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PANAMANIAN GRANDMOTHERS' FAMILY RELATIONSHIPS AND ADJUSTMENT TO HAVING A GRANDCHILD WITH A DISABILITY

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ABSTRACT

The purpose of this article was to explore the family relationships and role adjustment of grandmothers in the Republic of Panama who have a grandchild with special needs. Thirty Panamanian grandmothers of children with a disability were interviewed using a standardized format and non-directive probing. Categories of analysis were established only after the data was fully collected and reviewed. The results indicate that for most Panamanian grandmothers, their changes in family relationships are not dramatic when they have a grandchild with a disability; however, 25% clearly report a deteriorated relationship with their son-in-laws. They view their relationship with their grandchild with a disability to be one that provides a mixture of affection, love, acceptance and patience. In the area of role adjustment, they see a need to become more involved in areas that include assisting their grandchildren and/or her family with care-giving and household responsibilities, economic and medical support, or in areas related to school/academic, spiritual or recreational activities. With respect to emotional adjustment, Panamanian grandmothers of children with disabilities distinguish themselves from grandmothers in the United States, by experiencing reduced emotional stress and dwelling less on personal loss, grief, or role stigma. The implications are that there appear to be universal beliefs and adjustment factors that Panamanian grandmothers of grandchildren with disabilities experience. However, culture appears to have a genuine influence that results in subtle but unique differences from their U.S. counterparts.

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INTRODUCTION

The connection between grandparents and their grandchildren, while playing a crucial role in bridging generations, remains an area of family relations that is less defined and more poorly understood than other primary family connections (Kivett, 1991). In families with a child who has a disability, grandparents may play a compelling role since the child's parents' need for social and practical support appears be greater than in other families who do not experience having a child with a disability (Glasberg & Harris, 1997). For grandparents, the advent of having a grandchild with a disability can evoke a range of changes in their family relations, emotional adjustment, and the way they perceive their role.

Research on grandparents' adjustment and roles with grandchildren who have disabilities has grown in recent years. Across a number of reports, grandparents have been shown to exhibit some understanding and knowledge concerning the medical components of their grandchild's disability. They also express a number of desires that range from providing financial help and care for their grandchild, providing direct support (e.g., babysitting, taking their grandchild to medical or school appointments), attending to their grandchild's emotional needs, and performing the usual ceremonial roles of attending birthdays and school events (Gardner, Scherman, Mobley, Brown, & Schutter, 1994; George, 1988; Sandler, 1998; Sandler, Warren, & Raver, 1995; Scherman, Gardner, Brown, & Schutter, 1995; Vadasy, 1987). At the same time, grandparents, as do other members of their family system, experience varying degrees of grief, loss, uncertainty, and need for emotional support as they adjust to having a direct relative with a disability (Berger & Fowlkes, 1980; Gardner et al., 1994; George, 1988; Green, 2001; Vadasy, 1987).

The majority of the existing research in the area of grandparents of grandchildren with disabilities is confined to grandparents in the United States. This is somewhat of a frail perspective because the expansion and change in the role of the grandparent is by no means limited to those observed in the United States. Grandparenting and services for persons with disabilities are global issues, as evidenced by a small but growing body of literature identifying similarities and variations in the roles occupied by them (e.g., Hewett, Newson, & Newson, 1970; Scherman, Efthimiadis, Gardner, & McLean, 1998; Strom et al. 1995; Strom, Strom, Shen, Li, & Sun, 1996; Van Ranst, Verschueren, & Marcoen, 1995). There is already evidence that cultural differences exist regarding the roles that are assumed by grandparents and in the nature of their adjustment to having a grandchild with special needs (Sandler, 1998). It is therefore important that research in this area be expanded to represent worldwide as well as cross-cultural perspectives. For example, one notable difference between the United States and other countries appears to be that a substantially high percentage of grandparents in other countries may be living very near (e.g. within 6 miles or less) or with their children and grandchildren (Scherman et al., 1998; Strom et al., 1995;

Van Ranst et al., 1995). In contrast, Gardner et al. (1994) reported that 36% of the grandparents in the United States lived over 100 miles away from their grandchildren and not a single grandparent lived in the same household with their grandchildren. It seems logical that grandparents' roles and their adjustment to having a special needs grandchild may be differentially influenced by their proximity.

Differences between countries with regard to grandparents' proximity to their children and grandchildren is but one example that speaks to the importance of initiating cross-cultural or international research in this area. According to Kivett (1991), a multiplicity of other factors can mediate the grandparent/grandchild connection at any given time. These include: ethnic diversity, social class, geographical distance, gender differences, parental mediation, and disruptive life events (i.e., divorce, poor health, job loss). As we might anticipate, cross-cultural or international divergence on these factors may lead to differential processes and outcomes regarding grandparents' adjustment to having a grandchild with special needs and also influence the roles that grandparents typically assume. Indeed, we are beginning to identify predictors concerning grandparent support and involvement. According to Schilmoeller and Baranowski (1998), grandparents who attend support groups report more positive feelings toward their grandchild with a disability. In addition, grandparents' affectional solidarity with their grandchild and affectional solidarity with their son or daughter are variables that predicted grandparents' future support.

Scherman et al. (1998) investigated grandparents of grandchildren with disabilities in the Republic of Panama. The roles of Panamanian grandmothers were examined with respect to factors concerning how grandmothers learned about their grandchild's disability, the impact of having a grandchild with disability, and how they perceived their grandmother-grandchildren relationship. They reported that Panamanian grandmothers were involved in multiple aspects of their grandchild's care, and expressed sorrow and concerns for the future of their grandchild. When asked to identify the most effective way of reaching their grandchild, Panamanian grandmothers reported that it was through love and affection. It was further observed that in comparison to grandparents in the United States, who feel they do not have enough input into their grandchildren's lives (Gardner et al., 1994), Panamanian grandmothers believe it is their role to participate directly in their children's lives, and it is up to their children to decide whether or not to take their input into consideration after the fact (Scherman et al., 1998).

The effect of having a grandchild with a disability also influence, grandmothers' emotional adjustment and relationships with their grandchild's parents, their other children, grandchildren, and extended family members (George, 1988; Green, 2001; Sandler et al., 1995; Scherman et al., 1995). While Scherman et al. (1998) described the degree to which Panamanian grandmothers actively participated in their disabled grandchildren's lives, they did not address grandmothers'

emotional adjustment and relationships with other family members. While there is evidence that grandparents of children with disabilities in the United States experience relationship and adjustment difficulties with family members (e.g., George, 1988; Gardner et al., 1994; Turnbull & Turnbull, 2001; Vadasy, 1987), this area is unexplored in Panamanian society. Therefore, it was the intent of this study to explore the adjustment and family relationships that Panamanian grandmothers experience, when they are part of a family with a grandchild who has special needs in the Republic of Panama.

DESIGN AND METHODS

Participants

Thirty Panamanian grandmothers of children with special needs provided information regarding their family relationships and adjustment to having a grandchild with a disability. The grandmothers were identified as the result of a referral process that began through the Developmental Pediatric Unit of the Gorgas Army Hospital in Panama City. Staff members from the unit directed the researchers to a number of individuals affiliated with or part of the Instituto Panameno de Habilitation Especial, Panama City, Panama. The Instituto Panameno de Habilitation Especial is a government-established organization serving as one of Panama's principle institutions responsible for the coordination of health, educational, and developmental services for children and youth with disabilities. With the approval and support of the Institute and recommendations by educators working there, a group of grandmothers were identified. This group was subsequently screened based on the criteria of being a native Panamanian and having a grandchild with a disability over the age of two. Thirty grandmothers were identified and contacted to discuss the possibility of their participation. They received a verbal and written description of the study that included informed consent. All 30 of the grandparents agreed to participate in the study.

The grandmothers lived in the towns of Arraijan or Chorrera, located respectively 10 and 20 miles west of Panama City. Their mean age was 64.9 (SD = 9.4) with a range of 40–84. The educational level of most of the grandmothers (66.7%) was at or below a sixth grade education, with only a few having completed a high school degree and beyond. About one-half of the grandmothers were employed in domestic/housekeeping positions. They either lived in the same home as their grandchildren, on the same lot as their grandchildren but in separate housing, or less than five miles away from their grandchildren. The age of their grandchild with a disability ranged from 2 years to 21 years, with the mean age being 10.3 years and the standard deviation 5.1. The most common disability among the grandchildren was a physical impairment with moderate to severe mental deficiency.

Procedures

A variety of strategies were used to create an environment where the interviewer-interviewee relationship could be open and honest (Goetz & LeCompte, 1984). All of the interviews were conducted at the grandmothers' homes or at the homes of their daughters. The interviewer, a graduate student and third author, was a Hispanic female American citizen living in Panama who was fluently bilingual in English and Spanish. As a means to help establish rapport and a feeling of trust during the interview, she was accompanied to the interview and introduced to each grandmother by a Panamanian educator from the Instituto Panameno de Habilitation Especial who had worked closely with the family.

All interviews followed a standardized format, using a pre-established set of questions asked in a specific order. The interviews were conducted in Spanish and audio taped. It was also important that the emotions, experiences, and beliefs of the grandmothers were collected in a manner that reflected their own wording and beliefs and not those of the interviewers or question designers (Bodgan & Biklen, 1992; Glesne & Peshkin, 1992; Stainback & Stainback, 1988). The questions were open ended, and throughout the interview each grandmother was provided as much time and autonomy to answer the questions as she needed. The interviewer was allowed to rephrase or probe, as a way to elicit clarification, additional information, detail, or elaboration (Bodgan & Biklen, 1992; Survey Research Center, 1982). When supplemental questioning occurred, non-directive probing techniques (Survey Research Center, 1982), whereby the interviewer's response is only a simple acknowledgment using a neutral follow-up question or comment (e.g., "could you tell me more"; or "what do you mean by that") were used to insure that the interviewer did not influence the grandmothers' response. After an interview was completed, the audiotape was reviewed and transcribed into English by the original interviewer.

Analysis of the interviews followed a sequence of strategies traditionally identified with the process of data reduction and analysis using qualitative methodologies (Bogdan & Biklin, 1992; Creswell, 1998; Huberman & Miles, 1994; Lincoln & Guba, 1985). The first and second authors began by independently reviewing the transcripts though multiple readings, taking a microanalytic perspective, and using grounded theory methodology to identify concepts and generate potential categories to represent participant responses (Strauss & Corbin, 1994, 1998). They took notes and sketched ideas that they thought might be helpful in understanding grandmothers' reflections. They looked for categories and themes that existed across all interviews, as well as those within the context of specific questions. A series of meetings were then held where they shared, identified, and discussed potential concepts, their properties and constructions, and metaphors to realistically represent grandmothers' responses. Over the course of these meetings, initial themes and coding conventions were established, resulting in a process often referred to as *open coding* (Strauss & Corbin, 1998).

It was also determined that in most cases the level of coding would anchor on phrases or sentences (Strauss & Corbin, 1998) and that frequency counts (Huberman & Miles, 1994) would be collected to aide in the representation of themes and concepts.

Having identified the coding conventions, the first and second author independently returned to the transcripts and coded the responses to each question. The process of coding and data analysis in qualitative research is one that is fluid and dynamic, and can often result in intuitive modifications regarding the labeling and meaning of themes and categories (Creswell, 1998; Strauss & Corbin, 1998). Therefore, during this phase of the coding process, the first and second author continued to document new or alternative constructions of themes and concepts. Huberman and Miles (1994) view data analysis as an interactive process where data reduction, data display, and conclusion drawing interact with one another. These components do not occur in a single linear sequence, rather they revolve around each other, denoting that the process of data analysis can go through a number of iterations. Subsequent to independent analysis, the first and second author held a second set of meetings and applied procedures consistent with the principle of multiple investigator corroboration (Lincoln & Guba, 1985) and the value of employing multiple perspectives during analytic interpretations (Strauss & Corbin, 1998). They reviewed and compared their analyses, held additional discussion, and checked with the interviewer if questions regarding the Spanish to English translations arose. They combined their interpretations and reached consensus regarding how each participant's responses were coded for each question.

RESULTS

Insight regarding changes in Panamanian grandmothers' family relationships and adjustment to having a grandchild with a disability was attained through analysis of statements acquired during the interview process. Table 1 summarizes the frequency of responses made by grandmothers with respect to questions that concerned family relationships, role adjustment, and emotional adjustment. To provide additional perspective, the forthcoming sections present quotations made by individual grandmothers that add further meaning and clarity to their responses.

Grandmothers' Family Relationships

Grandmothers were asked how their grandchild's disability affected their relationship with their grandchild's parents (i.e., their son or daughter, their son-in-law or daughter-in-law), their grandchild with a disability, and their other non-disabled grandchildren.

Over half of the grandmothers reported no change in family relationships, while about 9% of the grandmothers reported improved relationships with their

children as a result of having a grandchild with disability. Although there was no weakening in the relationship with the child's mother, about a quarter of the grandmothers clearly reported a deteriorated relationship with their son-in-law, generally stated in term of disrespect. For example, the following comments were made regarding son-in-laws:

> [My daughter's] first husband separated because of the [child's] handicap. The second father didn't accept him either. (Grandmother 12)

> First of all, he doesn't know anything about the girl. [This] second father acts likes she is not normal. There is no love [for my granddaughter] from this father. (Grandmother 13)

> I hardly ever see him. The last time I saw him I asked him for transportation money [for his son's trips back from the Instituto Panameno de Habilitation Especial]. He gave me two dollars and said, "It's not my son!" (Grandmother 23)

As far as changes in their relationship with the grandchild with disability, about half of the grandmothers reported no change while about a third reported an increased closeness to their grandchild by describing themselves as becoming more protective and showing greater affection. Typical statements about how their relationships changed included:

> [Earlier] I couldn't treat him like a normal child. [Now] I treat him differently, with more affection. (Grandmother 9)

> [My grandson] did not walk or speak in the beginning and now he can! I am happier because I have seen progress . . . (Grandmother 2)

> I have become closer to him, trying to help him. (Grandmother 28)

When asked about their relationship with their non-disabled grandchildren, two-thirds of the grandmothers reported no change. Ten percent reported giving more attention to grandchildren without disabilities, while another 10% stated that their other grandchildren were jealous regarding the attention directed at their cousin with a disability.

When asked to describe unique things grandmothers can offer to developmentally disabled grandchildren, about two-thirds made statements that described providing a mixture of affection, love, acceptance, and patience. For example, some grandmothers replied:

> Love, dearness, and good treatment. . . . A family person who helps with activities . . . (Grandmother 1)

> Affection, love, and time. (Grandmother 4)

Less frequently mentioned things but said with equal importance, were providing advice, providing direct help to the grandchild, and protecting them. For example:

Table 1. Panamanian Grandmothers' Perceptions of Family Relationships and Adjustment to Having a Grandchild with Disability

Relationships and adjustments	Responses (% of mentions)
Family Relationships	
Effect on grandmothers' relationships with their son/daughter and son/daughter-in-law who have a disabled child.	Not affected (53%); deteriorated relationship with the child's father (22%); improved relationship (9%); ambivalence (6%).
Effects on grandmothers' relationships with other sons and daughters and their families.	No effect (61%); improved relationship (10%); ambivalence (6%); deteriorated relationship (3%).
Ways grandmothers' relationships with their grandchild have changed as a result of grandchild's disability.	No change (46%); grandmother became closer, more protective, or helpful (31%); deteriorated relationship (6%).
Things a grandmother can offer to a child with a developmental disability that no other person can.	Love and empathy (64%); care giving and advice (15%); can help with various activities (15%).
Effects of the grandchild's disability on the grandmothers' relationships with her other grandchildren.	No effect (67%); the grandchild with a disability receives more attention or affection (10%); other grandchildren are jealous (10%); no other grandchildren exist (3%).
Role Adjustment	
Things grandmothers would *like* to be asked to do (to help their grandchild with a disability).	Nothing specific (27%); assist with care giving or household responsibilities (17%); participate in recreational or sporting activities with the child (13%); help the grandchild with deficit areas or schoolwork (10%); raise funds for children with similar disabilities (3%); anything (3%).
Things grandmothers feel they *should* do (to help their grandchild with a disability).	Help the grandchild work on deficit areas or schoolwork (22%); work or obtain money to provide things for their grandchild (19%); perform social, spiritual, or recreational activities (17%); nothing (16%); assist grandchild's mother in care-giving or household responsibilities (7%); provide emotional support and advice (3%).

Table 1. (Cont'd.)

Relationships and adjustments	Responses (% of mentions)
Emotional Adjustment	
Grandmothers' greatest fears or concerns for her grandchild.	Poor future health or social welfare for the child (64%); discrimination or not being accepted by society (10%); uncertainty regarding who will watch over their grandchild in the future (10%); none (10%); father will try to take the child from his mother (3%).
Grandmother's greatest fear or concerns for her son/daughter.	Suffering of their son or daughter's personal happiness (23%); no real fears or concerns (19%); lack of adequate care for the grandchild's associated difficulties (19%); future illnesses (16%); son or daughter will have another disabled child (10%).
The person with whom the grandmother shares her feelings about her grandchild with a disability.	Daughter or son (64%); the grandchild's grandfather (19%); her parent, i.e., the grandchild's great-grandparent (3%), a godparent (3%), or another grandparent (8%); no one (3%).
How this sharing was helpful.	It fosters empathy (47%); it is calming or provides relief (23%).
The person grandmothers believe the *most* helpful in assisting their grandchild adjust to his/her disability.	Grandchild's mother and/or father (40%); herself (25%); grandchild's aunt/uncle (23%); special services educator (6%); grandfather (3%).
What this person specifically provided.	Care giving (27%); everything (23%); emotional support (13%); economic support (11%); special services (3%).

Note: Responses that represent no opinion or uncertainty with the question are omitted.

> I can protect him more because I have had children. I was a mother first and before, and [a] mother suffers for her children. I now give lots of support. (Grandmother 2)

> [I] watch over him and treat him well and [do] not [allow] the wrong doing of someone else affect him. (Grandmother 6)

Grandmothers' Role Adjustment

The second area explored was the role adjustments grandmothers had to make in order to accommodate a grandchild with a disability. When asked to discuss things

they would *like* to do, about a quarter desired to do things associated with traditional grandparental roles of engaging in fun and recreational activities, and assisting their grandchild with educational related tasks. Seventeen percent of the remaining grandmothers desired to assist with care-giving and household responsibilities. Twenty-seven percent of the grandmothers did not report anything in particular. When asked about the things they felt they *should* do as grandparents, only 16% of the grandmothers reported doing nothing. Of the remaining grandmothers, there was about equal emphasis of groups (around 19% each) wanting to help their grandchild in one of three areas: assisting their grandchildren in school work and academic areas, providing life long and/or financial assistance, or involving the grandchild in spiritual or recreational activities.

There were no especially compelling statements made by any of the grandmothers regarding their role adjustment. However, grandmothers expressed a variety of beliefs related to their emotional adjustment that merit quotation.

Grandmothers' Emotional Adjustment

When asked to describe their greatest fears and concerns for their grandchild, only about 10% reported none. Sixty-four percent of the grandmothers expressed fears that their grandchild would experience future sickness and/or injury. Other fears expressed, but to a much smaller extent (about 10%), centered on the lack of acceptance by Panamanian society of persons with disabilities, discrimination by peers, or concerns about what would happen in the future when the grandmother passed away and she would not able to watch over the grandchild. Statements that reflected these fears and concerns for their grandchild's future included:

> [I am fearful that he] . . . goes with bad people or finds a person on drugs or wander alone in the streets. (Grandmother 6)

> The news is always filled with bad things. I am scared that [my granddaughter] will be hit by a car because she can't hear. (Grandmother 13)

> That someone will abuse or mistreat him. That [my grandson] gets run over by a car. [I just have] a lot of fear. (Grandmother 21)

Regarding their own children (the parents of their grandchild with the disabilities), a variety of fears and concerns were also expressed. About 40% of the grandmothers expressed concern in one of two areas: hardship and suffering of their own children and the possibility that their own children would become sick as a result of high stress. Two additional areas where grandmothers expressed concern was finding adequate care for the grandchild and associated health difficulties (19%) and that their children will bear another disabled child (10%). Nineteen percent of the grandmothers expressed no particular concerns for their children. Statements that reflected grandmothers' fears and concerns for their children's future included:

> That something might happen to [my grandson's] child, and this may cause his mother to suffer. (Grandmother 18)

> [My daughter] is scared to get married and name [sic] another abnormal child. If [my granddaughter] would die, who would help [my grandchild]!? (Grandmother 11)

> I feel all [of my daughter's] suffering! (Grandmother 10)

When grandmothers were asked about the person with whom they shared their feelings about the grandchild, an overwhelming 91% cited members of their immediate family. About two-thirds of the grandmothers considered this helpful because it maintained communication with others and provided understanding and love, which had a calming effect:

> [I share my feelings with] Carmen, my daughter. . . . Yes it gives [me] love, encouragement, and understanding. (Grandmother 1)

> [I share my feelings with] my eldest [and other] daughter. . . . Yes, she has helped me economically, with cloths, taking care of [her niece with a disability] and we consult with each other. (Grandmother 8)

Yet at the same time there were a few grandmothers who were unable to identify a person to disclose their thoughts to. This grandmother's comments best characterized this perspective:

> [I share my feelings] with no one, not even my daughter because she will feel sadder and more nervous. This helps me because I may be feeling the problem, but the other person will not have that problem. (Grandmother 10)

DISCUSSION

Grandmothers in this study described their roles and reactions to having a grandchild with a disability in ways that simultaneously reflect the uniqueness of circumstances as well the universality of being a grandparent. The self-perceived stigma of being a grandparent of a child with a disability in Panama seems less pronounced and less significant a life issue than comparable grandparents in the United States. It has often been said that the birth of a child with a disability can produce feelings of loss and grief in families that is equivalent to mourning the loss of a normal child. In many cases, family relationships clearly transform in response to having a child with a disability (Turnbull & Turnbull, 2001). From the perspectives of grandparents of grandchildren with disabilities, more often than not the results are in directions they perceive as either splitting or bringing their families closer (Gardner et al., 1994). Panamanian grandmothers, however, do not appear to perceive or experience this effect. Their responses are far more present-oriented, and having a grandchild with a disability does not appear to dramatically affect or change their family relationships. There is no question that

Panamanian grandmothers equate one of their roles to accept their grandchildren with unconditional love and affection. Certainly, this characteristic appears to be a universal and important role that most grandparents willingly accept across cultures. But in contrast to grandparents in the United States (Gardner et al., 1994; Murphy & Della Corte, 1990), Panamanian grandmothers seem to dwell more on having a grandchild with a disability who clearly needs current help and resources, and much less on grief and loss.

Panamanian grandmothers appear to hold unique perceptions regarding their role and emotional adjustment, although these perceptions seem less dramatic and with more variety than those observed of grandparents in the United States (Gardner et al., 1994; Scherman et al., 1995). No particular group of beliefs reflects an obvious majority, and the nature of their comments are less intense than some of the more pointed role adjustment issues encountered by American grandparents. For example, American grandparents of children with disabilities strongly feel they *need* to take on specific roles, such as babysitting, providing unconditional love and encouragement, and being available to help their children meet the medical and special education needs of their grandchild with a disability (Gardner et al., 1994; Scherman et al., 1995). Therefore, it was particularly interesting, and likewise unpredictable, that the most frequent single response that Panamanian Grandmothers would *like* to be asked to do as a grandparent of a child with disabilities, yielded a response of "nothing."

As we would universally predict for most grandparents having grandchildren with disabilities, Panamanian grandmothers are primarily concerned with the well being of their grandchild's health and the emotional well being of their son and/or daughter (their grandchild's parents). They desire more economic and medical support for their grandchild and his/her family, emphasizing the financial/service areas of need.

When it comes to more personal emotion, the emotional adjustment of Panamanian grandmothers to having a grandchild with a disability probably represents their most original perspective. Panamanian grandmothers find it extremely sufficient to share their feelings and concerns with immediate family members, unlike grandparents of children with disabilities in the United States who identify the need for mental health/professional support that comes from outside the family (Scherman et al., 1995; Vadasy, 1987). This contrast provides an interesting observation. In the United States, the ability to access social and medical services is more open and "controllable" on the part of individuals seeking access. Granted, finding emotional or mental health support can be a bit problematic for some groups (for example Medicaid does not provide services to meet the psychosocial mental health needs of grandparents of children with disabilities). However, despite the lack of directly available mental health services, grandparents of children with disabilities in the United States know they can find sources of emotional/mental health support in public agencies when needed (George, 1988; Nybo, Scherman, & Freeman, 1998).

In Panama, access to emotional/mental health services is far less pronounced. These services are simply just not there, and therefore, grandmothers of children with disabilities rely on family resources as their prime source of emotional support. Maybe Panamanian grandmothers quantify their degree of "controllability" in terms of those actions that provide access to their family members, especially with those who participate in emotional discussions to their benefit. From another perspective, grandparents (of grandchildren with disabilities) who have knowledge of and know how to access resources that provide emotional support and management for the life stress of having a disabled grandchild, represent one way grandparents are able to take positive control over their emotional adjustment.

Grandparents, including grandmothers of children with disabilities, in the United States hold expectations that emotional support will come from outside the family (Gardner et al., 1994; Schutter, Scherman, & Carroll, 1997; Vadasy, 1987), while grandmothers of children with disabilities in Panama hold expectations that emotional support comes from family members. Both know where emotional adjustment support is available, but each looks to uniquely different sources relative to their immediate family—one internal (i.e., Panamanian grandmothers) and one outside (i.e., U.S. grandparents).

CONCLUSIONS

In a variety of ways, Panamanian grandmothers' perceptions of their role as a "grandmother of a grandchild with a disability" are no different than grandmothers in the United States, or internationally for that matter. Panamanian grandmothers are quick to accept their disabled grandchild unconditionally and believe that providing support to their child and their family is an important role to occupy. But there are also differences, some of which are observed in the grandmothers' responses during the interviews, while others come from a more clinical interpretation of the data.

There appears to be distinctions in family cohesion. In Panama, grandmothers of children with disabilities live much closer to their grandchildren. Their day-to-day interactions with and direct observations of the challenges their sons and daughters experience as the result of having a child with a disability are far more pronounced and near to hand. Financially and educationally, Panamanian grandmothers of children with disabilities are much less empowered to contribute support in these domains than their counterparts in the United States. But what is the "better" grandparenting model—giving financial and limited time commitment from a distance (as in the United States) or giving face-to-face emotional support and providing more direct hands-on assistance (as in Panama)? Probably both. Each model is effective because both represent a reasonable adaptation that fits the cultural and socio-economic standards of the grandmothers' respective country. Both groups of grandmothers see their role as

drawing from and providing personal resources of which they have the most *control* over, and which they are most freely able to give.

There also seems to be a difference in the model that grandparents in Panama versus grandparents in the United States build self-perceptions of their role around. In the United States, when a grandchild has a disability, grandmothers seem to be quick to believe they have a definite obligation to provide direct care and support to their child's family and their grandchild. This perception of obligation undoubtedly adds stress to the life of American grandmothers of children with disabilities. In Panama, grandmothers have similar beliefs, but what makes their perspective unique is that they appear far more resistant to emotional stress. Most clearly absent seems to be the stress of whether or not they are fulfilling their role adequately. The role of a Panamanian grandmother of a grandchild with a disability is to provide support in whatever form or fashion the grandmother is capable of providing at a given time or place. There are no stereotypic roles that must be assumed. A Panamanian grandmother is not stressed to rise to the occasion of a new role, because they will simply adapt the preexisting expectations of being a Panamanian grandmother (with or without a grandchild with a disability).

There appear to be some universal roles that grandmothers with grandchildren with disabilities engage in. Most of them point toward the interests they hold in contributing to the well being of their grandchildren and participating in family and ceremonial activities involving them. However, culture also seems to have a genuine influence on the type of roles grandmothers perform of grandchildren with disabilities. In Panama, grandmothers live close to their grandchildren, and their beliefs about their role with respect to family ties and activities reflect high involvement on a daily and continuing basis. Panamanian grandmothers find it quite natural and reassuring that they are actively involved in the lives of their children and grandchild with a disability. In contrast, grandmothers in the United States appear more comfortable to referring to themselves as a grandmother with additional responsibilities to their extended family, rather than primarily the grandmother of a grandchild with a disability. This difference seems very subtle but nevertheless one that uniquely characterizes Panamanian grandmothers' beliefs and adjustment regarding their perceptions of themselves as a member of a family that includes a grandchild with a disability.

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