on that debt.”

5. Psychiatric care and drug rehabilitation. Hospitalization and rehabilitation costs were paid privately by some parents and represented financial stress. The 47 year old father of a 22 year old daughter who was suicidal explained, “We paid for her treatment with our savings. She bankrupted us.”

6. Adult children’s financial needs. Many families continued to support the daily needs of an adult child who was not able or willing to work. A 59 year old grandmother explained, “We bought her a house, a car and would get groceries when the kids didn’t have anything to eat.”

Participants gave multiple answers that fit in different categories. Table 7 summarizes the frequency of responses in each category of the typology.

Insert Table 7 about here

Grandparents dealt with financial problems by returning to full time employment or by attempting to work additional hours at their current job. Others applied for assistance through the Department of Human Services. Five families spent retirement savings to resolve financial problems.

Legal Dilemmas

Legal status raises many dilemmas in grandparent-headed families. The actual legal relationships between children and the grandparents, who are raising them, varied

widely among the families in this sample. Some grandparent caregivers have no official legal authority for their grandchildren. Others have endured intense and difficult battles to win legal custody (see Table 8).

Insert Table 8 about here

Legal status was a contentious issue between some grandparent caregivers and their adult children. Grandparents without any form of legal custody explained that it became a threat. One grandmother illustrated this by saying, “They have you on a tight rope. You’re their prisoner without custody. They can take her away and you have no rights.” Battles for legal custody were described as intense power struggles between parents and an adult child in which the grandchild became a pawn. Grandparents reported that the conflict really represented many underlying problems. For example, grandparents explained that an adult child often denied both a drug or alcohol problem and its detrimental effects on their family.

Battles for legal custody are difficult and emotional. Grandparents learned to work with the legal system in the best interest of their grandchildren. Custody battles continued for a long time. A 55 year old grandfather illustrated this by saying, “We have an ongoing battle. We have temporary legal guardianship now, and we have to go back to court on the 19th. Her mother (the other grandmother) has hired an attorney to try and win back custody of Danny.”

Grandparents were sometimes awarded only temporary guardianship by a judge who was attempting to help a parent get his or her life back on track. Grandparents in this study however, explained that temporary guardianship promotes insecurity about a child's welfare. Several explained that temporary custody was like a yo-yo with the children going back and forth between parents and grandparents. One 42 year old grandmother with temporary custody explained, "They've been living with me under a temporary guardianship which can be reversed at any time. The first time I tried to get guardianship I did everything wrong and the judge gave them back to their (physically and sexually abusive) parents. I've learned from that and gotten a new attorney. I'm keeping very careful records now."

It is important to note that one third (31%) of the grandparents in the study have no legal custody of the grandchildren they are raising. Some grandparents without established legal custody of their grandchildren explained that they simply had a verbal agreement with their adult child. In many of these situations there is no conflict but simply an arrangement for care. Grandparents can be given written permission or a Power of Attorney in these situations, but in most there is no documentation. Parents are still asked to sign official documents such as medical permission or school forms while grandparents provide the day to day care.

Social Implications

Social implications arose from different aspects of the grandparent caregiver role. Social stigmatization, school experiences and changing social support systems were three aspects that were discussed by grandparents raising grandchildren. Social stigmatization

was often associated with the role of grandparent caregiving. Participants believe that some people judged them harshly for their adult child's problems. Others expressed beliefs that people think they were raising grandchildren because they were "control freaks" and simply because they wanted to be in charge. One 56 year old grandmother stated, "No one understands our plight." Many expressed the belief that the problems of grandparent caregivers are misunderstood by society. They believed that grandparent caregivers are seen as overbearing parents whose adult children should be allowed to raise their own children without interference. A 52 year old grandmother explained her situation, "People who know us and our daughter thought we had just taken the children from her, when really she had abandoned them."

Social stigmas were also applied to children raised by their grandparents. Some children being raised by grandparents have behavior problems that have resulted from trauma in their lives. Some children exhibit underlying aggression and others have been diagnosed with ADD or ADHD. Grandparents reported concern about the stigma their grandchildren face. One grandmother who was raising her daughter's two children related, "My husband is determined that the children will not be discriminated against, and he gets really upset when people treat them differently."

School experiences were described by some grandparents as positive and others as negative. Positive experiences occurred when grandparents believed their grandchild's needs were understood and supported. One 54 year old grandmother expressed her positive feelings this way, "You know they say it takes a village to raise a child...when I went into his Individual Treatment Planning meeting and there were 8 people in the

room, I thought to myself, “If this number of people can’t make a difference in this child’s life then it can’t be done.”

Negative experiences included frustration with school counselors and teachers. One grandmother from a small rural school explained by saying, “All the teachers pick on the kids with ADD or ADHD. You would think they would understand the things he’s been through and try to help.” Children’s behavior problems are often the reasons for strained interactions between grandparents and school personnel.

Social support systems changed with the advent of grandparent caregiving. Lack of shared experiences and time contributed to shrinking support systems in many situations. Other grandparents explained that they had met new people through their grandchildren’s activities. Smaller or non-existent support systems were described by some, “We have no friends (a 57 year old married grandmother raising two grandsons).” The 48 year old grandmother of a 3 year old with special needs said, “You find out who your really good friends are and they stick with you. This experience has really separated the wheat from the chaff as far as friends are concerned.”

Larger support systems were described by other grandparent caregivers as including additional people they had met through their grandchildren. Some grandparents reported finding pleasure in school involvement. A 63 year old grandmother explained that her support system had become larger, by saying, “I’ve become the Den Granny” (instead of Den Mother). I have lots of help from other parents in the pack. I’m also the President of the PTA and everyone at school knows me as Granny.”

Interaction with the social service network occurred differently with each family. Grandparents had varying ideas about how and where to seek help as well as about when it was needed. Some contacted local police departments and others called the Department of Human Services. Some grandparents attempted to avoid all contact with social service agencies expressing fear that intervention would further complicate the situation. A complete list of social service and community agencies contacted by grandparent caregivers appears in Table 9.

Insert Table 9 about here

Emotional Reactions

Emotional reactions to grandparent caregiving were expressed by many complex feelings. Emotions included unresolved feelings about an adult child's lifestyle in a majority of families. Grandparents described fear that harm or death would result from a drug habit or from unsavory associates. Grandparents expressed anger that was directed at many sources. Adult children, the legal system, spouses and the social service system were all foci for grandparents' anger. A 53 year old grandmother explained, "I get so angry with my daughter for all she has done; she has ruined our family."

Unconditional parental love was included in many parents' descriptions of their adult child. Despite the emotional upheaval an adult child may have caused, parents expressed their continuing love and hope for that adult child's future. A mother

described her feelings by saying simply, “I’ve told her I’ll always love her, unconditionally, no matter what.”

Grandparents described overwhelming losses. Evidence of multiple serious losses became apparent in many families. Grandparents had lost spouses, children, siblings and friends. Complicating this loss of loved ones, grandparent caregiving responsibilities involved loss of hopes and dreams about the future. Finally, the loss of an anticipated grandparent role was reinforced daily. Grief was described in every aspect of grandparents’ lives.

Coping mechanisms used for overwhelming stress and emotions were explored with grandparent participants. A typology of seven coping response categories emerged. The response categories are illustrated in grandparents’ words.

1. Taking action. Grandparents learned the legal system and documented parental unfitness in some situations. They purchased a gun or installed a security system as a way of taking action. “I called the police department and told them what I knew about her drug dealing associates. They told me they were watching her and they would watch the kids, too” (a 58 year old grandmother raising her daughter’s two sons).
2. Talking about feelings. This category included reaching out to a friend, support group or counselor. “Support group is a place where people understand me and know what I’m going through” (a 53 year old grandmother raising an 8 year old grandson).
3. Spiritual beliefs and religious faith. Grandparents explained that faith provided inner strength and direction in times of trouble. “My day starts out with my time

with the Lord. It's the only way I can get through all that I do during the day" (a 64 year old grandmother raising 3 teenage grandchildren).

4. Work. Many grandparents explained that work represented an outlet for frustration and a structured activity to keep their mind off problems. "I go out and chop wood, pound fence posts and take my frustrations out, physically. It really helps" (a 62 year old grandfather raising two grandchildren).

5. Focus on the grandchild. Grandparents explained that focusing on the needs of their grandchild provided an outlet for frustration about their helplessness in changing an adult child's lifestyle. "Just watching them grow and thrive gives me strength and inspiration. I know we did the right thing" (a 48 year old grandmother raising her daughter's 2 children).

6. Outreach to others. Some grandparents found that outreach was a way that they could make a positive contribution from a difficult situation. Grandparents who had become involved in educational outreach about birth defects, or teen pregnancy were included in this category. "This whole experience has made me want to help other teenage girls who are pregnant. Maybe I can prevent someone else's daughter from doing what mine did" (a 43 year old grandmother raising the 4 year old son of her 19 year old daughter).

7. Less healthy techniques. Grandparents honestly related that sometimes they just needed to indulge in habits they knew were not good for them, but at least temporarily made them feel better. "I stay up and watch late night television, it's the only time I can have time for myself" (a 54 year old grandfather who is raising

a severely emotionally disturbed grandchild). Table 10 summarizes the frequency of responses in each coping response category of the typology.

Insert Table 10 about here

Greatest Source of Stress

Grandparent caregivers were asked about the greatest source of stress in their lives. A typology of eight sources of stress response categories is illustrated in grandparents' words (See Table 11).

1. No stress. A small number of grandparent caregivers reported that they do not experience stress in their lives. One 74 year old grandfather described this by saying, "There really isn't any stress. We are in a good situation."
2. Adult children. The greatest source of stress for many grandparents was their concern about a troubled adult child. This category included concerns about deviant lifestyles, criminal activities manipulation, emotional manipulation and the strain of continual worry. "The most stressful part of the situation for me is being torn between the way I feel about my son; I care for him but at the same time I resent what he's done to his son" (a 54 year old grandfather raising a 10 year old).
3. Grandchildren. Grandchildren's well-being caused ongoing worry for many grandparents. "I wake up in the middle of the night and lay there worrying

about his future. I hope the court system does what's right" (a 57 year old grandfather raising a 13 month old with multiple medical problems).

4. Personal issues. Time, energy, lifestyle or career changes were noted as stressful by many grandparents. Comments about the ways that caregiving had changed them as a person were included in this category. One 49 year old grandmother said, "I have no space, no time for myself, and I feel trapped."
5. Custody battles. Family conflict enacted in custody battles represented a major source of stress for many grandparents. A 66 year old grandmother who fought a two year custody battle explained, "Fighting over Janie with her mother in court was terribly stressful."
6. Marital problems. Both men and women discussed the stress they experience from marital problems. "We have no time for just us. It has really changed our communication and marriage" (this comment was made by both members of a married couple raising their grandson).
7. Financial concerns. Many grandparents explained that finances were a major source of stress. "My stress comes from trying to make ends meet, trying to keep the bills paid, trying to keep the car going, trying to keep working even when I don't feel good" (a 55 year old grandfather caregiver who reported difficulty finding employment).
8. Work-family strain. The tension between the demands of a job balanced with the needs of grandchildren represented a major source of stress for grandparent caregivers." I hate my job but I can't leave it, now. I'm almost ready to retire and we need the income and the benefits. But it is exhausting

and it keeps me tied in knots.” (A 63 year old grandmother who has been raising two granddaughters for 15 years).

Insert Table 11 about here

Satisfaction in Grandparent Caregiving

Grandparents were asked about satisfaction and joy in their relationship with the grandchildren they were raising. It is important to note that despite great stress and trouble, every grandparent in this study group described sources satisfaction and joy. The typology of response categories appears in Table 12 and is illustrated by grandparents' words.

Insert Table 12 about here

1. Tangible aspects of caregiving. Evidence of a grandchild's growth, health and security demonstrated a grandchild's well-being. These aspects were important in helping grandparents feel calm about the decision they had made to begin helping a grandchild. “I like being able to read with her, talk with her teachers and arrange birthday parties” (the 68 year old grandmother of a first grader).
2. Intangible joys of children. The love children give freely and the feeling of delight one inevitably gets from being around children were often explained as a

source of satisfaction. "She fills our life with wonder and delight. She is a joy to be around" (a 54 year old grandfather raising a 4 year old).

3. Shared activities. Grandparent caregivers explained that the activities they shared with their grandchildren provided enjoyment and an opportunity to focus on having fun together. "We spray painted my old van and go fishing whenever we can" (a 56 year old grandfather raising a 9 year old grandson).

4. Focus for the grandparent's life. A sense of purpose and direction often transpired from the crisis that precipitated grandparent caregiving. "When I looked at that baby and realized the situation I knew the purpose of my life on earth. I've never questioned it again" (a 53 year old grandmother raising two grandchildren).

5. Grandchildren's accomplishments. Grandparents reported that helping their grandchild learn skills and show academic improvement was a source of satisfaction. "I taught Grady how to ride his bike without training wheels last week, and now his sister wants to do the same thing. They are learning, growing, and achieving here with us" (a 52 year old grandfather raising 3 grandchildren).

Discussion

The sample for this study provides evidence that grandparent caregivers include both women and men. The effects of gender on grandparents' perceptions of problems, coping mechanisms, and adaptation were examined in this study. It appears that grandmothers and grandfathers experience grandparent caregiving differently.

Grandparent caregiving has been described as a woman's issue. This notion follows stereotypes that women are more involved in family caregiving and has also been established by previous studies of grandparents raising grandchildren (Burnette, 1999; Burton, 1992; Minkler & Roe, 1993). The findings of this study emphasize that men are actively involved in all aspects of family caregiving and participate in the same tasks as women. Their reactions to stress and coping mechanisms are different.

Causes of Stress

The health status of grandparent caregivers varies by gender. The exacerbation of pre-existing health conditions such as hypertension, diabetes or cardiac disease were reported by 47% of the men while only 22% of the women in the sample gave a similar response. Twice as many women (24%) reported increased fatigue, as did men (12%). These figures suggest that the effect of increased family stress varies for men and women. Men's response to this type of stress appears to have higher morbidity than does women's. Grandparent caregiving appears to have an effect on health status. This finding is consistent with other studies (Roe & Minkler, 1994).

Overall, the most stressful financial consequence for grandparent caregivers is the increased cost of living, which appears more noticeable for women. Men, however express more worry about legal expenses (35%) compared to women (16%). Grandmothers' most frequent concern was about the increased cost of living and managing bills (27%) compared to grandfathers' (24%). Overall however, women's concerns were fairly evenly spread among many sources of financial stress.

Legal dilemmas were mentioned by both men and women, and there were fewer gender discrepancies. This appears primarily due to the fact that the legal situation is approached as a couple. However, stress from legal dilemmas was viewed differently by men and women. Men reported being more concerned about the cost of legal services and reported that legal expenses worried them more often than women did. Men discussed hiring attorneys and private investigators. Women reported that custody battles were a great source of stress more often than men did.

The most significant finding among the social implications of grandparent caregiving is that there are relatively no differences in two of the three themes that emerged. Men and women both report feeling the social stigma of being a grandparent-headed family. Both genders also report active involvement in their grandchildren's school and extracurricular activities. Involvement in these social activities crosses gender-stereotyped lines with grandmothers acting as leaders and coaches and grandfathers being the 'stay at home parent' and providing childcare.

There is a noticeable difference in the social support system of grandmother and grandfather caregivers. Women more consistently reported that their social support system had shrunk, while men more often stated that it had stayed the same or increased. Men also reported that they depended on work friends more than women did.

Complex emotions and feelings were found throughout the interview transcripts. Expressions of conflicting feelings such as anger and loss, or love and regret were expressed by both men and women. Forty six (46%) of the women reported that they coped by talking about feelings while none of the men reported doing the same. Forty seven percent (47%) of the men in the sample explained that they cope with stress by

working more. This appears to be directly in line with previous studies about gender and caregiving. Lutzky and Knight (1994) found that men and women express emotions related to caregiving differently. It is likely that men experience as much distress as women do in grandparent caregiving but do not discuss their feelings in the same manner (Hirsch, 1996; Lutzky & Knight, 1994).

Coping with Stress

There were differences between the coping mechanisms used by men and women. Forty seven percent (47%) of the men who were interviewed stated that they took action, while only 38% of the women did so. Taking action included such responses as purchasing a gun or alarm system, changing the locks on the front door or contacting a social service agency for information and help. One third (30%) of the women reported depending on their religious or spiritual faith while no men reported the same. Men participating in the study spoke of church related activities but did not identify spiritual means for coping with stress.

Coping with stressful situations was found to be situation specific and that is congruent with that of Cohen and McKay (1984). Grandparent caregivers deal with a variety of problems and outcomes that require different adaptive strategies. For example, parents of drug addicted adult children utilized similar coping strategies involving law enforcement, security measures and clear visitation boundaries.

The greatest sources of stress reported by grandparent caregivers are not singular, but most mentioned multiple contributing factors. Problematic family relationships concerns represent a dominant theme. Combined responses in the adult child, grandchild

and marital relationship categories account for 61% of the total responses (Table 11).

The long term effect of stressful family relationships is important for all generations in a family.

There appear to be overlapping sources of stress. Problems such as securing healthcare involve both medical and legal issues. Arranging custody or guardianship involves both financial and legal problems. The overlap of these types of stress is richly illustrated by grandparents' accounts of their attempts to try and solve all the problems but to be frustrated by the recurrence of different issues. Research indicates that stress may also vary according to racial and ethnic origin, environments (urban vs. rural), and socioeconomic status (Whitley, White, Kelley & Yorke, 1999). Internal and external sources of stress overlap and create dynamics that are unique within each grandparent-headed family.

The assumption that stress always accompanies grandparent caregiving was not supported by the results of this study. Some participants explained that they currently do not have stress in their lives, or that it has decreased over time. A possible explanation is that stress changes in amount, frequency and perception over time. Some grandparents related stress had decreased over time. The stages of both family development and crisis evolution influenced grandparent caregivers' perceptions of stress.

Concerns about the adult child and grandchild are ranked as the top two sources of stress. Forty seven percent (47%) of the men cited the adult child as the greatest source of stress, while 43% of the women cited grandchild. Forty one percent (41%) of the men cited finances as the greatest source and none of the women cited the same. Work-family

strain was a great source of stress for 8% of the women in the sample while no men reported this issue as stressful.

Aspects of Satisfaction

Satisfaction and joy are present for grandparent caregivers. Fifty seven percent (57%) of the grandmothers described joy from the tangible aspects of raising children. This category included such responses as the security they provided for a child, birthday parties, school interaction, and providing food shelter and clothing. The intangible joys of children such as teasing, hearing I love you, role modeling and knowing they have a better life accounted for 59% of grandfathers' responses. Twenty four percent (24%) of the men described satisfaction from a child's accomplishments such as riding a bike, learning to swim and academic achievements.

The sources of stress and satisfaction are qualitatively different for men and women in their roles as grandparent caregivers. Sources of stress are subject to the influence of environment and precipitating problems as reflected in the literature. Researchers and practitioners need to look carefully at the ways these stressors overlap and extend each other.

The causes of grandparent caregiving are complex. The effects are far reaching and long term. The aspects of the experience that they find stressful, the ways they cope and the sources of satisfaction are all different for men and women. Men and women bring distinctively different perspectives to the experience of grandparent caregiving. Appreciation of these differences is crucial in understanding the dynamics in grandparent-headed families.

The results of this study challenge stereotypes that men are uninvolved in both family and grandparent caregiving. Gender differences in caregiving are important in social service delivery. Men and women are both affected by the family crisis that result in grandparents raising grandchildren. This is not just a women's issue, but must be viewed from the family perspective.

Grandparent caregiving results in conflicting and combined stressors. Men and women both perceive and cope with the results differently. Men are involved in family caregiving roles and in some situations provide the bulk of child care. Men provide care but do so differently than women. This study provides evidence that there is shared decision making and caregiving in families headed by married grandparents.

Families experience intense and life changing events when adult children are unable to raise their children. Grandparents are able to create meaning for themselves about the importance of what they do, and they find joy in the importance of assisting the youngest generation.

Research Implications

Policy Research

Future research agendas in grandparent caregiving must include examination of eligibility criteria for public assistance programs that benefit grandparent-headed families. Many grandparent-headed families are reluctant to apply for public assistance because they fear the humiliation of eligibility interviews. Some families have been financially secure until the beginning of an adult child's problems but incur large debts after sacrificing all of their resources to help. Families that have depleted savings in an

effort to help a troubled adult child may not meet eligibility standards based upon property or salary criterion when in fact these older adults have spent down life savings and struggle with day to day expenses of raising a child. Establishment of eligibility criteria calls for a new definition of poverty and an understanding of the financial stressors found in grandparent-headed family. Professionally successful grandparents who have spent their savings on adult children may have lost financial access to their plans for a comfortable old age.

Research investigating grandparent's rights will lend additional insight about possible intervention in situations involving known child abuse or neglect. Grandparents are often told that they cannot be granted custody of grandchildren unless there is sufficient evidence that an adult child is 'unfit.' In addition, grandchildren are placed in foster care while awaiting legal determination of the 'fitness' of grandparents as caregivers. Further, grandparents are often denied custody without sufficient evidence of an adult child's actions. Appreciation of grandparents' abilities as caregivers for needy grandchildren would alleviate the stress of difficult and protracted custody battles. It is suggested that policy makers consider inter-agency collaboration focused on the multigenerational needs of grandparent-headed families. Such collaboration involving for example, child advocacy, family service, drug and alcohol treatment and aging services agencies would present a multidimensional perspective which would facilitate resolution of some of the complex and difficult problems faced by grandparents raising their grandchildren. Future research will clarify the best practices that benefit multigenerational families.

Practice Research

Future research agendas must include investigation about the aspects of practice involved in treating grandparent headed families. Social service agencies such as schools, DHS, parenting resource centers and aging agencies need increased awareness of the needs and problems of multigenerational families. Practitioners must be encouraged to consider the effect their programs have on all generations in a family regardless of the specific presenting problem handled by the agency. For example, support groups for grandparent caregivers will be more regularly attended if childcare needs are addressed in the planning stages. Programs that target grandparent caregivers must involve information for the anticipated needs of both men and women.

The needs of multigenerational families present challenges and opportunities for family and social service programs. Social service and family agency programs should include a variety of professionals who deal with people at all stages in the life cycle rather than focusing on one stage in life. Programs must begin to view families as multigenerational. The complex problems which result from grandparent caregiving require programs with a broader perspective and knowledge base of both intergenerational and multigenerational family dynamics. Intervention research will clarify the most effective practice approaches for the problems faced by grandparent caregivers.

The Future

Predictions of the future include an ever increasing lifespan and families with four and five generations. Social problems continue to exist, changing only in the

precipitating events. Multigenerational grandparent-headed families are likely to be a continuing reality for the next century. The youngest and oldest members in families have special and important needs, often coexisting in a delicate balance.

Families do now what they have always done: that which is needed and must be done to care for dependent members during difficult times. Mental health and social service professionals must begin to appreciate and understand diversity in family forms. Families are multigenerational, and their relationships are interdependent as are the generations in society.

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APPENDIX A
SAMPLE DEVELOPMENT

Fall, 1998

Dear[organization],

We are in the process of gathering information about the experiences and problems of grandparents involved in raising their grandchildren as part of a research study through Oklahoma State University.

The purpose of this study is to explore the issues that grandparents face while raising their grandchildren. Grandparent caregivers will be asked about the sources of both stress and satisfaction in their lives. Adaptation to change in grandparent-headed families will be explored through personal interviews. The stories and experiences of grandparent caregivers will be documented in their own words.

I am writing to ask if [*name of organization, group or support group*] would alert members either during a regular meeting or by placing the enclosed flier on your bulletin board. Grandparent caregivers who would be interested in participating are encouraged to contact me at 405-744-7511.

Thank you very much.

Sincerely,

Deborah Waldrop
Graduate Research Assistant
Institute

Dr. Joseph Weber
Director, Gerontology

Recruitment Script

For use if grandparent caregivers suggest others for participation

Mr. or Mrs. _____ my name is Deborah Waldrop and I am a doctoral candidate at Oklahoma State University. I am involved in a research study about the problems and issues faced by grandparents who are raising their grandchildren.

_____ [name of friend] gave me your name and phone number, suggesting that you might be willing to talk with me about your experiences. Would it be all right if I told you a little bit about my project and then you could decide whether you'd be willing to participate? [yes or no].

1. In no, thank you very much. End of conversation. Destroy the name and phone number.
2. If yes:

My study involves personal interviews with grandparents. I am interested the experiences you have had raising your grandchildren and would like you to tell me about them in your own words. I have prepared a series of questions about the issues many grandparents who are in this situation face. I expect the interview to take between one and two hours depending on you and how much you'd like to share with me. Would you be willing to allow me to talk with you about your experiences?

Let me also tell you that for purposes of documenting the stories exactly as you tell them, I am audio tape recording the interviews. In the process, I am not including names or any information that could identify you personally, with these stories. In other

words, I want to be sure always to keep your identity separate from the tapes. Would that be okay with you?

If no; Thanks anyway and thanks for talking with me today.

If yes;

I'd like to set the interview up at a time that is convenient for you. Can you tell me when that might be?

[negotiate a time]

I'd also like you to tell me where you'd like to talk. It could be at your home or at a church or other spot that you feel comfortable.

[negotiate a location]

Okay, Mr. or Mrs. _____. Thank you very much. I look forward to talking with you on _____ at _____ at _____. If you have any questions in the meantime please don't hesitate to call me at 405-744-7511.

Script for before the interview begins

Mr. or Mrs. _____. Thank you for coming to talk with me today. I really appreciate your help with this project. I am trying to gather information about the problems and issues grandparents face while raising their grandchildren. I decided that the best way to get your true meaning is to ask you to answer my questions and tell me the stories in your own words. I have a series of questions that will guide our discussion and that I hope will cover everything. As I mentioned to you previously, I would like to tape record the interviews. I have a written consent form that I need to go over with you before we begin. I won't use your last name while the tape recorder is running, would it be all right for me to call you by your first name or would you prefer that I call you by an assumed name?

APPENDIX B

**INTERVIEW INSTRUMENT
AND INFORMED CONSENT**

CONSENT FORM

I, _____, hereby authorize or direct Deborah Waldrop, to interview me about my experiences as a grandparent caregiver. I give my permission for this interview to be tape recorded and the words transcribed.

This interview is to be done as part of a doctoral dissertation entitled A qualitative study of grandparents raising grandchildren. The purpose of this study is to explore the issues that grandparents face while raising their grandchildren. Grandparent caregivers will be asked about the sources of both stress and satisfaction in their lives. Adaptation to change in grandparent-headed families will be explored through personal interviews. The stories and experiences of grandparent caregivers will be documented in their own words.

I realize that I can voluntarily end the interview at any time. I will not be asked to state any identifying information (such as my name, address or phone number) on the tape. Tapes of interviews will be kept in the possession of Ms. Waldrop and will not be used for any purposes other than this research study. They will be destroyed at the end of the study. All information about me will be kept confidential and separate from the interview tapes and transcripts.

There are no physical or psychological risks. Information about the problems and needs of grandparents who are raising grandchildren will help in the development of future policies and programs can benefit family caregivers.

I understand that participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time after notifying the project director.

I may contact Deborah Waldrop or Dr. Joseph Weber at telephone number 405-744-7511. I may also contact Gay Clarkson, IRB Executive Secretary, 305 Whitehurst, Oklahoma State University, Stillwater, OK 74078; Telephone: (405) 744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____ Time: _____ (a. m. /p. m.)

Signed: _____
Signature of Subject

I certify that I have personally explained all elements of this form before requesting that he or she sign it.

Signed: _____
Project Director

Interview Schedule

Demographics: Please tell me about your family

Number of children?

Number of grandchildren?

Number of grandchildren raising?

Their ages?

Marital status

Occupation

Your age

Religion

1. What your grandchildren call you?
2. Please tell me about what was happening that made it necessary for you to begin raising your grandchildren?
3. How do your other children feel about your raising _____?
4. How do your other grandchildren feel about _____ living with you?

Health Status

5. Has your physical health been affected since you have been raising your grandchild(ren)?

Mental Health

6. Has your grandchild had any behavioral problems?

Financial Issues

Has your work situation changed since you began raising_____?

Have you received any financial assistance from DHS or Social Security?

Legal issues

7. What is your legal relationship with your grandchild? Any problems?

Social

8. Has your circle of friends changed since you've been raising_____?

Emotional

9. Can you describe your feelings about the situation?

Family/Marital

10. Has this situation changed your relationship with your spouse?
11. What is your relationship like with your adult child?
12. What are your grandchildren's relationships with his or her parents like?

Family Genogram:

Coping

13. What causes you the most stress?

14. How do you cope with the situation/changes?

15. Have there been sources of joy for you since you began raising your grandchild(ren)?

16. Do you participate in grandparent support group?

17. What would you tell other grandparents who were about to assume responsibility for their grandchildren?

Is there anything I haven't asked about?

APPENDIX C
ANALYSIS OF RESEARCH QUESTIONS

Research Question 1

What are the experiences of grandparents involved in raising their grandchildren?

Participants were asked about the circumstances that resulted in the need for grandparent caregiving. They were also asked about their family relationships, both past and present. Grandparents explained the problems they had with a troubled adult child did not begin suddenly but rather built up over time, intensifying when grandchildren were born. A crisis occurred when the adult child was no longer able to function as a parent. Grandparents described a “defining moment” which was point at which they made the decision that they would begin raising their grandchildren.

All grandparents experienced a crisis, although similar presenting problems created crises that were perceived differently. An example of this is the ways teenage pregnancy was perceived in different families. The problem of teenage pregnancy resulted in a crisis in some families. In other families, a teenage pregnancy did not represent a crisis until it was combined with other problems such as drug abuse and child neglect.

Crises did not happen suddenly, and likewise, the effects did not subside immediately. Difficult times continued in many families. Some families experienced grief from the loss of a child to death or abandonment. Grief also accompanied the loss of the grandparent role and the hope that an adult child might be helped to turn their life around.

The problem which precipitates grandparent caregiving largely determines the family dynamics. There are multiple precipitating causes of grandparent caregiving (Table 3). The relationship with an adult child appears to be directly related to the

precipitating problem. The experiences of grandparent caregivers whose children are involved with drugs vary from those who have abandoned their families and to those whose grandchildren were abused or neglected. The ongoing grandparent-grandchild relationship varies with the adult child's situation.

Families of adult children with drug addictions describe high levels of stress. They attribute this stress to the uncertain and erratic behavior of a drug addicted person. Some grandparent caregivers experience fear and terror of their adult child and his or her associates who deal drugs and are involved in gang activities.

Families involved in custody battles experience a yo-yo effect when children go back and forth between parents and grandparents. These grandparents report that they live with continuous uncertainty. Some grandparents fight against their own adult child in custody battles that tear a family apart and cause irreparable damage to relationships. Parents who are raising their children's children experience intense emotions from events that are described as 'unreal.' One grandmother caregiver remarked, "I couldn't believe this was happening in my family. I felt like a stranger in my own life."

Grandparent caregivers find joy, satisfaction and meaning in their lives and in the experiences they share with their grandchildren. All grandparents easily listed multiple sources of satisfaction and joy. Analysis of grandparent stories clarified growth, and positive meaning were created from the difficult family times they had worked through.

Research Question 2

How do specific stressors (health, financial, legal, social, emotional, and family problems) affect satisfaction in grandparent caregivers?

Health status was affected by the stress that preceded grandparent caregiving, but participants did not relate that their own health was a problem for them. Grandparent caregivers were aware of connection between stress and health and reported an increase in susceptibility to illness. Men reported an exacerbation of preexisting problems more often than did women. Women reported feeling fatigue more often than men did (Table 6).

The greatest source of financial stress that occurs from grandparent caregiving is the increased cost of living. This included purchasing extra groceries, clothing and school supplies and children's other regular needs. It is important to note that the cost of legal expenses incurred by grandparents raising grandchildren was reported as the second most significant financial stress and it was most frequently reported by men. These expenses included court costs and attorney's fees. The third most significant cost was that of ongoing support for an adult child. This included paying bills, out of pocket expenses for treatment and general requests for money (Table 7).

Legal problems were directly related to continuing stress. The most stressful legal problems involved custody battles with the grandchild in the middle. It is also important to note that in one third of the families, grandparents have no legal authority for the children they raise. In these families, despite ongoing problems or issues, parents

are still legally responsible for authorizing medical treatment, school enrollment etc.

(Table 8).

Social stress stemmed from social stigmatization, school interactions and decreasing social support. Grandparents and the children they raise are subject to a lack of understanding as well as judgmental attitudes from professionals, school teachers and to friends and family members. School professionals were sometimes grandparents' greatest supporters and allies, yet in other situations presented their greatest troubles. Social support became limited because friends were no longer in the same life situation any more. Friends who remained were described as true and loyal.

Emotions ran high among family members who have experienced this type of crisis. Grandparents spoke passionately about all they had done to help an adult child. Tears were a frequent part of the interviews, and were generated by descriptions of especially difficult family problems. Grandparents spoke with deep feeling about wanting to help their grandchildren have a good life and promising future. Grandparents developed new ways of coping and learned about strength they previously did not know they had. Some learned to find benefits through DHS; others used relationship skills to forge alliances with day care providers and school officials.

Grandparents with multiple stressors still found satisfaction in knowing that their grandchildren were safe, secure and well cared for in their presence. Grandchildren's needs provided a positive focus and a way to achieve success in a difficult situation.

Research Question 3

Which situations cause the most distress and the most satisfaction for grandparents involved in raising their grandchildren?

Grandparents were asked what causes the greatest source of stress for them. Family problems were seen as the greatest source of stress and one that continues indefinitely. Concern about an adult child's parental inadequacy and life style as well as grandchildren's well-being were ranked as the greatest source of stress.

Family problems involving adult children and grandchildren took various forms. Child abuse (physical, sexual or emotional) and neglect presented the most distressing situations for grandparents. Grandparents knew that abuse was occurring but were helpless to do anything other than report the situation to Child Welfare. Grandparents reported being told they were just 'control freaks' and should allow their children raise their own children. Grandparents described constant worry about their grandchildren. They explained that they became consumed with taking action to stop a harmful situation. Grandparents described feeling abject terror that their grandchildren would become a child abuse statistic and they would have been completely unable to do anything about it.

Continuing relationships with a troubled adult child create difficulties for grandparents and the children they are raising. Some adult children approach their parents for money and resources. Others maintain an ongoing tug of war over child custody. Adult children who have infrequent or no contact create a 'phantom' effect where grandparents and grandchildren think about them even in their absence. Grandparents worry about adult children's safety, and grandchildren think about

reunification. Some children maintain positive reunification fantasies and others remain terrified of seeing their parents. Adult children who are away from their parents and their own children have a continuing effect on both generations.

The greatest satisfaction in the situation is reported to come from the child's adjustment and from the action of providing needed parenting skills and security for a child. Grandparents also related the intangible aspects of receiving love from a child, observing positive optimistic attitudes and being a role model were important to them. Grandparent caregivers' greatest source of satisfaction developed from making a difference in their grandchildren's lives.

Research Question 4

How do grandparent caregivers adapt to this new lifestyle?

Grandparents were asked how they cope, and what advice they have for others who might be facing the problems they have had. Grandparents became reflective about the meaning they find in raising grandchildren. Some explained that taking care of their grandchildren had become their purpose in life.

Some grandparents explored opportunities for making a difference in the lives of others. The difficulty they had lived through became a focus for their energy and they wanted to channel that toward helping others who might find themselves in the same situation. Grandparents explained that helping others made it easier to adapt to their situation. Grandparents did volunteer work with pregnant teenagers, wrote or spoke about grandparent caregiving and reached out to troubled youth through a church youth group.

Grandparents in some situations explained that they learned to adapt by giving up expectations of their adult child. These grandparent caregivers were able to place some distance between themselves and the grief and disappointment they had experienced, realizing they could not make any difference in their adult child's life.

Grandparents found that they had assertiveness, determination and inner strength they had not known before. Participants shared stories about incidents in which they faced dangerous or impossible situations with courage and tenacity. They explained that when people you love are in danger you do what you need to do and think about the danger later. Focusing on their grandchildren's needs helped adaptation to challenges.

Research Question 5

What are the coping styles utilized by grandparents who are raising their grandchildren?

Grandparents were asked how they coped with the stress they experience. Coping styles are dependent upon precipitating event, personality characteristics and external events. There were four basic coping styles, which emerged from the grandparent caregiving experience.

1. Angry and bitter. Angry and bitter grandparents feel that the system had not worked well in their situation and they were frustrated with the outcome. Grandparents in this situation were involved in ongoing battles either for custody of grandchildren or for benefits. Many angry and bitter grandparents found that they had no rights and felt helpless in protecting their dependent grandchildren from the abuse or neglect of a parent. The focus of anger was at a judge, an attorney an adult child or the former partner of an adult child.

2. Faithful and spiritual. Grandparents using this style of coping found deep personal and spiritual meaning in their role as a grandparent caregiver. The meaning found by grandparent caregivers is similar to that described by Kivnick (1982). They explained that caring for grandchildren had become their calling in life. They fiercely held onto the importance of making a better life for their dependent grandchildren. They had faith that the situation will work out for the best. They perceived themselves as a 'safe port in the storm' for their grandchildren.

3. Resolute determination. Grandparents using this style of coping have learned how to get action. They experienced frustration and had become completely aware of the

inequities in the social service and legal system for grandparents. They had developed resources for information and knowledge that they use to protect their grandchildren from abusive or neglectful parents. These grandparents state that they took charge of the situation and would not let their grandchildren return to their parents without evidence of major change. These grandparents fulfill the family role of family watchdog described in previous research (Cherlin & Furstenberg, 1985; Kornhaber & Woodward, 1981). Once custody had been secured, many of these grandparents stated that their grandchildren would return to their parents only “over my dead body.”

4. Ease. Some grandparents have weathered difficult times and found calm in their current life stage. In these situations there had been some resolution and agreement established with an adult child. Time has passed and the most volatile stress had dissipated. Grandparents who coped with ease have been able to establish some order in their lives and reported that they view the situation with a calmer perspective than they did at first.

Research Question 6

How do grandparent caregivers pass culture, values and family history on to their grandchildren?

Grandparents were asked about culture, values, and history in their families. Those grandparents who acknowledged the ways they accomplished this had been raising grandchildren for some time. However, families in turmoil focused on safety and security issues rather than values, culture and history.

Family history in grandparent-headed families is very focused on the events that created this family constellation. Past history was rarely mentioned, but great emphasis was placed on developing age-appropriate explanations for grandchildren. Grandparents explained that they worked to help their grandchildren develop their own stories and explanations about their parents.

Grandparents related that children are often asked difficult questions by their peers. Examples are, “Why do you live with your grandparents?” or “Where are your parents?” or “Why are your parents so old?” Grandparents explained that it had become very important for children to have their own rationalization for the family events. A 7 year old girl whose father is in prison had created an explanation for whenever people ask her where her father is. She explains that “He is right here”, and pats her heart. Other children explained that their parents “just can’t take care of me right now”. A 10 year old boy was overheard to explain to his friends that he “gets to live with my grandparents all the time.”

Grandparents began to think about appropriate explanations for a child as time passes and the crisis becomes family history. Grandparents explained that helping children understand their parents' behavior was an important responsibility. Grandparents emphasized the importance of helping children understand where they fit in the family constellation. They related that these explanations had to be developmentally appropriate and were sometimes very difficult to accomplish.

Multigenerational family traditions were carried on, including birthday dinners, monthly family gatherings, and holiday celebrations. These celebrations continued as they had previously but included some special provisions for the new roles of grandparents and grandchild. Grandparents explained for example that it had been a long time since they had arranged birthday parties, but felt it was really important for a child to have that normal experience.

Some new traditions are forged sometimes around the events of the crisis. One grandmother explained that on her son's birthday, she allowed his daughter, (her granddaughter) to visit his grave with her. The grandmother allows the little girl to dance on his grave while she talks to him explaining how proud he would be of her, now, and what a beautiful person she has become. She explained this experience to be of great importance for both of them.

Grandparents related that they work very hard at not finding fault with the absent parent because they understand that children must come up with their own understanding of a parent's behavior. Many explained that if they tried to turn a child away from an abusive or drug addicted parent they believed that it would further encourage the child to follow in the footsteps.

Table 1

Demographic Characteristics of Grandparent Caregivers

N=54 Grandparents, and 64 Grandchildren

Categories	Number	Percent
<u>Gender:</u>		
Male	17	31%
Female	37	69%
<u>Age:</u>		
40-50	11	20%
50-60	24	44%
60-70	11	20%
70-80	8	15%
	Mean age =57	
<u>Marital Status:</u>		
Widowed	5	9%
Divorced	4	7%
Married	46	85%
<u>Current Family Type:</u>		
Step-family	14	37%
Single head of household	9	24%
Originally married	15	39%
<u>Lineage</u>		
Paternal grandparents	18	33%
Step-paternal grandparents	0	0%
Maternal grandparent	25	46%
Step maternal grandparents	6	11%

Demographic Characteristics of Grandparent Caregivers Continued

Category	Number	Percent
<u>Occupations</u>		
Service occupations	10	19%
Homemakers	7	13%
Home day care providers	7	13%
Health care (nursing, ancillary)	6	11%
Construction	5	9%
Manufacturing	5	9%
Retired military/now civil	4	7%
Higher education	4	7%
Professions (law, accounting)	3	6%
Full time students	3	6%
<u>Number of Grandchildren Raising</u>		
1	23	61%
2	8	21%
3	6	16%
4	1	3%
<u>Grandchildren's Ages</u>		
<1 year	1	2%
1-5 years	19	30%
6-10 years	25	40%
11-15 years	8	13%
>15 years	11	17%
<u>Length of time raising grandchildren:</u>		
≤ 1 year	10	16%
1-5 years	28	44%
6-10 years	14	22%
11-15 years	5	7%
>15 years	7	11%

Table 2

192

Titles used in Grandparent Headed Families

Grandparent Titles	Number	Percent
Clear grandparent titles Grandma, Nana, Mamaw Gran, Grammie, Memaw Granny, Gi Gi Grandpa, Poppy, Papa, Paw Paw	33	61%
Clear parent titles Mom/Daddy Mama/Papa	12	22%
Mixed titles Mom-Grandma Dad-Grandpa	7	13%
Own Name	2	4%
	54	100%

Table 3

Adult Child's Problems that Precipitated Grandparent Caregiving

Problem	Number of Families	Percent
Drug/Alcohol problems	25	66%
Child Abuse/Neglect	17	39%
Parental Abandonment	15	39%
Divorce/Breakup	14	37%
Teen Pregnancy	10	26%
Mental Health	7	18%
Death of Parent	3	8%

*Participants often gave more than one answer, consequently percentages do not add to 100%

N= 38 families

Table 4

Grandchildren's Problems

Problem	Number of Children	Percent
Medical problems	4	6%
Positive drug screen at birth	2	3%
Known drug use during pregnancy	23	36%
Sexual Abuse	7	11%
Physical Abuse	7	11%
Neglect	17	27%

Participants often gave more than one answer, consequently percentages do not add to 100%.

N= 64

Table 5

Grandchildren's Behavior Problems

Problem	Number of Children	Percent
Physical disabilities	2	3%
ADD/ADHD	5	8%
Underlying aggression	18	28%
Underlying anxiety	6	9%
Behavior changes after interaction with parent	40	63%
Severely Emotionally Disabled (SED)	4	6%
No behavior problems	23	36%

*Participants often gave more than one answer, consequently percentages do not add to 100%.

Table 6

Health Status of Grandparent Caregivers

Health Status*	Men ¹		Women ²		Total ³	
	Number	Percent	Number	Percent	Number	Percent
Pre-existing conditions exacerbated	8	47%	8	22%	16	30%
Increased fatigue	2	12%	9	24%	11	20%
Increased susceptibility for colds, slow healing, etc	2	12%	6	16%	8	15%
Depression/Nerves	2	12%	5	14%	7	13%
None	3	18%	4	11%	7	13%
More active, intentional about own health	3	18%	3	8%	6	11%

* Participants often gave more than one answer, consequently percentages do not add to 100%.

¹Men= 17

²Women = 37

³Total = 54

Table 7

Financial Consequences of Grandparent Caregiving

Consequence*	Men ¹		Women ²		Total ³	
	Number	Percent	Number	Percent	Number	Percent
Increased cost of living	4	24%	10	27%	14	26%
Legal expenses	6	35%	6	16%	12	22%
Support to adult child	4	24%	8	22%	12	22%
Theft by adult child	3	18%	7	19%	10	19%
Financial pressure to work	3	18%	6	16%	9	17%
Out of pocket payment for treatment	3	18%	4	11%	7	13%
None	1	6%	2	5%	3	6%

*Participants often gave more than one answer, consequently percentages do not add to 100%.

¹Men= 17

²Women = 37

³Total = 54

Table 8

Legal Status of Children Raised by Grandparents

Legal Status	Number	Percent
Legal guardianship with reviews \geq 1 year	24	38%
No legal status	20	31%
Adopted	11	17%
Legal guardianship With reviews \leq 1 year	8	13%
Written permission or Power of Attorney	1	2%
	64	100%

Table 9

Community Agencies Contacted by Grandparent Caregivers

Agency	Services Needed
Department of Human Services	Child Welfare, Medicaid, Food Stamps, Kinship Care
Law Enforcement	Local Police Department, Drug Enforcement, Undercover County Sheriffs, 911-Emergency Services
County Child Guidance Clinics	Counseling for Children
County Mental Health Clinics	Family Counseling
Medical and Psychiatric Hospitals	Hospitalization for Adult child and grandchild
Drug Treatment Facilities	In and outpatient Drug Rehabilitation

Table 10

Coping Mechanisms Used by Grandparent Caregivers

Coping Mechanisms*	Men ¹		Women ²		Total ³	
	Number	Percent	Number	Percent	Number	Percent
Action	8	47%	14	38%	22	41%
Talk about feelings	0	0%	17	46%	17	31%
Spiritual; religious faith	0	0%	11	30%	11	20%
Work more	8	47%	2	5%	10	19%
Focus on child	2	12%	5	14%	7	13%
Outreach to others	3	18%	4	11%	7	13%
Less healthy mechanisms	1	6%	4	11%	5	9%

* Participants often gave more than one answer, consequently percentages do not add to 100%.

¹Men = 17

²Women = 37

³Total = 54

Table 11

Greatest Sources of Stress Reported by Grandparent Caregivers

Greatest Stress*	Men ¹		Women ²		Total ³	
	Number	Percent	Number	Percent	Number	Percent
Adult child	8	47%	13	35%	25	46 %
Grandchildren's well-being	7	41%	16	43%	23	43%
Personal	6	35%	7	19%	13	24%
Custody battle	2	12%	9	24%	11	20%
Marital problems	4	24%	3	8%	7	19%
Financial Issues	7	41%	0	0%	7	13%
Work-family strain	0	0%	3	8%	3	6%
No stress	2	12%	0	0%	2	4%

* Participants often gave more than one answer, consequently percentages do not add to 100%.

¹Men= 17

²Women = 37

³Total = 54

Table 12
Sources of Satisfaction in Grandparent Caregiving

Source of Satisfaction	Men ¹		Women ²		Total ³	
	Number	Percent*	Number	Percent*	Number	Percent*
Tangible aspects health and security	0	0%	21	57%	21	39%
Intangible joys of children	10	59%	13	35%	23	43%
Shared activities	6	35%	1	3%	7	13%
Focus for grandparent's life	1	6%	4	11%	5	9%
Grandchild's accomplishments	4	24%	0	0%	4	7%

Participants often gave more than one answer, consequently the percentages do not add to 100%.

¹Men = 17

²Women = 37

³Total = 54

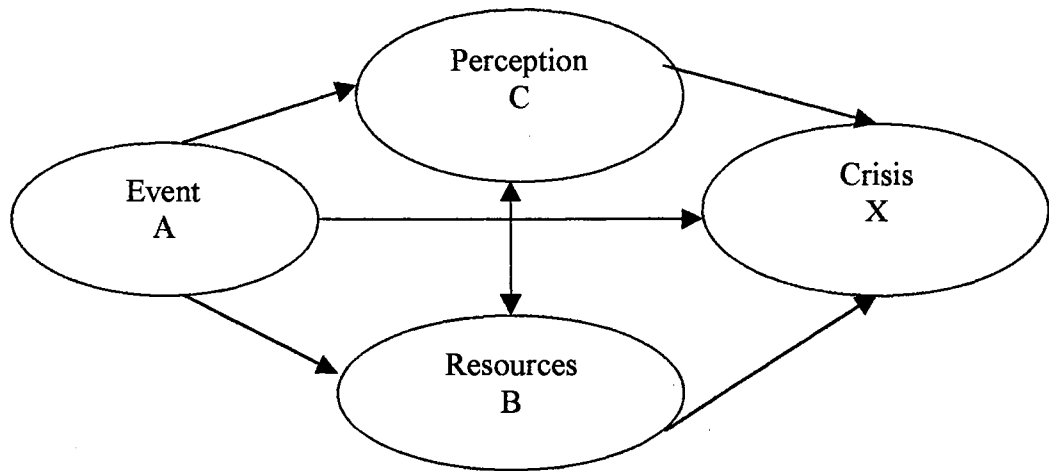


Figure 1. The ABC-X Family Stress Model (Hill, 1958)

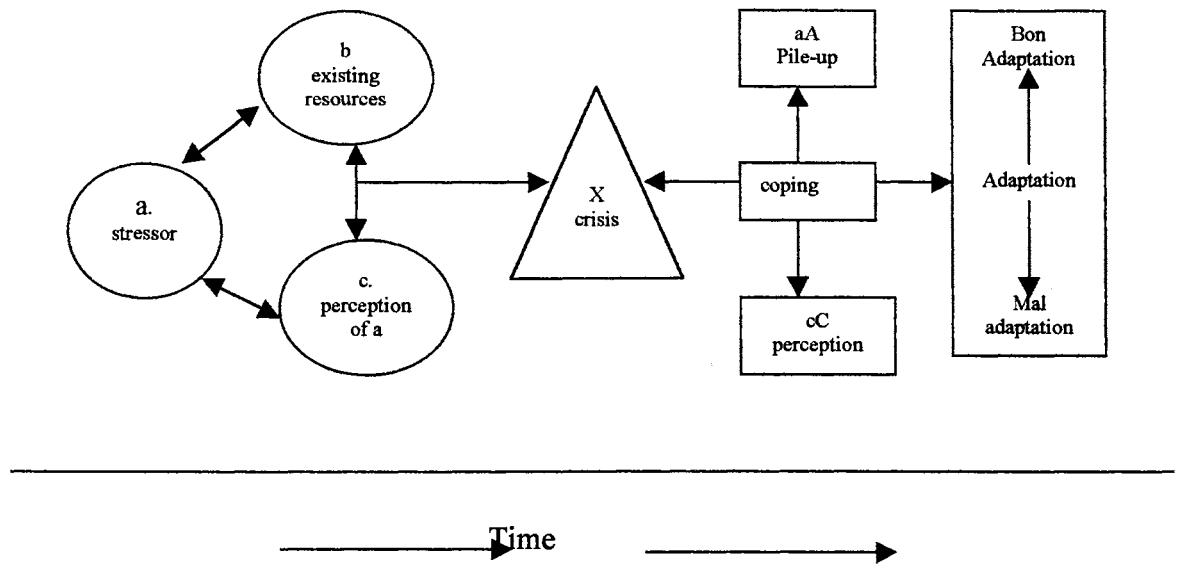


Figure 2. The Double ABCX Model of Family Stress (McCubbin & Patterson, 1982)

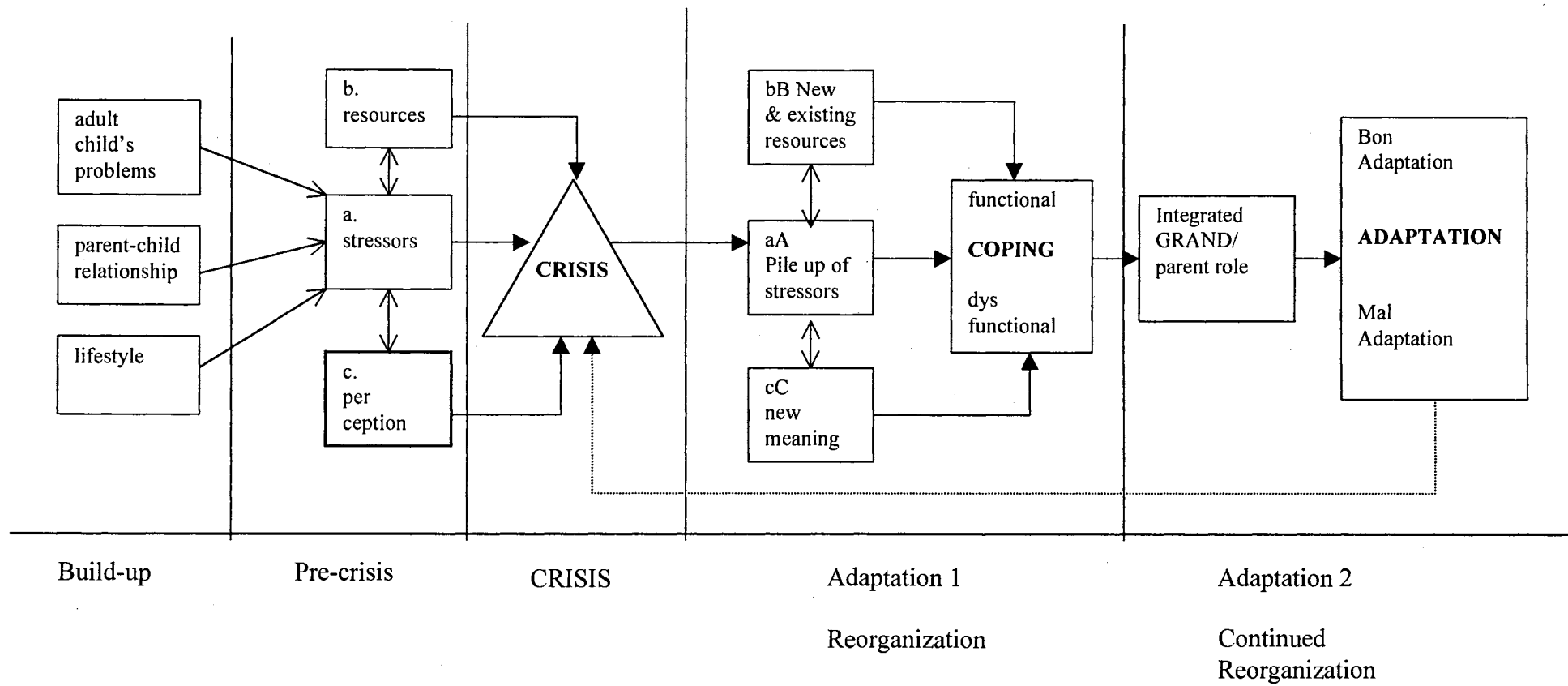


Figure 3. An Adaptation of the Double ABC-X Model: Grandparents Raising Grandchildren

APPENDIX D
HUMAN SUBJECTS RESEARCH APPROVAL

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

207

Date: 04-06-98

IRB #: HE-98-090

Proposal Title: A QUALITATIVE STUDY OF GRANDPARENTS RAISING GRANDCHILDREN

Principal Investigator(s): Joseph A. Weber, Deborah Waldrop

Reviewed and Processed as: Expedited

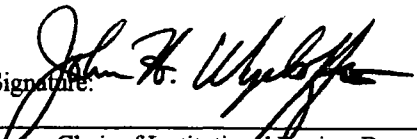
Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING, AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING THE APPROVAL PERIOD.

APPROVAL STATUS PERIOD VALID FOR DATA COLLECTION FOR A ONE CALENDAR YEAR PERIOD AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Disapproval are as follows:

Signature: 

Chair of Institutional Review Board

cc: Deborah Waldrop

Date: April 15, 1998

VITA

Deborah Lynn Pease Waldrop

Candidate for the Degree of

Doctor of Philosophy

Thesis: A QUALITATIVE STUDY OF GRANDPARENTS RAISING GRANDCHILDREN

Major Field: Human Environmental Sciences

Biographical:

Education: Graduated from Whitesboro Senior High School, Whitesboro, New York in June, 1974; received Bachelor of Arts degree in Social Welfare from the Pennsylvania State University, State College, Pennsylvania in March, 1978; received Master of Social Work degree from Syracuse University in May, 1979. Completed the requirements for the Doctor of Philosophy degree with a major in Family Relations and Child Development (Gerontology Emphasis) at Oklahoma State University in May, 1999.

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Professional Memberships: National Association of Social Workers, American Society on Aging, Association for Gerontology in Higher Education, Council on Social Work Education, Association for Gerontology Education in Social Work.