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# Grandparents Raising Grandchildren: The Lived Experience of Extended Family Reconciliation

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# Walden University

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Sheryl Martin

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Walden University  
2016

Abstract

Grandparents Raising Grandchildren:

The Lived Experience of Extended Family Reconciliation

by

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MS, Walden University, 2005

BEd, University of Alaska Anchorage, 1986

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

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## Abstract

Researchers have documented the increasing role of grandparents who provide care for their grandchildren; however, few have studied extended family reconciliation after grandparents assumed their primary care. This study explored the reconciliation experiences of 12 grandparents who were primary caretakers of their grandchildren. Using Moustakas's phenomenological research approach, the participants were interviewed about their experiences of the relationship triad (grandparent–grandchild, grandparent–adult child, parent–child). Attachment theory and family systems theory were the conceptual frameworks to explore the central research question, which addressed the meaning of extended family reconciliation for grandparents who become primary caregivers of grandchildren. Using NVivo, the interview data were coded and grouped into themes of shared meaning. The results revealed 4 distinct themes: watching my adult child struggle; recognizing challenges; my grandchild's wellbeing; and communicating with my grandchild. Further, the lived experience revealed that extended family reconciliation was largely dependent upon the adult child's willingness, readiness, and capability to participate in the reconciliation process. Results of this study have the potential to benefit children in their grandparents' care by providing insights into the reconciliation experience, with meaningful results to be shared with the professional community and grandparents who care for their grandchildren.

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## Dedication

This dissertation is dedicated to my mother, Sharon Loosli, who provided a listening ear and encouraged my academic pursuits. Although she passed away during this endeavor, I sensed her strength during the most challenging times. I also dedicate my efforts to my own grown children and their families, who taught me about the joys of extended family relationships. Finally, this study is dedicated to very supportive members of my book club, affectionately known as “the popcorners,” who allowed me continued membership despite my not reading a book since I embarked on this doctoral journey.

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I want to thank the members of my expert panel who provided valuable feedback regarding researcher-designed interview questions used in the study. Feedback from methodology experts, Dr. Susana Verdinelli and Dr. Leann Stadlander, and content expert Dr. Bert Hayslip was incorporated into the Interview Guide. In addition, I want to thank Karen Wright, who helped by posting participant invitations on her website, blog, and support group Facebook page.

## Table of Contents

List of Tables .....	v
List of Figures .....	vi
Chapter 1: Introduction to the Study.....	1
Background of the Study .....	1
Problem Statement .....	4
Purpose of the Study .....	5
Research Questions .....	6
Nature of the Study .....	6
Theoretical Framework.....	9
Definition of Terms.....	11
Assumptions.....	13
Scope and Delimitations .....	14
Limitations .....	15
Significance of the Study .....	17
Summary .....	18
Chapter 2: Literature Review .....	20
Literature Search Strategy.....	20
The Traditional Role of Grandparenting.....	21
The Role of the American Grandparent.....	22
The Changing Role of the American Grandparent .....	26
The Role of Grandparents Around the World.....	29

The People’s Republic of China .....	29
Other Asian Countries.....	32
Grandparenting in Europe.....	34
Theoretical Models of Family Relationship .....	37
Early Childhood Attachment and Caregiving.....	37
Family Systems Theory .....	44
Grandparent–Grandchild Relationships.....	48
Relationship Reconciliation .....	53
Parent–Child Reconciliation Following Foster Care Intervention.....	54
Reconciliation after Separation or Divorce.....	54
Religious Reconciliation.....	56
Summary and Transition.....	58
Chapter 3: Research Method.....	59
Research Design and Rationale .....	59
Role of Researcher .....	61
Methodology .....	62
Selection Logic .....	62
Procedures for Recruitment .....	64
Instrumentation .....	65
Data Analysis Plan.....	73
Issues of Trustworthiness.....	74
Credibility .....	75

Transferability.....	76
Dependability.....	76
Confirmability.....	76
Ethical Procedures .....	77
Summary.....	77
Chapter 4: Results.....	79
Setting.....	80
Demographics .....	80
Data Collection .....	84
Data Analysis.....	85
Discussion of Themes.....	90
Summary.....	155
Results.....	158
Subquestion 1: What is the experience of the grandparent–grandchild relationship during the process of reconciliation? .....	159
Subquestion 2: What is the experience of the grandparent–adult child relationship during the process of reconciliation? .....	164
Subquestion 3: What is the experience of the parent–child relationship during the process of reconciliation? .....	167
Discussion of the Discrepant Case.....	174
Evidence of Trustworthiness.....	175
Credibility .....	175

Transferability.....	176
Dependability.....	176
Confirmability.....	177
Summary.....	177
Chapter 5: Discussion, Conclusions, and Recommendations.....	179
Introduction.....	179
Interpretation of Findings.....	182
Theoretical Frameworks.....	182
Previous Literature.....	185
Limitations of the Study.....	187
Recommendations.....	189
Implications.....	190
Implications for Social Change.....	190
Recommendations for Practice.....	192
Conclusion.....	192
References.....	194
Appendix A: Invitation to Participate in Study.....	213
Appendix B: List of Codes.....	215

## List of Tables

Table 1. Interview Guide .....	67
Table 2. Participant Demographics.....	82
Table 3. Participant Information.....	83
Table 4. Themes and Categories Identified in Phenomenological Reduction .....	90

List of Figures

Figure 1. Reconciliation process as experienced by the participants.....158

## Chapter 1: Introduction to the Study

The increasing occurrence of grandparents stepping into custodial caretaking roles for their grandchildren has drawn attention to the psychological consequences of the change in family structure for the children (Ainsworth & Bowlby, 1991; J. Bowlby, 1988; Goodman & Silverstein, 2001; Settles et al., 2009; Videon, 2002). These researchers have identified and described the relationship between the wellbeing of the child and the quality of the parent–child relationship. Research has also suggested that successful reconciliation and redefinition of family relationships can have positive ramifications for the children (Sanchirico & Jablonka, 2000). Understanding how grandparents have successfully managed healthy reconciliation can benefit children in their grandparents' custody, grandparents who become their custodians, and healthcare workers and therapists working with these families.

This chapter presents the background of the study, including the literature noting the increasing longevity of elders, the attachment needs of children, and the challenges faced by family systems that are disrupted by trauma or crisis. The problem statement, purpose of the study, and the phenomenon of interest are presented. The research central question guiding this study is posed, along with a description of the nature of the study, theoretical framework, and potential social significance.

### **Background of the Study**

When grandparents are in contact with their grandchildren, they tend to affect the children's happiness and welfare, though this effect may be indirect depending upon the closeness of the relationship (Dolbin-MacNab & Keiley, 2006; Kivett, 1991; Settles et

al., 2009). While grandparents have long provided care for their grandchildren during and after family crises, grandparent involvement in ongoing childcare has significantly increased (McGowen, Ladd, & Strom, 2006; Robinson-Dooley & Kropf, 2006). This increase has been propelled by social changes and the longer, healthier lifespans that allow more individuals to achieve grandparenthood (Cherlin & Furstenberg, 1986; Robinson-Dooley & Kropf, 2006; Settles et al., 2009). Lower birth rates in developed countries also encourage grandparents to spend more time with individual grandchildren (Settles et al., 2009). In addition to stepping in for the “absent” parent, grandparents are called upon to care for grandchildren even when the children’s parents are still living in the household. An increasing number of parents are not willing or able to provide care for their children (McGowen et al., 2006). Family stressors, such as financial and social hardships, single parent households, and addiction, have negatively affected parents’ ability to care for their children (Bernal & Anuncibay, 2008; Bridges & Roe, 2007; Krishnakumar & Black, 2003; Pew Research Center, 2012; Settles et al., 2009.)

Scholars have long been accepted that attachment is a critical component to the psychological development of infants and children, as first described by J. Bowlby and Ainsworth (Ainsworth, 1989; Ainsworth & Bell, 1970; Ainsworth & Bowlby, 1991; J. Bowlby, 1982). Current research has suggested that early attachment experiences continue to be of significant consequence through adulthood (Carbone, 2010; Cortina, 2013; Fraley, Booth-LaForce, Roisman, Owen, & Holland, 2013; Karakurt & Silver, 2014; Kentenbaum, 2011; Kobak & Sceery, 1988; O’Gorman, 2012; Pietromonaco, Schetter, & Uchino, 2013; Scarcella, Ehrle, & Geen, 2003; Taylor, 2002). When under

stress, infants and children will look to their attachment figure for solace (J. Bowlby, 1973). As grandparents assume parenting roles with their grandchildren, these original attachment relationships (grandparent–adult child; parent–child) can become strained (McGowen et al., 2006; Robinson-Dooley & Kropf, 2006).

As of 2012, just under 3,000,000 grandparents in the United States were primary caregivers for their grandchildren (U.S. Census, 2012). When grandparents take over the parenting role, revision of the grandparent–child relationship begins to occur in terms of attachment development (Ainsworth, 1989; Connor, 2006; Dolbin-MacNab & Keiley, 2006; Harwood, 2000; Poehlmann, 2003). Simultaneously, the child’s attachment to their parent, or previous attachment figure, is interrupted. While the literature has suggested the parent–child relationship is important to the child's sense of wellbeing, and associated custody issues often affect family relationships, subsequent reconciliation of relationships after families have been fractured during the custody changes has not been well studied (Videon, 2002; Worrall, 2005).

For the purposes of this study, reconciliation involves families accepting the new family configuration, so that children can stay connected with parents and grandparents in viable, healthy relationships. With so many families currently headed by grandparents, therapists, social workers, mental health organizations, and professional organizations need to know more about this phenomenon to be effective in their therapeutic roles toward the goal of reconciliation. Previous studies have quantitatively addressed relationships between children and their grandparents in grandparent-led homes, as well as associated stressors, social supports, and community resources (Bridges & Roe, 2007).

The previous research has not addressed the phenomenon of reconciliation and has missed the opportunity to contribute to the continued connectedness of all family members and the emotional health of the grandchildren. The current study has addressed a gap in the literature regarding the reconciliation experience of grandparents who have assumed care of their grandchildren.

### **Problem Statement**

When custody of children is transferred to grandparents, by necessity, choice, or court order, family relationships are disrupted (Burks, 1994; Connor, 2006; Dell & Appelbaum, 1977; Dolbin-MacNab & Keiley, 2006; Worrall, 2005). In custody disputes between a child's parents and grandparents, conflicts often occur regarding the child's best interest (Nielson & Bucaria, 2009). Considerable research has documented the affect of the parent-child relationship on children's sense of security and wellbeing (Ainsworth, 1989; Ainsworth & Bell, 1970; Ainsworth & Bowlby, 1991; J. Bowlby 1973; Carbone, 2010; Dozier, Stovall, Albus, & Bates, 2001; Jia & Tian, 2010; Lowenstein, 2010; Nielson & Bucaria, 2009; Porter, 2003; Troxel & Mathews, 2004; Videon, 2002). Dissolution of the nuclear family structure creates a potential of reactive attachment issues in the children (Taylor, 2002). Numerous studies have addressed various aspects of grandparents caregiving for their grandchildren (Bernal & Anuncibay, 2008; Brian & Logan, 2001; Brown, 2008; Brussoni & Boon, 1998; Connor, 2006; Dolbin-MacNab & Keiley, 2006; Ferguson, 2012; Glosser, 2003; Goh & Kuczynski, 2010; Goodman & Silverstein, 2001; Hall & Fincham, 2006; Henderson, Hayslip, Sanders, & Loudon, 2009; King, 2003; Kivett, 1991; Kolomer, 2009; Kornhaber, 1985; Kruk, 1994; Landry-Meyer

& Newman, 2004; Lauterback & Klein, 2004; Lee & Bauer, 2010; Lin & Harwood, 2003; McGowen et al., 2006; Mueller & Elder, 2003; Poehlmann, 2003; Robinson-Dooley & Kropf, 2006; Schutter, Scherman, & Carroll, 1997; Settles et al., 2009; Silverstein & Ruiz, 2006; Stack, 1974; Strom & Strom, 2011; Wallace, 2008, Worrall, 2009). However, the literature had not addressed the experience of how these disrupted systems reconcile family relationships, and how grandparent caregivers participated in their grandchildren's welfare and emotional adjustment. The phenomenon can be addressed through exploration of the lived experience of grandparents providing daily care of their grandchildren. This study addressed a gap in the literature regarding reconciliation of family relationships as experienced by the grandparents caring for their grandchildren when parents are no longer primary caretakers.

### **Purpose of the Study**

Using a phenomenological approach, the purpose of this study was to explore the meaning of the extended family reconciliation experience of grandparents who have assumed custodial care of their grandchildren. This approach allowed for an in-depth exploration of the lived experiences of grandparents that provided understanding of the phenomena of reconciliation, addressed the literature gap, and potentially provided insights that would be valuable for caregivers and mental health professionals to improve family life and the wellbeing of the children.

### **Research Questions**

The central question guiding this study was this: What is the meaning of extended family reconciliation for grandparents who become primary caregivers of grandchildren? In addition, I explored the following subquestions from the grandparents' perspective:

1. What is the experience of the grandparent–grandchild relationship during the process of reconciliation?
2. What is the experience of the grandparent–adult child relationship during the process of reconciliation?
3. What is the experience of the parent–child relationship during the process of reconciliation?

These subquestions were included in order to explore and describe the complexities of relationship among this “reconfigured” family system.

### **Nature of the Study**

The existing research regarding grandparents raising grandchildren has been primarily quantitative, and researchers have missed a more intensive examination of the phenomenon. For this study, I used a phenomenological approach to investigate the lived experiences of grandparents involved in the reconciliation of family relationships following transfer of custodial guardianship to grandparents from the children's natural parents. The primary phenomenon of reconciliation was explored, along with the relationships between and among the key members of the family system: grandparent–grandchild; grandparent–adult child/parent; and adult child/parent–child.

A purposeful sampling strategy was employed to identify and invite grandparents who were currently primary caregivers for their adult children's children. I recruited participants using a combination of criterion sampling and snowball sampling, as Patton (2002) had described. Participants met the criteria of having custody of their grandchildren for at least 3 years. For snowball sampling, participants were asked at the end of the interview to recommend other participants they may know who met the study's criteria.

For the criterion sampling, I devised three strategies for distributing the invitation. First, an e-mail was sent to professional colleagues and associates asking them if they would forward an invitation to potential participants for the study. The invitation e-mail (Appendix A) contained the criteria for participation and instructions for contacting me as the researcher. Second, I contacted managers for online grandparent groups on Facebook requesting permission to post the invitation letter to the groups' Facebook pages.

Once the potential participants contacted me, I called the participants to review the criteria and informed consent letter. When the participation criteria were met and the informed consent letter signed and submitted, an interview was scheduled. The interview did not take place until I had received the informed consent letter.

The data were gathered through interviews with grandparents regarding their experience with reconciliation following custody transfer of their grandchildren. As the interviewer, I encouraged participants to describe their family relationships prior, during, and after the transfer of their grandchildren's custody from parents in order to understand

how the reconciliation process unfolded through the relationships among the family system members. Examples of interview questions included the following:

- How did you become the caregiver of your grandchild?
- What kinds of interactions do you have with your son/daughter on a typical day?
- What is the biggest struggle you experience as a grandparent caregiver?

Details of the data collection instrument and procedures are provided in Chapter 3.

I used journaling, audit trails, and member checking to enhance the trustworthiness of the collected data, as discussed in Patton (2002) and Shenton (2004). Pseudonyms were used in the data gathering and storage to maximize confidentiality. Paper files were stored in locked file drawers, and electronic files were password protected.

Nvivo (QSR International, 2013) was used to organize and analyze the interview data. Using Moustakas's (1994) method for data analysis, I began with epoché to deliberately identify, acknowledge, and set aside any of my personal preconceived opinions regarding reconciliation.

Through a process of phenomenological reduction, I bracketed the research question to ensure its focus and listed every significant statement from participants that was relevant to each research question, valuing all statements equally (horizontalization). Nonoverlapping statements were clustered into themes, and textural descriptions were created. Then, using the process of imaginative variation, I examined the statements from various perspectives (i.e., the literature, personal experience) and derived structural

themes that represented common or shared experiences of the participants. Lastly, I organized the themes into a coherent textural description of the phenomenon, per Moustakas (1994).

### **Theoretical Framework**

Ainsworth and Bowlby's (1991) attachment theory and Bowen's (2004) family systems theory provided the theoretical frameworks for the current study. When there are custody disruptions in families, a myriad of intense emotions potentially can have lifelong consequences for children (Dowdell, 1995; Henderson et al., 2009; Hess, 1999; Poehlmann, 2003; Scarcella et al., 2003). Attachment theory provided the foundation for understanding the attachment needs of children (Ainsworth, 1989; J. Bowlby, 1973; R. Bowlby, 2007; Connor, 2006; Dozier et al., 2001). Normally, the strongest attachment for the child is the bond with the mother figure, usually the child's biological parent. Attachment theory states that the child can experience significant depth of loss through separation from the mother figure (J. Bowlby, 1980). Attachment theory also describes the healthy development of personality based on the parent-child relationship (Ainsworth & Bowlby, 1991). The bond of attachment provides the foundation for resilience, navigating future relationships, and the development of the child's basic personality (Cortina, 2014; Fraley et al., 2013; Karakurt & Silver, 2014; Kobak & Sceery, 1988; Krestenbaum, 2011; O'Gorman, 2012; Pietromonaco et al., 2013; Porter, 2003; Sands, Goldberg-Glen, & Shin, 2009; Siegel, 2009). Attachment is of particular concern when children are removed from their parents and attachment with the mother figure is disrupted (Dolbin-MacNab & Keiley, 2009; Sands et al., 2009; Weston & Qu, 2009).

While grandparents may have played a secondary attachment role, the child's relationship with the biological or adoptive mother continues to be important in the child's healthy adjustment. I explored how grandparents play a role in supporting continued parent-child relations and restoration of extended family relationships in using this theoretical framework to develop the interview questions and potential themes in data analysis.

In this study, I also used Bowen's (2004) family systems theory. This theory states that individuals are best understood within the context of family, where roles and rules maintain patterns of behavior. These interdependent roles may foster balance, or lead to dysfunction, depending upon the degree and intensity of behavior of individual members in the family unit (Bowen, 2004).

This theory also emphasizes the concept of differentiation. Differentiation refers to ability to function individually and within the family system (Kerr & Bowen, 1988). A mature individual has achieved a high degree of differentiation of self from the parental family (Bowen, 2004). This occurs because the highly differentiated individual with clearly defined ego-boundaries is able to achieve closeness with family members and others without losing a sense of individuality.

Family systems theory emphasizes the need to include the family context in order to understand the individual's feeling of wellbeing and that functioning within the family system is influenced by role differentiation (Kerr & Bowen, 1988; Wright, 2009). Reciprocally, family functioning affects differentiation of individual family members. Bowen's family systems theory was helpful in understanding the family unit as it "reconfigured" when the grandparents became the primary care providers. Dolbin-

MacNab and Keiley (2006) found that distinctive individual attributes of family members are interactive elements that contribute to grandparent–grandchild relationships.

Grandparents’ perceptions of the reconciliation process could provide valuable information useful to therapists providing family support. The concept of differentiation was explored in examination of the relationships of grandparent–grandchild, grandparent–adult child, and adult child/parent–child.

### **Definition of Terms**

*Affectional bond:* A long-term, enduring intimate tie between two individuals, with a characteristic desire of an individual to preserve and sustain the closeness with the partner, who can never be replaced (Ainsworth, 1989; Dolbin-MacNab & Keiley, 2006).

*Attachment:* An affectional bond between an infant or child and the caregiver, mother figure, or attachment figure that drives the infant or child to seek and maintain proximity to the mother figure or attachment figure (Ainsworth, 1964, 1967, 1969; J. Bowlby 1958, 1969; Connor, 2006; Dolbin-MacNab, & Keiley, 2006; Dozier et al., 2001). The attachment figure can never be completely replaced (Ainsworth, 1989).

*Attachment behaviors:* Actions, such as clinging, following, or crying out, focused on ensuring proximity to the attachment figure (Ainsworth, 1964, 1967, 1969; J. Bowlby 1958, 1969; Dozier et al., 2001).

*Attachment figure:* The caregiver or mother figure who is the object of the child’s bond or attachment (J. Bowlby, 1973).

*Caregiver:* One who looks after another, such as an adult who provides care for children (Gilbert & Sifers, 2011)

*Caregiving grandparent:* The grandparents who live with grandchildren, or provide the majority of their care, but do not necessarily have legal status of custodian or guardian of their grandchildren (Poehlmann, 2003; van Ecke, Chope, & Emmelkamp, 2006).

*Custodial grandparent:* The grandparent who is the primary caregiver of the grandchild/grandchildren and maintains physical custody (Hayslip, Shore, Henderson, & Lambert, 1988).

*Custody:* Protective care, formal or informal (Poehlmann, 2003).

*Grandparent:* The biological parent or stepparent of a minor's mother or father. For the purposes of this study, the term *grandparent* also includes great-grandparent.

*Grandchild:* The biological or adopted child of an individual's own biological or adopted child; the offspring of one's own offspring.

*Reconciliation:* Restoration of relationships within the new family configuration, so that the children can have viable relationships with both biological parent(s) and grandparents.

*Reconfigured families:* The structure of families following custody transfer to grandparents.

*Secondary attachment figures:* Grandparents who take on the role of primary care provider (Dozier et al., 2001).

*Secure attachment:* An attachment associated with foundational feelings of protection, sanctuary, and comfort when in proximity to the attachment figure. These

secure feelings allow a child to confidently venture out away from the attachment figure to explore the environment, little by little (Ainsworth & Bell, 1970).

*Separation anxiety*: Emotions experienced by a child which are characterized by protesting behaviors when separation from mother figure is about to occur; apprehension when separation is pending; and uncertainty regarding availability of the mother figure (J. Bowlby, 1973).

### **Assumptions**

Phenomenological research assumes that insights can be gained from interviews with participants who can articulate the lived experience of the phenomena in question (Finlay, 2009; Guest, Bunce, & Johnson, 2006; Moustakas, 1994; Patton, 2002). In this case, I assumed that the selected grandparents involved in the day-to-day care of their grandchildren were able to articulate these experiences in a way that contributed to the body of research. Furthermore, a phenomenological study assumes that participants will share honestly about their experiences (Patton, 2002). I worked to build rapport and trust so that participants felt comfortable in freely sharing their heartfelt experiences. I also assumed that I was able to suspend my own preconceptions regarding the research question. The risk of researcher bias is addressed in Chapter 3.

Certain facts that may be important to this study were assumed, but not verified. It was assumed that family relationships were disrupted when custody of minor children was transferred from parent to grandparent. It was assumed that when roles within the family were reconfigured, relationships within the family were disrupted and that this had an impact consistent with what prior research and clinical practice has described. It was

also assumed that that reconciliation was possible after the child's parent relinquished the primary custodial role to the child's grandparent. The final assumption was that information regarding reconciliation gained from the experiences of grandparents raising their grandchildren could be beneficial to the mental health profession as well as caregivers.

### **Scope and Delimitations**

Reconciliation of relationships in extended families was the focus of this research. As pointed out earlier and detailed in Chapter 2, there is potential for significant harm to children when relationship disruptions occur within the family system, particularly when the children's parents are no longer the primary caregivers. This study aimed to investigate how grandparents navigated relationship changes in the family system when the family structure had been disrupted when they assumed custodial role of their grandchildren. The experience of reconciliation from the grandparents' view provided insights about how parental and grandparental relationships can be renegotiated as families go through this kind of disruption to the family system.

The research participants were limited to a purposeful sample of grandparents or step-grandparents living in Alaska (my home state) or elsewhere in the United States who are members of a local or online grandparent support group, or respondents to participation invitations distributed by my professional colleagues. The selection of the sample was not designed to allow for generalizations to the target population of grandparents who care for their grandchildren. It was posited that ability and willingness

to be audiotaped during telephone or face-to-face interview might limit participation of some potential participants, and that some might decline.

Erikson (1963) or other developmental theories were considered. Erikson's psychosocial stage theory is concerned with ego identity development, and posits that successful negotiation of each stage in personality development allows the developing child the ability to progress to the following developmental stage. Lifespan identity development is certainly a related issue when exploring extended family reconciliation. However, the focus of this dissertation was on the relationships within the family system, making attachment theory and family systems theory more appropriate (Ainsworth, 1989; Ainsworth & Bowlby, 1991; Bowen, 2004; J. Bowlby, 1988; R. Bowlby, 2007).

### **Limitations**

Transferability is one of the criteria by which qualitative studies are evaluated (Baxter & Eyles, 1997; Patton, 2002; Shenton, 2004). Transferability refers to the degree to which research results can be interpreted by the reader as meaningful and relevant. In qualitative research, the findings are related to specific situations in small samples. The researcher, therefore, cannot infer application to the broader population. To enhance transferability, I provided in-depth contextual descriptions that might be of importance to the reader's understanding. In addition, I achieved saturation of codes and themes, per Guest et al. (2006) and Moustakas (1994), with the analysis of additional participants as needed. Qualitative methodological literature suggested that between six and 10 participants is a reasonable estimate (Morse, 2000), so I interviewed 12 participants and noted in the data analysis process when no new concepts or themes were identified.

The quality of qualitative research is founded on the concept of “trustworthiness” as defined by Guba (1981) and others (Patton, 2002; Shenton, 2004). This includes four criteria: credibility; transferability; dependability; and confirmability. As the researcher, I took measures to ensure credibility, making sure findings accurately reflected the phenomenon, through the following strategies (Shenton, 2004). I developed interview guide questions based upon previous, peer-reviewed literature and feedback from methodological experts. I gained familiarity of the culture of grandparent caregivers through reviews of relevant literature and contacting online grandparent support groups. During informed consent, participants were given opportunity to refuse participation, and to discontinue at any time. Therefore, it is reasonable to assume that participants reported openly and accurately. I rephrased questions and revisited previously covered questions to ensure accuracy. Most important in safeguarding credibility, I invited participants to participate in a member checking process, to be certain their intentions had been captured, per Guba (1981) and Shenton (2004).

I addressed the issue of dependability through a thorough, detailed account of the research procedures (Shenton, 2004). A thorough elaboration will allow the reader full understanding of the research process, and future investigators will be able to replicate the study. I have detailed the research design plan and implementation, including data gathering and analysis. To address confirmability, I maintained an ongoing reflective journal to record the research process, along with reflections regarding research decisions.

The research results might have been limited by the ability of participants to accurately recall and express their experiences (Moustakas, 1994; Patton, 2002). I endeavored to identify and set aside personal beliefs through a process of bracketing (Creswell, 2007). Any preconceived beliefs about the research question that I was unable to set aside would pose a potential limitation to the study.

As mentioned earlier, member checking is a process involving the participants in reviewing some aspects of the data to ensure their intentions have been preserved (Shenton, 2003). I provided participants with their narrative summaries and asked that they verify that the intended meaning had been preserved as a way to safeguard against misinterpretation of the participants' contributions (Gelling, 2010). The span time between the data collection and member checking might have posed a limitation if participants' experience of the event changed over time.

Participants were limited to the grandparent support groups (as detailed in Chapter 3), respondents to participation invitations distributed by my professional colleagues, and those who volunteered after hearing about the study from friends through the snowball sampling method (Patton, 2002), where participants or informed individuals apprised other potential participants about the study.

### **Significance of the Study**

Information from grandparents' experiences when family relationships are reconciled could be beneficial to clinicians working with reconfigured families, clergy serving a supportive role, and informal grandparent support groups. I hope the results of this study will contribute to positive social change through the distribution of findings

through professional and support group channels and inform audiences who are interested in improved family relationships for families interested in reconciliation. For example, Alaska Grandparent Support Group, Grandparents Raising Grandchildren Support Group, Alaska Psychological Association, and the American Psychological Association are professional and lay groups that might be interested in the results of this study. Improved mental health and welfare of the grandchildren can have long-term benefits for them and their posterity as they grow up to parent children of their own.

### **Summary**

This chapter introduced the phenomenological study exploring grandparents' lived experiences of reconciliation when they assumed custody of their grandchildren. Relationships within the family have far-reaching implications for the growing child (Bowen, 2004). Much has been written about attachment theory and the significance of the attachment experience to personality development (Ainsworth & Bowlby, 1991). The early attachment children experience with their parents continues to be important as they grow and forms relationship with others (Carbone, 2010; Cortina, 2013; Fraley et al., 2013; Hesse, 1999; Kobak & Sceery, 1988; Pallini, Schneider, Baiocco, Madigan, & Atkinson, 2014). When sufficient parent-child attachments are formed, children tend to be more autonomous as adolescents and young adults (Cassidy & Shaver, 1999).

When grandparents become the caregivers for their grandchildren, attachment development for the custodial children is revised and family relationships are reconfigured (Poehlmann, 2003). As grandparents have increasingly taken on the parenting role, research in that area has also increased. However, the literature regarding

reconciliation of relationships following custody transfer of minor children to grandparents is incomplete. Findings from quantitative studies have been limited to looking at measures of depression, loneliness, adjustment, relationship closeness over time, preventative care, parenting stress, and social supports (All-China Women's Federation, 2008; Bridges & Roe, 2007; Jia & Tian, 2010; Muliira & Musil, 2009; Smith & Hancock, 2010). Further, this area lacks a deeper understanding of the meaning of reconciliation as seen through the eyes of the grandparents. As a consequence, the quality and richness of experience of individuals in the midst of living the phenomenon is the best avenue for understanding the world of grandparents and extended family relationship reconciliation. Chapter 2 offers a review of the related literature. Chapter 3 contains the study's research design and methodology. Chapter 4 reports the data, and Chapter 5 provides interpretation, implications, and conclusions of the study.

## Chapter 2: Literature Review

The purpose of the current study was to explore and understand the experience of reconciliation in families where the grandparent(s) become the primary caregiver. For the purpose of the study, reconciliation means coming to terms with the new family structure, so that the children can adjust to the redefined roles with both biological parent(s) and grandparents.

The following literature review covers current research and conceptualizations of grandparents raising their grandchildren, including challenges, supports, financial stresses, attachment, relationship changes, social adjustment, and resilience. The review begins with the traditional role of grandparenting, including the historical and contextual role of grandparents in the family context. European, Asian, and contemporary American models are reviewed. Changes in the extended family and the grandparents' roles are discussed relative to longevity and contemporary societal increases in social and economic motility.

### **Literature Search Strategy**

The literature was searched through PsychINFO, PsycARTICLES, Academic Search Complete, and SocINDEX databases, as well as general searches on the Web. The following key words were used during the searches: *grandparents, grandmother, grandfather, caretaking, kinship, extended family, nuclear family, custody, grandparent relationship, grandparent-grandchild connection, grandchildren, resilience, raising, attachment, Family Systems Theory, American, American Indian, Native American, African American, Asia, Europe, foster care, reconciliation, role.*

### **The Traditional Role of Grandparenting**

Grandparents providing care for their grandchildren represents an ever increasing option for parents in need of family support. Families experiencing financial duress often need support. A significant number of middle class families in the United States have experienced a financial downturn in the past decade (Pew Research Center, 2012). According to the U.S. Census (2011), from the beginning of 2004 to the end of 2006, over 28% of U.S. residents experienced poverty. Over 51% of households were headed by women at poverty level during this period, and grandparents were often called upon to help with childcare. A survey of middle class U.S. citizens ( $n = 1,287$ ) by Pew Research Center (2012), in conjunction with data from the U.S. Census Bureau and Federal Reserve Board of Governors, which was analyzed by Pew Research Center, suggested the middle class in America has shrunk since 2000. The shrinkage was defined in terms of income and wealth declines.

In 2009, more than 51 million Americans, the highest recorded numbers of U.S. residents, were living in multigenerational households (Pew Research Center, 2012). This reflects nearly 17% of individuals, and more than 21% of adults from 25 to 34 years of age residing in multigenerational households in the United States in 2009 (Pew Research Center, 2012). Grandparents assume the grandchild caregiving role across all ethnic and cultural lines (U.S. Census, 2012). Approximately 2,732,099 of the estimated 7,059,261 grandparents living with their own grandchildren in the United States in 2011 were responsible their grandchildren's care (U.S. Census, 2012). Of those grandparents providing care for their grandchildren during 2011, approximately 64% were Caucasian,

22% were African American, 2.1% were American Indian or Alaska Native, and 3% were Asian. The rest were Native Hawaiian, Other Pacific Islander, or of two or more mixed races. According to the U.S. Census (2012), in approximately 44% of the situations in which neither of the children's parents were in the households, the grandparents were 60 years old or older. Children living with their grandparents span the ages of newborn to 18 years old. Of those children living in their grandparents' households without their parents, approximately 23% were under 6 years of age (U.S. Census, 2012). Approximately 36% were between the ages of 6 years and 11 years, and 41% were between 12 years and 17 years of age.

### **The Role of the American Grandparent**

Traditionally, grandparents have been viewed as fulfilling a supportive role in the extended family. However, this is a relatively new phenomenon for most families in America (Cherlin & Furstenberg, 1986). Cherlin and Furstenberg (1989) pointed out that mortality rates, particularly high during the preindustrial era, fell after World War II, allowing an increasing number of individuals to achieve grandparenthood. As the numbers have increased, the roles of American grandparents have been emerging as well (Settles et al., 2009). In addition to the effects of longevity on grandparenthood, a decrease in birth rate translates to fewer numbers of children in a family. This change has increased the ratio of older individuals to younger individuals, effectively increasing the availability of grandparents to their individual grandchildren (Settles et al., 2009).

The U.S. Census Bureau (1978, as cited by Uhlenberg, 1980) indicated that the age of death rates prior to World War II was too young for most individuals to live long

enough to become grandparents, or from living many years as grandparents, if they actually achieved grandparenthood. The life expectancy in 1900 was less than 50 years. By 1980, life expectancy increased to 73. According to the Social Security Administration, 1992 (as cited by Uhlenberg, 1996) by the year 2000 mortality rates fell such that 86% of individuals would live to age 65 and 58% of individuals could expect to live as long as 80 years. The increase in longevity has allowed the possibility for the multigenerational relationships to span decades (Uhlenberg, 1980).

Settles et al. (2009) examined the rising role of grandparents as buffers when families experienced social and financial hardships. The authors chronicled global trends, including shifts in grandparents' roles in America, where grandparents have increasingly provided a shield to families in duress. Economic factors have often contributed to cohabitation of multigenerational families as a practical solution and have made it easier for grandparents to provide care for their grandchildren (Settles et al., 2009). This type of living configuration has been contingent upon lenient zoning laws (Settles et al., 2009). However, the authors pointed out that in some areas in the United States zoning laws and homeowner's association restrictions often have precluded this arrangement.

American land use policies have evolved since the early 1920s, when then Secretary of Commerce Hoover, under the administrations of Presidents Harding and Coolidge, established the Division of Building and Housing (Knack, Meck, & Stollman, 1996). Part of Hoover's plan was to safeguard the interests of homeowners and neighborhoods from encroaching businesses. In 1926 the United States Supreme Court upheld enforcement of zoning ordinances protecting single-family homes (*Village of*

*Euclid v. Ambler Realty Company*, 2013). This became the foundation for decades of municipal zoning producing exclusive single-family housing districts (Liebig, Koenig, & Pynoos, 2006). The Housing Act of 1949 (Truman, 1949) was enacted in an effort to bring disadvantaged families out of the slums by providing opportunity for affordable, adequate housing. Pollak (1994) challenged zoning ordinances intended to protect a disappearing lifestyle. Financial and social hardships have forced families to be creative about living arrangements. Although sharing living space with extended family has proved practical solutions, these arrangements are often in violation of municipal zoning codes.

Grandparents have long provided needed care for their grandchildren after family crises (McGowen et al., 2006). Historically, grandparents have helped in time of divorce through financial support, offering housing, advice, and moral support (Dell & Appelbaum, 1977). Recently, their intervention has dramatically accelerated (Robinson-Dooley & Kropf, 2006). Grandparent involvement as primary caregiver often occurs following divorce or death of a parent. In addition to the absent parent, grandparents are called upon to care for grandchildren even when the children's parents are still living and in the household. Despite their physical presence in the family, an increasing number of parents are not willing or able to provide care for their children (McGowen et al., 2006). Parental problems resulting in their inability to care for their own children include incarceration, drug or alcohol dependence, inability to take responsibility, child abuse or neglect, and lack of commitment (McGowen et al., 2006). According to federal guidelines, child welfare agencies should place children with relatives before resorting to

other placements (Hill, 1998; Stack, 1974). Consequently, grandparents are increasingly called upon to fulfill the parenting role with grandchildren needing alternate placements.

A need exists in every society for surrogates to fill in when parents are no longer able to fulfill responsibilities relative to child rearing (Strom & Strom, 2011). In these situations, the services of grandparents are drawn upon, as they are often available, willing, and, in many cases, have already developed a secondary caregiving role. Therefore, grandparents continue to be the mainstay of auxiliary support for the care of children. Strom and Strom (2011) examined successful grandparenting and explored possible needs. The 60-item Grandparents Strengths and Needs Inventory was administered to triads of three generations. Results indicated skill gaps with regard to grandparents' ability to adequately provide the needed care and illuminated the need for training (Strom & Strom, 2011). The quality of care grandparents provided was predicated on two factors: the commitment of grandparents to (a) make the child's needs a priority; and (b) to work with the child's parent around these needs, when possible. The grandparents' involvement in their grandchildren's school, monitoring of social activities, while safeguarding quality time with their grandchildren, was critical to their caregiving effectiveness (Strom & Strom, 2011). The inquiry revealed grandparents who modeled and encouraged self-reflection; encouraged the expression of thoughts, emotions, and worries; and encouraged self-assessment when dealing with behavioral issues, were more effective (Strom & Strom, 2011). The study suggested grandparents were more successful when they were willing to access social programs, as needed, and when they regularly scheduled personal time for themselves. The authors noted that societal

commitment for training grandparents may be secondary to educating parents, though the authors underscored the need for both (Strom & Strom, 2011).

Grandparents' availability to their grandchildren significantly increased during the last century, propelled by social changes, and longer, healthier lifespans (Cherlin & Furstenberg, 1986). Increased longevity in the United States has allowed more grandparents to be available to help when the need for caregiving for their grandchildren has arisen. With approximately 1 million children living in their grandparents' care between 2005 and 2007, attention has been further drawn to this topic (Generations United, 2009). Given these major societal changes, involvement of grandparents in the rearing of their grandchildren is expected to continually increase. During their lifetime, one tenth of all grandparents are expected to take on the role of caring for grandchildren (Kolomer, 2009).

### **The Changing Role of the American Grandparent**

Marks and MacDermid (1996) studied multiple roles as they applied to grandparents. According to this study, when grandparents have taken on the role of caregiver to their grandchildren, they have often experienced increased demands and stressors with the expanded role (Marks & MacDermid, 1996). Grandparents who exercised balance across their various life roles and activities tended to experience lower levels of stress and depression as they adjusted to the strains associated with these changes.

Grandparents are often faced with legal, financial, and housing needs (Wallace, 2008). In some cases, grandparents assume the custodial role through court-ordered

arrangements. According to Wallace (2008), grandparents may need legal representation when the children's parents are not supportive of the caregiving arrangement.

Grandparents may need legal authority to perform the duties associated with caring for their grandchildren's diverse needs. Grandparents' housing might not be adequate to accommodate the needs of an expanded household.

Wallace (2008) described the kinds of legal standing grandparents had.

Grandparents have often provided caregiving for their grandchildren per an informal family arrangement. Court-ordered custody, guardianship, and foster care are examples of formal, legally protected agreements. In some cases, grandparents actually adopt their grandchildren (Woodworth, 1996).

While much of the literature on grandparenting focused on the similarities that characterize the role of grandparents in the United States, it should also be noted that this population is not truly homogenous. Differences are influenced by culture and tradition. Grandparenting practices in the Mexican American and Latino, Native American, and African American families are discussed.

**Mexican American and Latino.** Approximately one fifth of grandparent caregivers in the United States are Hispanic (Fuller-Thomson, 2009). Historically, grandparents have played a traditional role in the Hispanic family that included providing care for their grandchildren (Adcos, 2014; Goodman & Rao, 2007). Mexican American and Latino individuals tend to turn to their families in times of need, rather than relying on public resources. Grandparents generally live in close proximity, and are ready, available, and expected to assist. Traditionally, Hispanic grandparents are highly

respected within the family and proudly take on roles that include transmitters of religion and tradition and caregiving of their grandchildren.

**Native American.** When compared to other cultural groups in the United States, Native American and Alaska Native grandparents, along with other minority culture groups, are three times more likely to be care providers for their grandchildren (Mutchler, Baker, & Lee, 2007). The level to which Native American grandparents provide care for grandchildren is related to both cultural and economic factors. The majority of grandparents in caregiving roles with their grandchildren have fewer educational and economic resources. Traditionally, Native American grandparents have provided a unique role with regard to childrearing in extended families, and their involvement is valued in many traditional Native-American cultures (Bahr, 1994; Schweitzer, 1999). Within the Apache family structure, family values and kinship ties are strong (Bahr, 1994). Apache grandmothers transmit cultural heritage and hold responsibility for the physical welfare of the family. Typically, the Apache grandmothers are committed toward this end, including working tirelessly and self-sacrificing as needed. The grandmothers' role is well established. Historically, Apache women traveled long distances to gather food, while the grandmother tended the children at home. The Apache culture continues to value the extended family in modern times, and within this system, grandmothers often share in caring for their grandchildren.

**African American.** In the African American culture grandmothers often assume a role of health educator within the family (Watson, Randolph, & Lyons, 2005). In contrast to the Mexican-American and Native American families, the majority of African

American multigenerational homes were headed and maintained by grandparents (Bryson & Casper, 1999). In a longitudinal study involving 542 African American grandmothers, Lee, Ensminger, and LaVeist (2005) found that grandmothers not residing with their grandchildren provided similar supports to grandmothers living with their grown children and grandchildren. In addition, grandmothers living in multigenerational homes often provided primary care for the grandchildren without significant assistance from the children's parent, aunts, or uncles, while also assisting their adult children in the home.

### **The Role of Grandparents Around the World**

Around the world, grandparents continue to play a vital, supporting role in the lives of their grandchildren, even providing custodial care as the need arises. The role differs somewhat from culture to culture. The role of grandparents in Asian and European countries is reviewed in the literature.

Grandparent roles in Asia are uniquely related to cultural influences. Asian countries and cultural groups have distinct traditional practices, making generalizations regarding grandparent roles difficult.

#### **The People's Republic of China**

In the People's Republic of China, the role of the grandparent is important. The traditional Chinese family structure was multigenerational, with men in the leading positions of the extended family households (Johnson, 1985). Male ties tended to extend beyond the immediate family for the purposes of networking and support, while female ties tended to be confined to the immediate family. Exceptions existed when maternal kinship ties were to wealthy family members. Comparatively, as Johnson (1985) pointed

out, women experienced low status within the family structure and kinship systems. The bride joined her husband's family, and the father and mother-in-law exerted control over the bride and the children as they were born to the young couple. Within the extended family, bearing children, especially male children, provided a degree of status to a young mother.

The traditional extended family structure was a focus of reform under the New Culture Movement, according to historian Chow Tse-tsung (Glosser, 2003). The New Culture Movement posited that the strong patriarchal family structure was preventing China from economic advancement. Promoters of the movement held that unless men were happy at home they would not be effective in participating in the push for reform. The movement justified supporting women's rights through family reform, in order to build a stronger nation. The New Culture Movement recognized the significant influence mothers exerted over the rearing and shaping of their children. The Nationalists, who ruled in 1927, further propelled family reform, however the focus was different. While the New Culture Movement embraced the notion of the individual as effecting change, the Nationalists believed the government should impose the reform. The strictly patrilineal family structure prior to the Nationalists' movement disregarded the woman's lineage as not really legitimate family. In response to the movement, the woman's mother and family became more included in the extended family.

The current policy, implemented in 1979, limiting offspring to one child, has further impacted the three-generational family in China (Ho, 1989). This policy increases the family's emphasis on the one offspring. To ensure the best possible care toward a

bright future for the child, the family pools resources. Goh and Kuczynski (2010) highlighted the changes of position in the family experienced as the roles of the grandparents changed. Family structure has been altered in response to the increase of women occupying the work force, as well as the imposition of the one-child China policy, as grandparents have contributed to childcare within the family. The research by Goh and Kuczynski consisted of two studies. One was a family survey, and the other involved ethnographic case studies. Findings revealed that 45.5% of the families surveyed in Xiamen conveyed that grandparents assisted with childcare. In fact, 29% of the parents stated it was the obligation of the grandparents to provide care, in spite of the hardships these duties often imposed on the elder generation. Ethnographic narratives showed grandparents' reticence to discipline the children empowered children to bully their grandparents. The grandparents tended to respond by petitioning the middle generation (parent to the children) to provide the punishment, causing further tension in the home.

Jia and Tian (2010) described the results of their study on the psychological consequences of rural Chinese children left behind when their parents sought employment in the cities. As Chinese society moved from an agrarian to industrial base, there was and continues to be a substantial demographic change in the location and composition of the extended family. Employment opportunities grew in urban areas, and parents left behind children in rural China in order to find work in the cities, so the grandparents took on a primary caregiving role (Jia & Tian, 2010). Approximately 28% of China's rural children stayed back with their grandparents when the children's parents

moved to the city in search of employment (All China Women's Federation, 2008). Jia and Tian (2010) studied the psychological needs of children raised entirely by their grandparents in these situations. The children were 2.5 times likely to suffer from loneliness, which was often complicated by lack of communication and the poor quality of relationship with their parents. The children living with their grandparents in rural China also tended to suffer the consequences of low economic status.

In contrast, families in the city often consist of three generations (Goh & Kuczynski, 2010). The coresidence of grandparents with the nuclear family is generally a practical choice, rather than a choice guided by tradition (Zeng, 1986). The grandparents are often invited into the family residences, because daycare costs are high. In addition to childcare, grandparents help out in other ways, including household chores, grocery shopping, as well as helping financially, including financing wedding ceremonies and housing costs (Chen, 2006; Pan, 2002).

### **Other Asian Countries**

Hong Kong, with decades of Western influences, differs from Mainland China with regard to extended family relationships (Brian & Logan, 2001). The younger generation in Hong Kong does not accept filial piety (the duty to care for ones' elderly relatives) in intergenerational relations as much as Chinese families in Mainland China.

Taiwan has strong historical and relational ties to Mainland China, and the traditions are similar. Ancestors of modern Taiwanese brought from Mainland China the rich culture and family structure that remained a strong influence in Taiwan (Hsu, Lew-Ting, & Wu, 2001). Improvements in education and health of the citizens of Taiwan were

brought about with the Japanese occupation following invasion in 1895. Mainland China endured a civil war from 1945-1949. During this time, the Nationalist Party of China took over political control in Taiwan, and Taiwan experienced increased immigration from Mainland China. According to Hsu, Lew-Ting, & Wu (2001), integration with Western cultures, industrialization, modernization, and increased social mobility in the past several decades brought about shifts in the Taiwanese culture, which were further propelled by significant political changes. These influences have impacted culture and family structure (Hsu, Lew-Ting, & Wu, 2001; Lin & Harwood, 2003). Traditionally, according to the honor and responsibility associated with filial piety, sons carried out the expected role of taking care of aging parents. While these expectations have not been totally abandoned, the investigators discovered daughters were increasingly providing support for their aging parents. In addition, as the traditional extended family began to give way to a more nuclear family configuration, some elderly lived alone.

Social reforms, such as universal health care and long-term health care instituted in the 1990s lifted some of the families' burdens of care for their elderly. Social reforms often bring about unintended consequences. Hsu, Lew-Ting, and Wu (2001) studied how attitudes towards the caretaking role have evolved, and have impacted the family configuration. In spite of changes in the extended and nuclear families, Lin and Harwood (2003) described the grandparent–grandchild relationship as enduring and close. This relationship may be the closest of all relationships in the family. Frequency of communications between grandparents and grandchildren, as well as the grandparents and grandchildren's perceptions of their involvement within the relationships were

predictors of the relational solidarity, or emotional closeness of the relationships (Lin & Harwood, 2003). However, the grandsons in the study reported more emotional closeness and satisfaction with their grandparent–grandchild communications than reported by granddaughters. Lingering notions that sons are favored may have influenced results.

In South Korea, traditionally grandmothers have been involved in childcare since agrarian times (Yoo, 1986). In modern Korean society, grandmothers are often called upon to help families with childcare, and are often preferred as caregivers when mothers go to work (Lee & Bauer, 2010). Recently declining fertility rates have been attributed, at least in part, to increased employment of young mothers, along with associated childcare stresses (Yoo, 1986). The typical modern, full-time caregiving grandmother in Korea is likely to be younger than grandmothers caregiving part-time, or not at all (Lee & Bauer, 2010). The grandmother is also likely to live with the family of the child for whom they are caring. The full-time grandparent caregiver is also more likely to be paid for services.

### **Grandparenting in Europe**

Currently, individuals in Germany are living longer than in recorded history, enabling more German children to know their grandparents, in spite of a trend toward delaying childbearing (Lauterbach & Klien, 2004). Factors impacting trends in grandparenting in Germany, included post World War II shortages of family-ready men. The process of selecting marriage partners was more difficult. In Germany, the trend toward later starting families later continued. Largely attributable to an increase in lifespan, since the 1950s more grandparents began surviving long enough to become integral to the nuclear family. A 25% to 30% rise in divorce rate since the 1960s has been

disruptive to communication continuity between grandparents and their own adult children. Currently, in over one-third of families in Germany grandparents take on the role of caregiver (Ferguson, 2012). Parents are entitled to 3 years of their choice paid leave any time prior to the eighth birthday of their children. The German government is now considering ensuring family leave time for working grandparents desiring to care for grandchildren. The government is not intending to provide compensatory pay to the grandparents, but rather to allow for their return to jobs after leave is over.

In a study regarding grandparents in the Netherlands, the concept of cooperative breeding hypothesis was reviewed (Kaptijn, Thomese, Tilburg, & Liefbroer, 2010). The authors inferred a relationship between women's difficulties balancing duties as mother with job duties and low birth rates in developed countries. The cooperative breeding hypothesis emphasizes the role of the extended family in supporting fertility rates in the related women, thus enhancing survival of the young. This hypothesis has been applied to the evolutionary benefit of grandmothers contributing to the survival of grandchildren through provisions of care, food preparation, and medicinal knowledge. Kaptijn et al. (2010) applied this concept to contemporary grandparents who assist their grown children with childcare. The survey and longitudinal study spanning three generations found benefits included practical support to parents, with regard to tending to the care of children and related tasks. In addition, the study suggested that grandparents helping with childcare, had a positive influence on the parents' future fertility. The grandparents tended to verbally encourage their children to have more pregnancies.

A study on Spanish intergenerational relationships between grandparents and their grandchildren is of particular interest (Bernal & Anuncibay, 2008). The study investigated the comprehensive roles, as well as the relationships between grandparents and their favorite grandchildren. The investigators noted the transformation of family structure included several variables. These variables included a decrease in family size of those couples having children, along with an increase in couples choosing not to have children, which tended to decrease the number of actual grandchildren in multi-generational homes (Bernal & Anuncibay, 2008). The results of the investigation revealed a tendency toward indulgence on the part of the grandparents. The indulgence included acts of coddling, cosseting, and pampering in terms of giving candy, spending change, and ample affection. The grandparents also reported providing a conduit of moral values through storytelling, passing on important life lessons, caregiving, and providing meals for their grandchildren. According to Bernal and Anuncibay (2008), the grandparents related other roles which they fulfilled. In addition to providing a listening ear and acting as confidants, the grandparents provided a buffer between the children and their parents during conflicts and arguments. They were available to provide explanations to their grandchildren, when needed. When acting in a supportive caregiver role, the grandparents reported taking the children to medical appointments, on walks, or on outings. Some grandparents even took grandchildren to movies, theater, circus, beach, or religious activities.

In summary, the literature on grandparenting spans time and geography. Around the globe, grandparents often fulfill a supportive role, and increasingly provide childcare

of their grandchildren, when needed. The changing role of the grandparent corresponds to demographic, economic and cultural changes of modern life.

### **Theoretical Models of Family Relationship**

Two theories provide a basis for understanding the family dynamics involved when the custody of minor children is transferred to a grandparent. In attachment theory, Ainsworth and Bowlby (1991) described the bonding that occurs between a young child and their primary caregivers. This theory also explains the separation anxiety that results when that bond is broken. Attachment theory is also important to describing the development of attachment when secondary attachment figures must fulfill the role of the primary caregiver.

#### **Early Childhood Attachment and Caregiving**

Attachment proposed emotional mechanisms are involved in bonding that occurs between the mother figure and her young child (Ainsworth & Bowlby, 1991). Reciprocal behavior between mother and child are necessary for attachment to occur. A necessary component is the mother's availability through proximity and bodily contact with the infant. According to J. Bowlby (1989), the newborn's signals—crying, sucking, smiling, and the older baby's clinging, and following the mother figure—serve to communicate need. When mothers respond in a nurturing manner to their babies' signals for the first several months of life, they create the climate for attachment. J. Bowlby observed even three-month-old babies differentiate their mothers' voice and presence, from others, an early sign of attachment. This process of attachment produced strong emotional needs to maintain bonds, and separation from those bonds resulted in distress (Ainsworth &

Bowlby, 1991). J. Bowlby described the linkage between caregiving and attachment, and how this connection is critical to the protection, survival, and basic wellbeing of vulnerable human infants. The system of attachment provides motivation, and ultimately insurance, for the proximity that is so necessary for the wellbeing of the child.

Attachment differs from caregiving, in that a caregiver, like a babysitter, would watch over the children in the absence of the parent (Webster's New Encyclopedic Dictionary, 1993), and does not necessarily imply attachment. Many relationships do not necessarily represent attachment (Ainsworth, 1989). According to Ainsworth, relationships are often devoid of affectional bonds. Affectional bonds are strong, long-lasting connections, characterized by an individual's desire to maintain emotional and proximal closeness with the individual's affectional partner. Not all attachments are secure. When an infant experiences a secure attachment, the infant will be able to confidently explore the surrounding environment.

The report to the World Health Organization in 1951 (as cited in J. Bowlby, 1982) supported the widely held principle that the uninterrupted mother-child relationship should be protected in the child's early years. This concept has implications when the child's relationship with the mother figure is disrupted.

The psychoanalytic framework was initially used for the initial investigations of the impact of primary caregiver separation on young children, but was found to be inadequate (J. Bowlby, 1973, 1980). While Freud was interested in the childhood experiences of his clients, he rarely explored childhood behavior through direct observation. Freudian psychology used an ontogenetic approach, in that the clinician

attempted to gain insight into personality development starting with the client's current situation and going backward (J. Bowlby, 1982). Psychologists following Freud tended to adopt a similar approach. This approach did not provide access to the kind of data J. Bowlby needed for his study. A new paradigm began to emerge that was compatible with cognitive psychology, developmental psychology, as well as the original psychodynamic framework (J. Bowlby, 1980). J. Bowlby's paradigm was useful in understanding strong human bonds, and the anguish often associated with separation. J. Bowlby and Ainsworth's (1991) ethological approach to research involved field observations in natural settings, such as had been conducted in animal research.

J. Bowlby (1980) observed that attachment behavior occurred between a young child or infant and the mother figure. J. Bowlby and Ainsworth engaged in direct observations of infants and young children with their mothers in the participants' natural environment (Ainsworth & Bowlby, 1991). Observations were conducted where the infants resided, and included both institutional and home visits.

Attachment behavior includes efforts on the part of the child to maintain at least visual, if not physical, proximity to the attachment figure (J. Bowlby, 1980). J. Bowlby (1980) described the powerful emotions around the formation and interruption of attachment bonds, as similar to falling in love, and losing a loved partner. Young children's expressed feelings of sadness and grief during separation from the attachment figure led J. Bowlby to reject the psychoanalytic theory that such young ones were incapable of grieving (Ainsworth & Bowlby, 1991). J. Bowlby maintained that satisfying early attachment experiences with the attachment figure provided a healthy foundation

for later relationships (J. Bowlby, 1980). J. Bowlby asserted that an individual's early attachment experiences promote personality development that includes templates they will use in relationship bonds throughout life.

Ainsworth and Bowlby (1991) distinguished their theory of attachment as ethological with regard to personality development. Attachment, the process by which an individual emotionally connects with another person, is of specific interest in the development of the relationship between mother and child (Ainsworth, 1969). Intrigued that precocial birds pursued proximity, and were distressed when faced with separation from their mothers, J. Bowlby found similar reactions in human infants (Ainsworth & Bowlby, 1989). Infants as well as precocial birds will seek physical closeness to their attachment figure.

A biologically based behavioral system, attachment provides increased assurance of offspring survival as the adult attachment figure protects and nurtures the infant (J. Bowlby, 1982). Soon after birth infants typically cry to signal their needs for caregiving (Ainsworth, 1989). At first signal cries are not directed to anyone in particular. By six months of age babies generally have learned to discriminate individuals, and show preference to the individual who provides most of their care. The caregiver or mother figure will become the primary attachment figure. The connectedness with mother, or primary caregiver, occurs as the child's needs are met through proximity, interaction, feeding, and engaging in playful behaviors (J. Bowlby, 1973). In addition to the individual of primary attachment, babies often create bonds with a few select secondary attachment figures (Ainsworth, 1989).

Rejecting the notion promoted by psychoanalytic theorists, J. Bowlby (1973) maintained that infants and young children experience grief and mourning in much the same way as adults experience loss. Separation from a toddler's mother or mother figure triggers a response of sadness, anger, and anxiety (J. Bowlby, 1973).

Ainsworth and Bowlby (1991) described three distinct types of attachment based on observation of infant behavior in two situations. These situations include infant separation from the attachment figure, as well as behavior upon reunification with that attachment figure. Ainsworth and Bowlby (1991) found that the attachment type of the infant may be associated with the infants' later relationship patterns. Three types of attachment patterns were identified:

1. Secure infants had responsive mothers, who were attentive to their crying or other signals of need. Securely attached, these infants appeared confident their mothers would return, even when the mothers were not in proximity.
2. Avoidant infants' mothers had been particularly unresponsive and rejecting to their infants' efforts to gain comfort (Ainsworth, Bell, & Stayton, 1973; Stayton & Ainsworth, 1973). Having experienced rejection from their mothers, during their first year of life, these infants appeared indifferent when separated from their mothers, and avoided their mothers upon their return. Avoidant infants tend to experience intimacy issues as adults.
3. Ambivalent-resistant infants tend to desire and seek proximity when their mothers returned following a brief separation, while angrily, intermittently resisting closeness at the same time (Ainsworth & Bell, 1970).

**Attachment theory and the developing brain.** Current research on the neurology and brain development reveals some interesting correspondence between attachment theory and developmental biology. The human brain develops significantly from the embryonic stage through the first 24 months of life. (Porter, 2003; Siegel, 1999, 2001). Porter identified this time as a critical period, in which the right brain undergoes significant development. Of particular importance is the right brain's links to the sympathetic and parasympathetic systems in the regulation of survival and stress hormones. The right brain is also integrally linked to the workings of the amygdala and hippocampus, important to memory and emotional control. Consequently, the human brain, which undergoes tremendous development during first 2 years following birth, is especially vulnerable to factors in the environment that create stress and emotion.

**Attachment theory and grandparent caregivers.** The theory of attachment is relevant to the relationship that forms between grandparents and their grandchildren. Healthy attachment, linked to personality development and positive lifelong consequences, is important to the study of custodial grandparent-child relationships (Siegel, 2001; Dellman-Jenkins, Blankemeyer, & Pinkard, 2000). J. Bowlby (1973, 1975) observed signs of duress when young children were separated from their parents or attachment figures. When under stress, infants and children will look to their attachment figure for solace (R. Bowlby, 2007). J. Bowlby (1975) pointed out that the physical presence of mothers does not always mean they are emotionally accessible to their children. R. Bowlby (2007) conducted a study of babies and toddlers left at Soho Family daycare center in the United Kingdom. While R. Bowlby stressed the long-term risks to

the child left without any attachment figure for long time periods, he also noted the importance of a secondary attachment figure, when babies and toddlers are left in daycare. Grandparents having proximity and providing nurturing to their grandchildren, may become the logical substitute caregiver when the parent is unable to fulfill the role (Poehlmann, 2003; Sen & Broadhurst, 2011).

When grandparents take over the parenting role, revision of the grandparent–children relationship begins to occur, in terms of attachment development (Fowler & Soliz, 2010; Newsome & Kelly, 2004; Poehlmann, 2003). Simultaneously, the children’s attachment to their parent, or previous attachment figure, is interrupted. While the literature has suggested the parent–child relationship is important to the child's sense of wellbeing (Ainsworth & Bowlby, 1991; Videon, 2002), associated custody issues often affect family relationships (Bridges & Roe, 2007; Brown, 2008; Smith & Hancock, 2010; Worrall, 2005). Differences regarding parenting styles, as well as conflicts regarding drug use, life style may affect family relationships.

The attachment theory provides a foundation for the study of relationship changes that occurs when grandparents assume their grandchildren’s care. Attachment theory is especially applicable to children experiencing change in their primary caregivers from the biological parent to the grandparent. These children are particularly vulnerable to attachment disturbances as a result of this change, and may have already experienced unhealthy attachment with their biological parent during the circumstances leading up to their parent losing custody. Attachment experiences with primary care providers have lifelong implications. Early attachment experiences have consequences in terms of future

healthy relationship building. Mental constructs developed during early attachment guide social behavior and resiliency in future adolescent and adult relationships (Gilbert & Sifers, 2011; Whitaker, Beach, Etherton, Wakefield, & Anderson, 1999).

### **Family Systems Theory**

Bowen's (2004) family systems theory adds an important element to the theoretical framework of the current study. The addition of this model allows the research to explore attachment relationships as they exist in the context of the larger, and often complex family unit. Prior research (Goodman & Silverstein, 2001; Poehlmann, 2003; Landry-Meyer & Newman, 2004; Connor, 2006; Holtzman, 2006) has suggested that the family unit begins to reconfigure as grandparents become the primary care providers. Grandparents' experience of the reconciliation process could provide valuable insights useful to therapists working with those families.

Bowen's theory is based on the precept that individuals are best understood within the context of family, where roles and rules maintain patterns of behavior (Bowen, 2004). Within the family system the behavior of individual family members influences the behavior of other members. The interdependent roles may foster balance, or lead to dysfunction, depending upon the degree and intensity of behavior of individual members in the family unit. The family systems theory emphasizes family context to an individual's feeling of wellbeing (Wright, 2009), and asserts that one's functioning within the family system is influenced by differentiation within the family (Kerr & Bowen, 1988). Reciprocally, family functioning affects differentiation of individual family members. Differentiation refers to ability to function individually, and within the family

system (Kerr & Bowen, 1988). The more differentiated individual is clear regarding particular situations and the individual's own responses, while the less-differentiated individual tends to be less clear or realistic regarding the situation and personal responses. A mature individual has achieved a high degree of differentiation of self from the parental family. This occurs because the highly differentiated individual with clearly defined ego-boundaries is able to achieve closeness with family members and others without losing a sense of individuality.

Family systems approaches have been successfully applied in a number of research scenarios. Outpatient drug detoxification utilizing a family systems approach is an example of a viable option to inpatient, medical detoxification (Bischof, Richmond, & Case, 2003). The authors used a case model of research. Selection of appropriate participants for outpatient detoxification was complicated, and involved medical screening. The single participant described was unemployed, and still lived at home with his mother. Hertlein and Killmer (2004) used family systems theory in the treatment of the homeless who were experiencing mental illness or addiction. During a 6-year period, the Samaritan Counseling Center, provided therapy for homeless participants. A common thread among participants was a low degree of differentiation. The therapists evaluated how the low differentiation affected the participants' ability to make viable decisions independently. The researchers found that homeless participants typically applied emotions or feelings, and impulsivity, rather than intellectual processes to their decision-making. The therapists worked individually with the homeless participants, and also with

families' maladaptive patterns that were negatively affecting the family member experiencing homelessness.

Family systems therapy was used with an individual experiencing AIDS-related complex (Ackerman, 1989). Some related issues were addressed, including the participant's comfort level with his sexual orientation, his sexual addiction, and his family's acceptance. As a result of family systems therapy, the individual's relationship improved, and he assumed more constructive lifestyle patterns.

**Family systems theory and grandparenting.** Numerous studies have examined grandparenting from a family systems perspective. Silverstein and Ruiz (2006) investigated the role of grandparents as moderators in the transmission of depressive symptoms from mothers to their children. The study extrapolated and statistically analyzed data derived from 2,280 grandchildren and their mothers who participated in the National Survey of Families and Households. (NSFH) In this longitudinal study, focal children ages 5 to 18 years identified in 1987-1988 during the first wave of the NSFH study, were interviewed subsequently in 1992-1994 and again in 2000-2002, the second and third waves. The study examined cohesiveness between the youth and their grandparents. The depressive symptoms of young adults who experienced a continued strong bond with grandparents, was significantly less than those participants having weak or moderate bonds. Silverstein and Ruiz (2006) concluded that grandparents were moderators of the parent-child interactions, buffering the effects of the mothers' depression on the children, particularly when the bonds between grandparents and the children were strong.

Kruk (1994) researched grandparent–grandchild visitation difficulties from a family systems perspective. The exploratory study examined the effects of disallowing contact between grandparents and grandchildren. Some of the studied situations occurred in divorce, while others did not. The phenomenological study was examined through the grandparents’ perspective. The study suggested the need for family mediation to prevent the negative impact on children that often occurs when the legal system is accessed.

Muller and Elder (2003) studied family relationships holistically in the context of intergenerational bonds, and through a family systems lens. The study centered on relationships between grandparents and their adolescent grandchildren embedded within the extended family. The investigators explored how the cross-generational bonds were facilitated by other members of the family groups. Cluster analysis on data derived from the Iowa Youth and Families Project, and the Iowa Single Parent Project generated groups with similar attributes. Within these groups, the investigators studied six facets of the grandparent–grandchild relationship, including face-to-face contact between the dyads; joint activities or projects; intimacy, such as companionship; providing assistance to the grandchild; offering financial and other resources; and role as an authority figure or disciplinarian (Muller & Elder, 2003). Demographics played a role with regard to establishing relationships. When grandparents lived in close proximity with their grandchildren they tended to be more available for establishing intimate relationships, but this was not always the case. Other additional factors influenced relationship development. The researchers found that relationships formed between grandparents and their own children set the state for subsequent cross-generational relationships,

specifically relationship grandparents would eventually have with their grandchildren. Generally, the researchers concluded the constellation and family members' interrelationships set the tone for grandparent–grandchildren bonds. Family dynamics are sure to be upturned when grandparents assume their grandchildren's custody, including possible fracturing of relationships within the family. Reconciliation within the extended family relationships can have far-reaching implications for the welfare and sense of wellbeing of the children.

### **Grandparent–Grandchild Relationships**

According to Burks (1994), the day-to-day interactions and attachments between the grandparent and grandchild often elevate the relationship from that of childcare provider to that of a parent figure. The quality of that connection is dependent upon many factors. Brown (2003) explored intergenerational relationship quality. Young adult grandchildren ( $N = 321$ ), their parents and all living grandparents were surveyed with a self-administered questionnaire. Included in the comprehensive study were 318 mothers, 312 fathers, and 739 grandparents. The results suggested that regardless of the circumstances resulting in grandparents caring for their young grandchildren, a strong, lasting connection between grandparent and the child is formed.

Most American seniors are grandparents (Roberto & Stroes, 1992). Since relationships between grandparents and grandchildren are of secondary significance only to the parent–child relationship, (Kornhaber, 1985), it is important to understand the dynamics (Brussoni & Boon, 1998; Sanders & Trygstad, 1993). To gain understanding of the trans-generational relationship, Harwood (2000) investigated communication

behaviors between grandparents and their grandchildren. The researcher surveyed 135 grandparent–grandchild dyads ( $N = 135$ ), applying communication accommodation theory. An assumption of this theory is that individuals subconsciously adjust verbal and nonverbal communication styles based upon the listener (Giles, Mulac, Bradac, & Johnson, 1987). In this study, level of accommodation to one another, in terms of showing affection and respect, and open sharing of thoughts and feelings, was the most consistent predictor of relationship harmony. Over accommodation or patronizing of grandchildren by grandparents was rare, but showed a negative affect on relationship, according to the study.

Schutter et al. (1997) surveyed 27 grandparents and grandchildren of divorced parents, questioned separately, in order to discover how they perceived their relationship. Results revealed that grandparents and their grandchildren viewed their current relationships similarly, especially in terms of areas of strengths and deficits. Both groups scored similarly on the Family Adaptability and Cohesion Evaluation Scale-II (FACES II; Olson, Bell, & Portner, 1982) in two areas: Emotional Bonding and Space. Both grandparents and grandchildren viewed the closeness and supportive aspects of their relationships in the same way. Of particular interest and most frequently listed as important to the grandparent–grandchild relationship strength was the positive relationship between grandparent and the child’s parent. Another related element was grandparent support of their grandchild’s relationship to both parents, regardless of the marital status.

The potentially adverse effect on the grandparent–grandchild relationship when *grandparents'* divorce can be mediated by a positive relationship between the grandparent and the grandchild's parent (King, 2003). King's longitudinal study involved 451 households with two parents, a seventh grader, who was the focal child. Each family also included a close sibling of the focal child. The families were interviewed annually. Grandparents related to the focal children contributed to the data through telephone interviews. Two groups were formed from the respondents: one group included those grandparents who were divorced from the other grandparent of the focal child ( $n = 45$ ); the other group consisted of grandparents only married once and still married ( $n = 493$ ). The results indicated that divorce affects the grandparent–grandchild relationship in several ways. Grandparents who had ever experienced divorce reportedly felt less close to their grandchildren. The relationships were beset with more conflicts in this group than reported by the other grandparent group. There was no significant difference between the two groups relative to the degree of affection grandparents felt toward their grandchildren, or their participation in meaningful activities with the grandchildren.

Henderson et al. (2009) examined the grandmother-grandchild relationship as a predictor of psychological adjustment in children when their parents have divorced. Adolescents ages 17-20 ( $N = 324$ ), who were living with their maternal grandmothers following the divorce of their parents, completed questionnaires (Inventory of Parent and Peer Attachment). Results suggested the youths' positive psychological adjustment resulting from the bonds formed with maternal grandparents continued for several years.

The relationship between the grandparent and grandchild may be challenging because of the difference in ages and health. Up to 85% of the elderly deal with chronic physical pain (Ojik, Jansen, Brouwers, & Roon, 2012). Fowler and Soliz (2010) explored the affect of grandparents' painful disclosures on their relationship with their grandchildren. The investigators discovered that grandchildren were not negatively impacted when their grandparents shared about the physical pain the older relatives might be experiencing. These disclosures were rather uncommon in occurrence. When grandparents did disclose about their pain, the impact on the grandchildren was not troublesome (Fowler & Soliz, 2010). The grandchildren's reactions depended largely upon the grandchildren's overall comfort level with painful self-disclosures in general.

Goodman and Silverstein (2001) studied intergenerational relationships when grandmothers served a parenting role for their grandchildren. The study explored the closeness of relationships across the triad of grandparent, grandparent's own child, and the grandchildren. It included measures of the grandmother's psychological health on the Bradburn Affect Balance Scales (BABS), and life satisfaction on the RAND Mental Health Index.

Data were derived from surveys distributed to custodial grandparents by the Los Angeles Department of Children and Family Services (DCFS) (Goodman & Silverstein, 2001). Of the 1931 surveys mailed, 12.6% responded ( $n = 243$ ). The investigators selected only respondents who were grandmothers and great-grandmothers ( $n = 149$ ). Participants had taken on the caregiver role when adult children had abused the participants' grandchildren or when they had been unable to fulfill parental duties due to

addiction. Results suggested that grandmothers who served as conduits of connectedness among the triad members experienced greater satisfaction. Goodman and Silverstein (2001) noted that grandmothers who served in a linkage role in the triad demonstrated their own ongoing attachment to children and grandchildren. Results from the BABS were not significant. However, the investigators noted when grandmothers reported close relationships with their child, they tended to report greater life satisfaction (Goodman & Silverstein, 2001). Emotional estrangement of the parent correlated to reduced life satisfaction scores.

In summary, the relationship between grandparents and their grandchildren has been shown quantitatively to have a significant influence on the grandchildren's lives. When grandparents served as care provider, the relationship reached the level of a parent figure (Burks, 1994). The grandparent–grandchild relationship mediated the effects of parents' divorce on their children (Henderson et al., 2009). Grandmothers have served as facilitators of relationship in the triad of grandmother, mother, and child (Goodman & Silverstein, 2001). This role underscores the importance of positive family relationships across generations, and how a grandparent often fills a critical missing piece when the nuclear family system comes apart; grandparents stepping up to the caregiver role potentially allows the children to maintain attachment and reconfigure family dynamics in a healthier manner.

Over the long term, positive attachment to a parent figure along with rewarding relationships among all family members provides the stability necessary for the emotional development of children (Bowen, 2004; Videon, 2002; Worrall, 2005).

Grandparents serving as custodians of their grandchildren, often is a temporary arrangement due to parental social stressors that may resolve over time (i.e. parents fulfill legal obligations, complete drug or alcohol treatment) (McGowen et al., 2006).

Consequently, reconciliation of relationships disrupted by changes in child custody can have far-reaching mental health consequences for children. How grandparents have experienced reconciliation in such circumstances can potentially inform the practice mental health practitioners working with families experiencing similar custodial changes.

### **Relationship Reconciliation**

Reconciliation is reunion and conciliation following estrangement (Farflex, 2013). The concept of reconciliation can be applied across a variety of relationship scenarios. Reunification of children with parents following an interruption with foster care involvement, reconciling of differences in estranged married couples, and religious reconciliation through forgiveness are a few examples of reconciliation in the literature (Sanchirico & Jablonka, 2000; Larson, 1993; Worthington, Everett, Jennings, & DiBlasio, 2010). Families with children in the foster care system, who are reunited with their biological parents, must adjust to their new, hopefully healthier, family system (Sanchirico & Jablonka, 2000). Larson (1993) explored the concept of reconciliation in the context of marriage and divorce.

Family reconciliation can occur in different situations. For the purposes of this study, reconciliation is the restoration of relationships within the reconfigured family

when grandparents take the custodial role of caregiver for their grandchildren, so that children can enjoy healthy, viable relationships with parents and grandparents.

### **Parent–Child Reconciliation Following Foster Care Intervention**

The aim of foster care is to provide care for children until they can be safely reunited with their parents. In most cases it is important for children to stay connected with their parents in the interim (Sanchirico & Jablonka, 2000). Foster parents, who would be in a position to facilitate ongoing parent involvement in their children's lives, are often untrained. Sanchirico and Jablonka (2000) explored the impact of training foster parents. The researchers hypothesized that training and ongoing support of foster parents in helping families maintain healthy connections would actually increase the involvement of foster care providers operating in this capacity. Of 3,000 surveys sent to foster parents in New York State, 1,160 were returned. A smaller number ( $N = 650$ ) was included in the study due to stipulations that there was at least one foster child in the home at the time of the study, and that parent connectedness was an integral part of the service plan. The study's results indicated foster parents who received both training and ongoing support were significantly more involved in the connection between the biological parent and child (Sanchirico & Jablonka, 2000).

### **Reconciliation after Separation or Divorce**

Larson (1993) acknowledged that counselors of couples seeking divorce agreements often neglect to entertain consideration of reconciliation. She suggested that counselors have often overlooked the depth of the connection that has formed between couples, and the ramifications of dissolving the bond, particularly when children are

involved. The author outlined strategies whereby mediators might explore reconciliation with these couples (Larson, 1993).

Binstock and Thornton (2003) studied separations and reconciliations of couples either cohabitating or married. The investigators used data sets from the Intergenerational Panel Study of Parents and Children, a study from the Detroit metropolitan area (N = 906). They gathered histories regarding marriage and cohabitation, and charted the various relationship pathways of entrance and exits from the unions, including separation and reconciliation. Results showed in spite of reconciliations, the initial separation resulting from discord presaged the breakdown of the union (Binstock & Thornton, 2003). Few reconciliations took place after couples first separated.

Hall and Fincham (2006) studied the role of attributions and forgiveness in relationship reconciliation following infidelity. The study explored reconciliation of participants who were currently involved in actual relationships, rather than questioning participants about a hypothetical situation involving infidelity. University undergraduates (N = 87), whose partners had been unfaithful, were given questionnaires rating their reaction to the infidelity. Results showed an increased likelihood of relationship dissolution when attributions for the infidelity were contentious. Reconciliation occurred more frequently when forgiveness mediated the relationship between the perceived cause of the infidelity and the relationship dissolution. The researchers suggested emphasis on reframing the attributions of the unfaithful behavior may tend to decrease the likelihood the relationship will terminate, and emphasized a goal of forgiveness rather than reconciliation (Hall & Fincham, 2006).

Dillow, Morse, and Afifi (2006) investigated the associations between relationship reconciliation motivation and implicit theories, such as entity theory or incremental theory, an information seeking style. The entity theory holds that some personal attributes are static and unchangeable (Dweck & Leggett, 1988). The incremental theory posits these traits can change, but it takes work. The destiny theory illicitly holds that a rewarding relationship is successful because it was foreordained (Knee, Patrick, & Lonsbary, 2003). This view encourages unrealistic illusions of a perfect relationship, and the overlooking of faults. Questionnaires were distributed to university education students ( $N = 217$ ). Questions were related to participants' most recent relationship split, and assessed the participants' implicit relationship theories, information seeking style, and desire for reconciliation. Results suggest an individual's information seeking style relates to how the individual articulates the desire to reconcile. In turn, the information seeking style is related to the individual's implicit beliefs regarding relationships (Dillow et al., 2006).

### **Religious Reconciliation**

Worthington et al. (2010) approached the concept of reconciliation from a religious perspective. With love and forgiveness recognized as the cornerstone of Christianity, the authors focused on forgiveness interventions. The interventions discussed by the authors are especially geared toward Christian clients. Worthington et al. (2010) pointed out that adults have the capacity for a deeper understanding of forgiveness than do children. Children learn that they should forgive, and as their reasoning ability develops they may say they forgive in order to avoid social disapproval. When children

are provided authority figures that nurture and model forgiveness, and when these adults reward and encourage acts of forgiveness, the children are more likely to develop an attitude of forgiveness.

Forgiveness and reconciliation following in dating relationships is a related area of interest. Rye and Pargament (2002) studied forgiveness and healing in romantic, college relationships. The study consisted of college women ( $N = 58$ ) who had been hurt in romantic relationships, and who reported moderate religiosity in their Christian faith. The investigators randomly assigned participants to one of three groups. In addition to a control group not participating in intervention, there were two intervention groups. One intervention group was religion based, and the other intervention group was secular in nature. The religion based group participated in activities each session very similar to the secular group, with the addition of Bible referencing and Christian theology. Forgiveness Strategies Surveys were given prior to the study, after the study, and six weeks to follow-up. Distal measures coincided with the forgiveness measures, and included Anxiety, Beck Depression, Anticipation of Future, Hostility, Religious Well-Being, and Existential Well-Being. Compared to the control group, results indicated both intervention groups made significant gains on forgiveness and existential measures (Rye & Pargament, 2002).

The results of these studies of reconciliation suggest that reconciliation of family relationships is achievable through skillful mediation, and forgiveness (Worthington et al., 2010; Hall & Fincham, 2006; Rye & Pargament, 2002). However, mediation and forgiveness have not been explicitly examined in the reconciliation of families where

grandparents become primary caregivers to their grandchildren. This study has addressed that gap in the literature in studying the experience of reconciliation.

### **Summary and Transition**

Grandparents historically have helped out with their grandchildren in time of need (Dell & Appelbaum, 1977). Increasingly, situations have required grandparents to assume the primary caregiver role (Pew Research Center, 2012; U.S. Census, 2011), buffering their grandchildren from the reality of family dismantling. Often legal, financial, housing, and stress challenges have beset families under such reconstruction (Marks & MacDermid, 1996; Wallace, 2008).

The happiness and welfare of the grandchildren often rest on the successful intervention of grandparents in the parenting role (Videon, 2002), ultimately the reconciliation of relationships within the family. The literature is devoid of research relating to the experience and meaning of family relationship reconciliation following family reconfiguration under the grandparents' lead. This study addressed a gap in the literature with regard to reconciliation of relationship, as experienced by the grandparents who provided primary care for their grandchildren. The study examined the experience of grandparent caregivers in order to gain understanding of the experience of families during reconciliation. The phenomenological approach provided the avenue for rich, in-depth exploration of grandparents' experiences as they are lived.

### Chapter 3: Research Method

The purpose of this study was to explore and understand the experience of reconciliation in families where the grandparent(s) became the primary caregiver. For the purpose of the study, reconciliation means coming to terms with the new family structure, so that the children can enjoy healthy relationships with both biological parent(s) and grandparents. I studied the lived experiences of grandparents in order to gain insight into family reconciliation under these circumstances.

This chapter includes the research question, research design, and the rationale for the design choice. I have detailed my role as the researcher, which is unique to qualitative research. The methodology for the current study is presented along with a description of how rigor, credibility, dependability, and transferability were cultivated and relevant ethical issues.

#### **Research Design and Rationale**

The central question guiding this study was as follows: What is the meaning of extended family reconciliation for grandparents who become primary caregivers of grandchildren? In addition, the following subquestions were explored from the grandparent's perspective:

1. What is the experience of the grandparent–grandchild relationship during the process of reconciliation?
2. What is the experience of the grandparent–adult child relationship during the process of reconciliation?

3. What is the experience of the parent–child relationship during the process of reconciliation?

The primary phenomenon of interest was the experience of reconciliation.

Objectively, this is defined as families accepting the new family configuration, so that children can stay connected with both parents and grandparents in healthy relationships. However, the intent was to examine this phenomenon through the eyes and experience of the grandparents. These subquestions were included in order to explore and describe the complexities of relationship among this reconfigured family system.

I chose Moustakas's (1994) phenomenological approach in order to gain a detailed, in-depth understanding of the lived experiences of reconciliation of relationships when family structure has been dismantled during custodial change of children from parents to grandparents. This model focuses on the "wholeness" of the phenomenon of interest, and regards the data of direct experience as essential to understanding human behavior (Moustakas, 1994). Further, this approach recognizes that research questions are often generated from the personal interest and commitment of the researcher, so that the role of the researcher is one of self-reflection as well as inquiry into the experiences of others (Patton, 2002). The data, gathered through first-person interviews, strives to reveal the "experience" (what happens) and the "meaning" of the phenomena.

Other qualitative approaches were considered. A narrative inquiry was considered, because of its focus on individual stories, but such an approach considers a broader narrative "arc" rather than a phenomenological study's focus on the experience and meaning. Ethnography was considered because it includes lived realities; however,

understanding how culture works is the focus of ethnography but not of this study. A case study approach was also considered because it provides an in-depth exploration, but that would have been more appropriate for studying an event or phenomenon that occurs with a circumscribed context. Therefore, phenomenological study and the exploration of the phenomenon of similar experiences was most fitting to the research question.

### **Role of Researcher**

My role as the researcher was to identify and interview participants and collect, organize, and interpret data. I had no previous supervisory, instructor, or authoritative role of any kind over any of the participants. As the researcher, I managed personal biases by acknowledging and bracketing my own preconceptions and focusing solely on the participants' experiences. I acted as an interpreter of the participants' life experiences related to the phenomenon of reconciliation.

It is relevant to reveal that I have personal experience as a custodial grandparent of one child, from 14 to 18 years of age. In my experience, positive reconciliation of family relationships has occurred over time and is ongoing. It is my experience as a grandparent that caused me to believe that other lived experiences of grandparents experiencing this phenomenon could provide valuable insight. I do not have definitive understanding of just how or why reconciliation occurred, but I suspect the following contributing factors, which I bracketed as possible preconceptions in order to maintain focus on experiences of the study participants:

- Continued love and respect demonstrated toward my daughter, the mother of the grandchild

- Conscious effort to clarify that I was filling in temporarily, and did not intend to replace my granddaughter's mother
- Psychotherapy for the grandchild
- Supporting the grandchild's needs to openly discuss feelings and disappointments
- Parenting consultations with a therapist

I provided an informed consent form to assure participants' knowledge about the study and my experience relative to their participation, research purpose, and procedures. I advised participants of the risks and benefits related to their participation and informed participants that their participation was voluntary and they could withdraw from the study at any time, explaining how participant confidentiality would be protected during and after the study.

## **Methodology**

### **Selection Logic**

*Population.* The target population was grandparents currently or previously holding primary custodianship of their grandchildren for at least 3 years, whether the arrangement is formal or informal. The accessible population, from which the sample was drawn, consisted of three sources. One source included grandparent online networks, including grandparent support groups are sources of potential participants. These included:

- Alaska Grandparent Support Group
- Grandparents Raising Grandchildren Support Group

The mission of Grandparents Raising Grandchildren Support Group (GRGSP) is to support grandparents who are the primary caregivers of their grandchildren. Information pertinent to raising children and available social services are shared. Grandparents support one another by sharing common concerns and coping mechanisms.

The second source was professional colleagues in the mental health field who distributed invitations to individuals likely to meet the study's participant criteria.

A third source was local grandparent support groups, organized through Volunteers of America. An example of such groups is Anchorage Grandfamilies Support Group.

**Sampling strategy.** A combination of criterion sampling and snowball sampling was used to identify and invite grandparents to participant. According to Patton (2002), criterion sampling involves selecting cases that meet some criteria. Participants in the study were grandparents who have had or currently have formal or informal custody of grandchildren for at least 3 years. Snowball sampling was used to locate information-rich cases by asking participants if they knew of anyone experiencing the same phenomenon. For example, participants knew others from church or other affiliations. Some participants were involved in support groups with other custodial grandparents, and this process had the potential of "snowballing." Because the topic was sensitive, care was taken in solicitation of participants.

**Criteria for selection.** Participants in the study were grandparents who have had or currently have formal or informal custody of grandchildren for at least 3 years. The research participants were biological, adopted, or step-grandparents who had provided

primary custodial care for their grandchildren for 3 years or more. The invitation (described below) provided a clear statement regarding who was most suitable to participate.

**Sample size.** In phenomenological research, it is important that the sample size is large enough to give surety that phenomenon is thoroughly covered (Mason, 2010). The key indicator that the sample size is sufficient, when all important aspects of the grandparents' lived experiences have been illuminated, is through "saturation" (Guest et al, 2006; Patton, 2002). Saturation occurs when the data becomes repetitive and important new data are no longer being uncovered. Continuing past this point would not be useful or productive, as the data becomes cumbersome to analyze (Guest et al, 2006; Morse, 1995). In the initial stages of data collection, all data deserve equal attention; in the early analysis phase, the rate of recurrence of a particular data point is insignificant. Saturation occurs when rich detailed description is achieved, rather than when a set quantity of repetitions has occurred. According to Morse (2000), it may only take six to 10 participants to reach saturation. However, the exact number of participants that will represent saturation point is an unknown, and will be determined through analysis during the research process. In order to ensure research quality, I continued the data collection and analysis process until reaching saturation.

### **Procedures for Recruitment**

I contacted managers for online grandparent groups on Facebook requesting permission to post an invitation (Appendix A) to potential participants on the groups' Facebook pages, discussion group, and blogs. Interested individuals contacted me by e-

mail, by phone, or on my professional Facebook page. I reviewed by phone the criteria and informed consent letter and scheduled a time for the interview.

Letters and e-mails were sent to professional colleagues and associates asking them if they would help distribute an invitation to potential participants for the study (Appendix A) and forward the invitation e-mail to potential participants. As above, interested individuals contacted me by e-mail or on my professional Facebook page. I reviewed by phone the criteria and informed consent letter and, if acceptable, scheduled a time for the interview.

I collected all data in the research study, and I collected data from telephone interviews from my home. Interviews occurred in 60- to 90-minute sessions and commenced once an appointment was confirmed and informed consent was signed and returned. I audio recorded each of the sessions and took field notes.

At the close of the interview, debriefing occurred. I reviewed data storage procedures and how the data would be used. The participants were asked to member check their interview; that is, once the interview was completed, I wrote a summary of the recorded interview and sent the summary to each participant to verify if the essence of what they were saying was accurate

Upon completion of the interview, each participant was asked if they would like to refer someone they knew to the study who met the study criteria.

### **Instrumentation**

Using Moustakas's (1994) long interview method, I developed a semistructured interview guide to collect rich, thick descriptions of participants' experience of the

phenomenon of reconciliation. The interview questions were guided by the subquestions and developed from the theoretical frameworks of attachment and family systems. Numerical coding of names was applied to the interview protocol and all data-related files to protect participant confidentiality. A pretest of the interview questions was conducted with a friend who also provided care for her grandchild. This was done to make sure the questions were understandable and to verify that the approximate length of time to complete the interview (60 to 90 minutes) was reasonably accurate.

Table 1

*Interview Guide*

Subquestions	Theoretical Framework	Interview Questions
Reconciliation		<p>1. How did you become the primary caregiver of your grandchild?</p> <p><u>Probes:</u></p> <p>a. How long have you had custody? <i>(Probe for formal or informal)</i></p> <p>b. When did you initiate a reconciliation with your child?</p> <p>c. Tell me about that process.</p> <ul style="list-style-type: none"> <li>• Who was most helpful in the process?</li> <li>• Who was resistant?</li> </ul>
What is the experience of the grandparent–grandchild relationship during the process of reconciliation?	Family Systems	<p>1. Tell me about a typical day, starting with what happens in the morning.</p> <p><u>Probe:</u> What’s the experience of your morning interactions with your grandchild?</p> <p><u>Probe:</u> Then what happens next? (until a narrative of a typical day is complete)</p> <p>2. What does this mean to you, being involved with your</p>

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grandchild/children, as you've described?

2a. What have you done to help your grandchild/grandchildren adjust to the change in who takes care of them?

3. How is your experience as a grandparent-caregiver different from yours as a parent?

What is the biggest struggle you experience as a grandparent caregiver?

Probe: Is there another experience that you can think of that is an example of a big struggle that you deal with?

4. Tell me about a recent time where you had a conflict with your grandchild?

Probe: How was it resolved?

Probe: How is this typical or not typical of other conflicts you have with your grandchild?

5. What is the greatest joy about caring for your grandchild/children?

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Tell me about the connection

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Attachment	between you and your grandchild.
	<p><u>Probe:</u> What was it like before you became caretaker? (An example or typical day)</p>
	<p><u>Probe:</u> At that time, what did that relationship mean to you?</p>
	<p><u>Probe:</u> And how has the relationship changed now that you are the primary caretaker?</p>
	<p><u>Probe:</u> How similar or different is it to the relationship you had with your child when she/he was that age?</p>

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<p>What is the experience of the grandparent–adult child relationship during the process of reconciliation?</p>	Family Systems	<ol style="list-style-type: none"> <li>1. Tell me about your relationship with your son/daughter (the parent of the child you are taking care of).</li> <li>2. What kinds of interactions do you have with your son/daughter on a typical day?</li> </ol>
		<p><u>Probe:</u> Describe a recent experience with your son/daughter.</p>
		<p><u>Probe:</u> What does that experience tell you about</p>

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your relationship with your son/daughter?

Probe: What does this relationship mean to you?

3. Does anyone else live in the house with you and your grandchild/grandchildren? What kinds of interactions do they have with your grandchild/children?

4. What have you done to work with your adult child as he/she adjusted to the change in who takes care of their child/children?

What is the biggest struggle you experience with your son/daughter?

Probe: Is there another experience that you can think of that is an example of a big struggle that you deal with?

5. Tell me about a recent time when you had a conflict with your son/daughter.

Probe: How was it resolved?

Probe: How is this typical or not typical of other conflicts you have with your son/daughter?

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	6. What is your greatest joy in your relationship with your son/daughter?
Attachment	<ol style="list-style-type: none"> <li>1. Tell me about your relationship with your son/daughter when they were an infant. <ol style="list-style-type: none"> <li>a. Can you give me an example?</li> <li>b. What did that experience mean to you?</li> </ol> </li> <li>2. What was your relationship with your son/daughter like before the birth of their child/children? <ol style="list-style-type: none"> <li>a. Can you give me an example?</li> <li>b. What did that experience mean to you?</li> </ol> </li> </ol>
What is the experience of the parent-child relationship during the process of reconciliation?	<p>Family Systems</p> <ol style="list-style-type: none"> <li>1. Tell me about the relationship between your adult child and your grandchild.</li> <li>2. Describe a typical visit between your grandchild and his/her parent. <p><u>Probe:</u> Describe your experience observing interactions between your adult child and your grandchild.</p> <p>Probe: Describe your experience observing your</p> </li> </ol>

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grandchild before and after  
the visit you described.

2a. What have you done to help the  
relationship between your adult  
child and grandchild?

3. What does the relationship  
between your adult child and your  
grandchild mean to you?

4. What is the biggest struggle you  
experience as an observer or  
facilitator of that relationship?

Probe: Is there another  
experience that you can  
think of that is an example  
of a big struggle that you  
deal with?

5. What is the greatest concern you  
experience about their relationship?

6. What is your greatest joy relative  
to the relationship between your  
adult child and your grandchild?

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Attachment

1. Tell me about the connection  
between your adult child and your  
grandchild.

- What was it like before you  
became caretaker?
  - What is it like now?
-

**Sufficiency of data collection instruments.** Content validity will be established in two ways. The application of attachment theory and family systems theory provided a solid theoretical basis for developing the questions for the current study. Second, to improve the validity of the instrument, the interview guide was reviewed by two methodological experts (L. Statlander, personal communication [October 2, 2014]; S. Verdinelli, personal communication [October, 17, 2014]), and one content area expert (B. Hayslip, October 22, 2014). Their comments and recommendations are incorporated into the questions above.

### **Data Analysis Plan**

Moustakas's procedures include phenomenological reduction, imaginative variation, and synthesis of meanings and essences (Moustakas, 1994). In order to maximize objectivity and ensure freedom from my suppositions, I engaged in the epoché process. I started this process by intentionally identifying and setting aside my personal opinions about reconciliation. According to Moustakas's method for data analysis, epoché is a process that systematically identifies, acknowledges, and sets aside any preconceived opinions regarding reconciliation. I bracketed the research question to ensure its focus (Patton, 2002), and listed every significant statement from participants that was relevant to research question, assigning equal value to each statement (horizontalization). The process of horizontalization involved my open receptivity of participants' contributions, while equally valuing all of the participants' statements. I listed the participant's significant statements or quotes that indicated how the participant had experienced the phenomenon. In the next step, reduction and elimination, I deleted

statements not relating to the topic, such as irrelevant, repetitive, or overlapping statements. This process left textural meanings (horizons) of the phenomenon. The remaining statements (nonoverlapping) were grouped into themes, around which textural descriptions were created. Then I examined these statements from the perspectives of the literature and personal experience and deciphered structural themes representative of the participants' common or shared experiences. Finally, in the last step of phenomenological reduction, I organized the derived themes into a coherent textural description of the phenomenon (Moustakas, 1994). Once phenomenological reduction was accomplished, I applied imaginative variation to uncover possible meanings or essence of the phenomenon (Moustakas, 1994). This process required looking at divergent possible interpretations to explain the textural meanings, and apprehending underlying themes in the phenomenon. In order to ensure that the data truly supported an emerging phenomenon, I searched the data for discrepant cases that potentially conflicted with the phenomenon.

Each resulting theme was interpreted in the context of the central research question. The investigator used Nvivo software (QSR International, 2013) for the qualitative data analysis. Nvivo software facilitates the management and rigorous analysis of qualitative data. The software tools assist with classifying and sorting of transcribed text.

### **Issues of Trustworthiness**

Qualitative methodologists identify several strategies to improve the trustworthiness of qualitative research (Guba, 1981; Shenton, 2004). The quality of

qualitative research is founded on the concept of “trustworthiness” as defined by Guba (1981) and others (Patton, 2002; Shenton, 2004). The four criteria that ensure trustworthiness are credibility, transferability, dependability, and confirmability.

### **Credibility**

In phenomenological research credibility is most critical to trustworthiness. I took measures to ensure credibility, making sure findings accurately reflected the phenomenon, through the following strategies (Shenton, 2004). I designed interview questions based on peer-reviewed literature, theoretical frameworks, and input from methodological and content area experts. This provided face and content validity to the instrument. I was familiar with the culture of grandparent caregivers through professional, academic, and personal experience, and was able to rephrase questions and revisit previously covered data to ensure accuracy and comprehensive coverage of the phenomenon.

I invited participants to participate in a member checking process to give them an opportunity to examine and validate the results, and safeguard that their intentions have been captured (Guba, 1981; Shenton, 2004). Participant validation that the essence of their experiences had been preserved improved the credibility of the results. As an external check and validation, I used a system of peer review as described by Creswell (2007). A Walden University professional versed in qualitative research design was invited to independently review the transcribed interviews, follow the steps outlined in Chapter 3, and determine themes. A comparison between the Walden University professional’s results and my results was used to validate the study’s findings.

**Transferability**

Transferability refers to how much study results relate to other situations, and necessitate that readers are able to interpret and connect to research results as meaningful and relevant to them (Baxter & Eyles, 1997; Patton, 2002; Shenton, 2004). Thick contextual description, as well as variety of participants improved transferability. The vivid, detailed accounts will allow the reader to identify with the reality of experience, and encourage transferability of the results. (Shenton, 2004).

**Dependability**

I addressed the issue of dependability through a clear, thorough, detailed account of the research methods that can serve as an audit trail of the research process (Patton, 2002; Shenton, 2004). A thorough elaboration will allow for an independent review by the doctoral committee and provide the reader full understanding of the research process and the possibility of future study replication. To this end, I detailed the research design plan and implementation, including data gathering and analysis. I included a reflective journal documenting self-evaluation.

**Confirmability**

Closely related to dependability, confirmability addresses objectivity (Shenton, 2004). To address confirmability, I provided an audit trail so that results can be confirmed. I carefully documented how the data were collected, analyzed, and rechecked throughout the duration of the study. In addition, I maintained an ongoing reflective journal to record the research process, along with reflections regarding research decisions.

### **Ethical Procedures**

The United States Department of Health and Human Services Office for Human Research Protections oversees clinical research through Institutional Review Boards' regulations (DHHS, 2013). The Institutional Review Boards (IRB) is entrusted with the protection of all research participants, especially potentially vulnerable populations such as children, prisoners, and the elderly. This study did not include vulnerable populations, and adhered to the guidelines set forth by federal regulations and the IRB requirements.

All study participants were provided with the details of the research verbally and in writing. Signing the Informed Consent document verified that the participants understood the procedures, risks, and benefits relative to their participation. Included in the signed informed consent document was a statement regarding participants' rights to withdraw from the study at any time.

I protected the confidentiality of all study participants using the following strategies. Participants were given pseudonyms which were used in the storage of the data (print and electronic) and in the reporting of results. I maintained all print documents and records in a locked file. All electronic files were password protected. The documents will be destroyed by 5 years after the study's completion.

### **Summary**

This is a phenomenological study of custodial grandparents' experiences of reconciliation within their fragmented families. Phenomenological research is the avenue by which the essence of the lived experiences of individual can be studied and understood. The phenomenological research procedure included sending letters and e-

mails to professional colleagues and associates requesting their assistance distributing invitations to potential study participants. I reviewed the criteria and Informed Consent Letter and set up interview appointments with respondents, and subsequently conducted and audio recorded the 60 to 90 minute interview sessions. Afterward, I summarized the sessions and sent summaries to each participant requesting verification of accuracy. It is hoped that the results of this study will be valuable in providing important information to therapists, grandparents and educators, with developing children as beneficiaries.

## Chapter 4: Results

The purpose of this phenomenological study was to explore and understand the experience of reconciliation in families in which grandparents became the primary caretakers of their grandchildren. For the purpose of the study, reconciliation is defined as coming to terms with the new family structure, so that the children could benefit from healthy relationships with their parents, as well as with their grandparents. A phenomenological approach was used to explore the lived experiences of grandparents in order to gain insight into family reconciliation under these circumstances. Participants in this study were 12 grandparents who were the primary caregivers of their grandchildren for at least 3 years. Using a semistructured interview guide I designed to encourage free and open discussion of their experiences regarding the phenomena of reconciliation, the study answered the following research questions:

1. What is the experience of the grandparent–grandchild relationship during the process of reconciliation?
2. What is the experience of the grandparent–adult child relationship during the process of reconciliation?
3. What is the experience of the parent–child relationship during the process of reconciliation?

Chapter 4 details recruitment, data collection process, secure data storage, data analysis, verification procedures, and presents findings of the study. Topical headings are setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary.

### **Setting**

I initiated telephone interviews from the privacy of my home in Anchorage, Alaska. At an agreed upon time set at the original contact, I called the home telephone or cell telephone number provided by the participants residing in the following U.S. regions: South Atlantic, Mid-Atlantic, West North Central, Mountain, New England, West South Central, East North Central, and East South Central. Participants reported no unusual personal circumstances or organizational conditions that might have influenced their experience at the time of the interview.

### **Demographics**

Thirteen participants residing in various regions across the United States were interviewed. Two of the participants were married to each other and interviewed at the same time. These were counted as one unit. Counting the husband and wife as one unit, the total number of participants for this study was 12.

Participants listed their ages in the following age ranges: less than 50 years old, 50 to 59 years old, 60 to 69 years old, over 70 years old. Their responses indicated that the ages of participants ranged from less than 50 years of age to 60 to 69 years of age. None of the participants was over 70 years of age. All but two of the participants were biologically related to the grandchildren in their custody. One of the participants was a step-grandmother, and part of the husband/wife unit. Her husband was the biological grandparent and the only grandfather. Another participant was related through the adoption of her own daughter. Eleven of the 12 participants were grandmothers, both married and single. Eleven of the 12 adult children of the participants were their

daughters. One grandmother had custody of her son's child. One potential participant declined to participate prior to the interview. In another situation, a potential participant lost physical custody of her grandchildren just prior to the interview and was not interviewed.

Table 2

*Participant Demographics*

Coded Name	Age Bracket	Custody	U.S. Regions
June	60-69	Grandparent	Mid-Atlantic
Hanna	<50	Grandparent	New England
Teresa	<50	Grandparent	E. North Central
Betty	50-59	Grandparent	South Atlantic
Charity	< 50	Grandparent	E. South Central
Nancy	<50	Grandparent	Mid-Atlantic
Donna	50-59	Grandparent	Mountain
Jackie	60-69	Grandparent	W. North Central
James & Betsy *	60-69	Grandparent	W. South Central
Mavis	60-69	Grandparent	Mid-Atlantic
Eve	50-59	Grandparent	New England
Jill	<50	Grandparent	W. South Central

\* Couple treated as one unit

Table 3

*Participant Information*

Coded Name	Adult child: Son/daughter	Reason parents no longer had custody	Number & gender of grandchildren	Grandchildren living with grandparent(s)
June	Daughter	Mental illness; drugs	1 girl, 1 boy	1 boy
Hanna	Daughter	Drugs	1 girl, 1 boy	1 girl, 1 boy
Teresa	Daughter	Drugs; outside adoption pending	1 girl, 1 boy + 1 more	1 girl, 1 boy
Betty	Daughter	Drugs; parent left	1 girl, 1 boy	1 girl, 1 boy
Charity	Daughter	Drugs	2 boys	2 boys
Nancy	Daughter	Drugs, mental illness	1 girl, 1 boy	1 girl, 1 boy
Donna	Daughter	Drugs	1 girl, 1 boy	1 girl, 1 boy
Jackie	Daughter	Drugs	2 girls	2 girls
James & Betsy*	Daughter	Drugs; parent left	3 girls, 2 boys (now grown) + 4 other grandchildren	3 girls
Mavis	Daughter	Teenager; drugs	6 grandchildren	1 girl
Eve	Daughter	Drugs	1 girl	1 girl
Jill	Son	Mental illness; drugs; prison	1 girl	1 girl

\* Couple treated as one unit

### **Data Collection**

Recruitment of study participants was attempted through the following avenues. The managers of local and online grandparent support groups, including blogs, Facebook pages, and discussion groups were contacted, and permission was requested to post an Invitation to Participate in the Study (Appendix A). Two managers of support groups responded; one manager posted an invitation on her Facebook page, website, and blog. The manager of a local grandparent support group agreed to share an invitation during a group meeting, however, the manager did not respond to subsequent correspondence, and no participants were recruited from this potential source. I sent e-mails to professional colleagues and associates asking them if they would assist in forwarding an Invitation to Participate in the Study (Appendix A). The snowball sampling was attempted. At the end of each interview, participants were asked to share my contact information with others they might know experiencing the same phenomenon. However, no participants were recruited using this method. Participants were successfully recruited through an online grandparent support Facebook page and professional colleagues forwarding invitations to potential participants. Interested individuals contacted me by e-mail, or on my professional Facebook page. I set up a time to review the criteria and informed consent letter and scheduled a time for the interview. The participants met the criteria of having had or currently having formal or informal custody of grandchildren for at least 3 years.

Data were collected from the interviews of 12 participants. As stated previously, prior to interviewing, informed consent was obtained through telephone discussion. Prior to telephoning participants, I sent separate e-mails to each of them with a copy of the

informed consent document attached. I reviewed the informed consent with each participant, and I answered their questions. Electronic signatures were obtained through e-mail and Facebook Message prior to interviewing. I conducted the interviews via telephone calls from my home. I took notes during the interviews, and again when I read the transcripts later. My notes included any emotional or personal reactions, reflections, and perceptions relating to the participants' stories as I empathized from my own experience as a grandparent caregiver. The interviews consisted of one 60- to 90-minute session. No unusual circumstances were encountered. The interview sessions were audio-recorded using a digital voice recorder and manual tape recorders as a backup. Digital recordings were saved in my password-protected computer. Manual tape recordings were stored in a locked cabinet in my home. I transcribed each of the interviews. The interview transcriptions were uploaded into Nvivo on my password-protected computer. Printed copies were stored in a locked cabinet in my home office. All identifiable information was removed, and pseudonyms including numerical coding were substituted for the participants' names. The pseudonyms were changed one more time when the study was summarized into this document.

### **Data Analysis**

This phenomenological study followed Moustakas's (1994) procedures including phenomenological reduction, imaginative variation, and synthesis of meanings and essences. Moustakas's procedures provided an avenue for me to extract meaning from the 12 semistructured interviews by labeling and classifying into categories key statements

that were relevant to relationships within the triad during reconciliation. The process culminated in themes grouped by similarity and composed categorical descriptions.

In order to maximize objectivity and ensure freedom from my preconceived suppositions, I engaged in Moustakas's (1994) epoché process. As a grandparent who provided primary care for a grandchild, I intentionally identified and listed my personal opinions and preconceived ideas about extended family reconciliation. Prior to collecting data, I set aside my following preconceptions:

- Continued love and respect demonstrated toward the parent of the grandchild is essential for reconciliation.
- Grandparent clarification regarding their role of filling in temporarily, and not intending to replace the grandchild's parent is an important factor in reconciliation.
- Psychotherapy for the grandchild contributes to healing of the parent–child relationship.
- The grandparent's support of the grandchild's needs to openly discuss feelings and disappointments is important to the healing of the parent–child relationship.
- Grandparents receiving parenting consultations from a therapist can be helpful to the reconciliation process.

In the first step of data analysis, I transcribed each of the audio-recorded interviews into typed documents, with identifiable information, including the names and states of residence of the interviewees omitted. It took several hours to transcribe each

recording word for word. As I typed the audio material into Word documents, I paused the tapes and replayed repeatedly to ensure accuracy in transcribing the participants' experiences. I read and reread each individual story and became thoroughly familiar with the entirety of the participants' experiences. After transcribing the interviews, I e-mailed interview summaries to each of the participants with requests that they verify that I had captured the essence of their experience. This process is called member checking (Patton, 2002; Shenton, 2004).

I started the data analysis process by addressing the primary research questions. I engaged in hand-coding the transcribed interviews. I used different colored highlighters and pens to identify participants' statements that related to the experience of extended family reconciliation. The hand-coding process further familiarized me with the participants' experiences. To facilitate and manage the rigorous iterative data analysis, I typed interview documents, with participants identified by the word *Interview* and a number, were uploaded into Nvivo software (QSR International, 2013). I bracketed the research question to ensure its focus (Patton, 2002). Following the process of horizontalization, every significant statement or quote relevant to the research question indicating how the participants experienced the phenomenon was listed and regarded equally. Redundant, repetitive statements were deleted. Remaining statements, identified as relating to extended family relationships or extended family reconciliation were labeled. Categories were created to organize similar textural content under an Nvivo node that I created for this purpose.

I reviewed my log for any variations in data analysis or changes in my assumptions as I immersed myself in the data. I closely followed the methodology outlined in Chapter 3. There were minor differences, in that not all of the potential recruitment sources provided participants. This is not estimated to have any significant effect on the outcome, because I relied on the remaining avenues for recruiting participants. As I interviewed the participants, my heart went out to the challenges and struggles they faced. At times I found similarities between their experiences and my own experiences as a grandparent caretaker of a grandchild, and I noted any of my emotional responses in my field notes log. However, I recognized the participants' very unique experiences, perseverance, determination, and commitment to provide for their grandchildren. My appreciation and respect for their efforts despite difficult situations was noted in my log. I empathized with the grandparent participants. A few times I wondered if a participant had given up hope for reconciliation to occur, and I was sad when grandparents were unable to find any joy in their relationships with their adult children. I set aside my concern and listened to the entirety of the participants' experience.

A list of 58 codes resulted, and these are presented in Appendix B. I grouped codes having common elements together into 26 categories. For example, the category *adult child dysfunction* is comprised of the codes *adult child challenges*, *adult child stealing*, *child protective services*, *domestic violence*, *jail*, *living conditions*, *parent health*, *parental responsibility*, *parent-child relationship*, *postpartum*, and *parental substance abuse*, which subsumed *drug court* and *ongoing parental substance*.

In the last step of the phenomenological reduction process, I reduced the 26 categories into a smaller number of themes, and organized the derived themes into a coherent textural description of the phenomenon (Moustakas, 1994). I applied imaginative variation to uncover possible meanings or essence of the phenomenon (Moustakas, 1994). To do this, I examined divergent possible interpretations to explain the textural meanings, and explored underlying themes that might best reveal a deeper understanding of reconciliation. During this part of the process I also searched for discrepant cases that shared elements that conflicted with what other participants had in common. The category *behavioral interventions, child mental health, counseling, counseling-parent, and counseling-child* were grouped under the theme *mental health*. After systematically grouping and regrouping like categories, four themes persisted as collective representations of the 26 categories (Table 4).

Table 4

*Themes and Categories Identified in Phenomenological Reduction*

Themes			
Watching my Child Struggle	Grandparent Challenges	Grandchild's wellbeing	Communicating with Grandchild
Adult child dysfunction	Role	Attachment, Abandonment	Explaining birth story
Domestic violence	Aging	Mental health	Explaining parents' challenges
Jail	Future	Structure, routine, boundaries	Open communication
Living conditions	Guilt	Stability	
Boundaries	Isolation	Neglect/abuse	
Responsibility	Financial	Adjustment	
Drugs	Supports		
	Time		
	Energy		
	Resentment		

**Discussion of Themes**

**Watching my adult child struggle.** The participants described their experiences of powerlessness and frustration in watching their adult children function poorly as adults and as well as parents. The participants described inattentiveness of the parents toward their children, neglecting to regularly feed, inconsistent visitation, and other examples. Some of the participants reported that their adult children had experienced domestic violence and the correctional system in terms of jail or prison. They expressed concern

regarding their adult children's living conditions and lack of assuming parental responsibility. Participants shared that they found the need to establish boundaries with their adult children. All of the participants shared that their adult children experienced problems with drugs. It was poignant to note that as many of the participants were describing this struggle, they also described a "see-saw" of emotions ranging from hope to hopelessness, sometimes in the same sentence. This was identified as a subtheme.

*Adult child dysfunction.* Related to the theme of watching their adult children struggle with functioning as adults, was powerlessness experienced by many of the participants. Some of the participants shared that their adult children's mental and physical health issues negatively affected their capacity to function effectively as parents.

- My son has mental health problems.... He actually has a mental illness called schizoaffective. He's very smart. He's very loving. He goes like these meds drug him up and he doesn't want to take them. When he's on his meds, he is very lucid. He knows what's going on. He's able to function. I have no problem with him being alone around her. He's able, you know....but staying on them is a problem. When he's not on the meds, he turns very violent. (Jill)
- And she [daughter] just really had a struggling time in the beginning. So what I did, is I took care of my daughter and [granddaughter] both at the [same] time. She [daughter] went into the doctor's office and had [postpartum] psychosis...But I was in the moment of this feeling that I'm her mother and I'm going to make sure she comes out of this terrible psychosis, and I'll help her get her on her feet, and she's going to be independent. (June)

- Well basically, we wanted her to be involved all along. We just got forced into it because she had –she’d call me crying—she said she had postpartum depression.
- And then she had really bad postpartum depression, and then she got on bipolar medication to make her feel better. Then she had a grand mal seizure from the medicine, and I think she was allergic to it. She was bipolar and worried. (Teresa)
- With the second baby, and also with the first [baby] she had a depression like thing. And she went into it even deeper when she had [younger grandson]. She was better with the third one. (Charity)
- I started out with joint custody of her because my daughter’s mental state, and I guess fear that the possible father would take the baby from her. My daughter has several mental diagnoses. He [grandson] witnessed his mother beating herself in the head because she would get so mad. (Charity)

***Domestic violence.*** The participants shared their experiences of worry and fear for their children and grandchildren’s safety relative to domestic violence perpetrated by their adult children or their adult children’s partners.

- Umm...he’s [son-in-law] been a struggle all along, because he’s the one who’s abused her; threatened; physically threatened my children. It was to a point that he got a restraining order put on, because he threatened to kill one of my kids and hang him up by their feet. Now he’s gone from being violent

to being the best husband in the world, and I have a hard time believing that.

(Teresa)

- The father of both of the children was just not a very nice guy. He was very abusive to her and got put into prison the last time because he had some domestic violence while she was pregnant with the 3-year-old. The lawyer said, —we think you should go for adoption, since they’ve already agreed to guardianship, and he’s been to jail, and he’s beaten the crap out of her, and she’s whatever. (Teresa)
- He witnessed my daughter and her husband getting into physical altercations. (Nancy)
- And then at the end was, her and her husband had gotten into a physical fight. My grandson had woken up in the middle of the night. And her husband had called the police. And the police had come out to our house. And she was drunk, and she was on whatever drugs, and he had to watch her come into the kitchen, pick up a knife. She was going to go out and stab her husband. And both [grandson] and I screamed, —No! She dropped the knife. And I had her baby in my arms. And we were in the kitchen trying to stay away from them physically fighting each other. (Donna)

**Jail.** The participants shared regarding their experiences of frustration, worry, and concern regarding the affect on their grandchildren when their adult children were incarcerated. Some of the adult children were directly involved with the legal system, and some of them had indirect experiences through their partners.

- She has a new boyfriend, who she wants him to come see the children, too. So we argue about that because he's no better than their dad is. Now, they're all jail people. (Hanna)
- I think she was selling drugs for money. She said [asked] that if anything happened to her, would I take her other two children, if they got thrown in jail. (Teresa)
- And I knew with [daughter] when she was 3 years old we were headed for a long road. And I knew it really well at 12, and in fact... she was about 10 years old, and I just went into this reflective period for a few days and said to myself, —where do I see myself in 10 years. I made a list of all these things I wanted to accomplish. But on the top of the list had to be to keep her out of jail. And I didn't make it. (Jackie)
- Well, I helped her last week. I had to get her out of jail. She got a speeding ticket and she didn't go to court. So I had to come ...and help the judge and make sure she comes to court now. She gets in trouble a lot because she gets her license almost paid off. She only owes a couple hundred dollars. Then she gets caught driving without a license and speeding. (Charity)
- [relating to the domestic violence incident] ...and he saw his mom being hauled off to jail in handcuffs, because she wouldn't go. Then he saw her in jail. And then she left. And that was really his last time that he really saw her. (Donna)

*Living conditions.* The participants described their concern regarding unstable and dire living conditions that contributed to their decision to intervene with their grandchildren.

- These kids were subjected to sex in the home, open drugs in the home, open alcohol, police being called into the home. When we got them, they were literally homeless. Their mother had bought an RV at some park in [northern city]. It was broke down, and had tarps over the roof. They couldn't even live in it. When she was in the hospital, she didn't even know the guy in the trailer next door, other than his name was, and that's where the kids were. We were supposed to pick them up. And was reading from his boss, and his boss told him to kick them out on the street, because he couldn't have them there.  
(James)
- I took custody of them when their mother was living in a camper with no electricity and no running water. I don't think [granddaughter] liked to live the way she was living with flashlights and no water, and stuff like that.  
[grandson], he was so young—he was in his car seat. (Hanna)
- They're still not quite stable. They haven't paid their bills, and they get shut off notices. And that kind of stuff. (Teresa)
- They were almost always with me, because when he was on the road, [daughter] always liked to go out and party a lot. She had a problem with drugs. And she would leave them here, like 5, 6 days out of the week, but,

because she was gone a month, not 6 months, I couldn't get custody of them legally [at first]. (Charity)

- And her husband is in [southern state]. They're probably getting a divorce. She wanted to come up here for Christmas and then go back to [a southern city] and turn herself in for her warrant. And then go into a rehab program. And eventually come back here and turn herself in for her warrants up here.

(Donna)

- But there were a couple of times they went to [a different state], and just the way they would drive around all day with him in the back seat in the car seat all day. (June)

**Boundaries.** The participants discussed their experiences discovering they needed to set and maintain boundaries with their adult children who struggled with drug addiction and made poor lifestyle choices.

She [daughter] said so that [granddaughter] can come spend weekends and give you a break. And I said, —that's not going to happen. It's just not going to happen because of her lifestyle. And watching them here, I know that [granddaughter's] needs aren't met. So, that's not going to happen. (Eve)

Charity added the importance of patience, consistency, firmness, and love above all in her experience.

- Of course, I told you, I had to kick her out. She could not come around when she's high. She could not come around when she's ill. I knew it was not going to happen over night. I knew it takes progress. But you've got to be patient

and you've got to give them time. But you've got to be consistent and you've got to be firm. And in the end, love always wins. Always. (Charity)

- You just try to deal...say—Mommy loves you. You get to see her on Friday. Just reassuring him he is loved, and reassuring him of consistency. (Teresa)

As Donna related in the section on drugs, her daughter's boyfriend insisted she become a stripper to earn fast money. Donna had to ask her daughter and boyfriend to leave after an altercation in her home.

And 3 months later I had to kick them out of my house. We had to watch a physical fight between the two. It was very hard for me...because I'm an ICU nurse, where these people end up going. And it's very hard for me to have hope, but I want to have hope because she's my daughter. But, I'm still upset with her and I would love to be able to spend some time... Talk to her, plain & sober, about her life. (Donna)

**Responsibility.** The participants related their experiences of frustration observing their adult children struggle with self-sufficiency and assuming responsibilities required for parenting. Their concerns included worry that their adult children not only were unable or unwilling to meet the children's physical needs, but also their medical and emotional needs.

- As long as they blame somebody else, nothing is ever going to change. (Nancy)
- Well, with [younger granddaughter], she was a very directive parent. She did a good job [during the time she was clean from drugs]. [younger

granddaughter] was fed, [younger granddaughter] was bathed, [younger granddaughter] had a good routine, [younger granddaughter], went to school. She had some speech problems in preschool and [daughter] got her involved in preschool special ed. She did a great job of following through with that. She played to social service system like a violin. She used that to navigate through her parenting to [younger granddaughter's] advantage. She had her in counseling. She had gotten her on medication, and we more or less continued that with the help of the people here. (Jackie)

- [Daughter] is actually a prostitute [at this time], and that is as big of a deal as her drug use. And she has a couple of times tried to recruit [older granddaughter] into that life. She feels that she's their mother. She'd probably tell you that she's the greatest mother ever. And she's not good at self-examination or taking responsibility for things that are her fault. (Jackie)
- [I worry] she won't hold up her end of the bargain by being a good mom. She does not take the relationship as their mother seriously. (Teresa)
- She thinks that these kids don't need the things that I give them. They don't need the clothes that they have. They don't need the shoes; they don't need the toys. For Christmas and birthdays, she doesn't buy them anything. She'll buy them, like dollar store junk because they don't need anything. –No kids needs anything, but they do need clothes. And they do need more than one pair. She doesn't understand. She just thinks that I like to spoil them. I tell her

how much everything costs...hey, her daughter has asthma. So she needs an inhaler. And she needs to take Zertec every day. (Hanna)

- Lately things have been good because I've come to the realization that she's just their mother. She'll never take care of them. She's biological. I call their dad a sperm donor. She must be an egg donor. I realize now that I can't do anything. I can't take care of her kids and take care of her. She's 35 years old. I do my best to provide what she needs because she stays off the streets.
- I think she thinks they're dolls. (Hanna)
- To be honest with you, my son and his wife, they know that they're mom and dad, but it's more like she's a sister to them. I noticed it on [daughter-in-law]. You get to come around when it's convenient for you, and play mom and dad, have the weekend role, and have no responsibility. (Jill)

Mavis shared that she “just felt like she [daughter] wasn't ready to accept responsibility” as a 16-year-old mother.

It was my oldest granddaughter, and it was because my daughter was 16 years old when she gave birth. So I just felt like she wasn't ready to accept responsibility.

(Mavis)

Charity and June also shared about her frustration that her adult children were not demonstrating the adult responsibility necessary for fully parenting their children, however, they are pleased about the progress they observe.

- I had to have her leave, because [the other child's dad] was coming over. And I didn't mind him coming over. But the problem was, he didn't work. He

didn't want to work, because he had his grandparents and his mom who always took care of him. Either they were laying in the boys' room, or they were watching TV and everything. And they couldn't go in there and play, and it messed up their routine. And I put a stop to it. (Charity)

- When she says she's coming, she comes. She'll say, —Oh, I'll be there 3:30, 4:00. She comes now. She says she's going to come at 10:30 in the morning; she shows up. The stability, I would think, of her saying she's going to do something, and she actually does it. (Charity)
- My daughter used to call me at work, ...and she called me screaming, crying that she couldn't take care of him. She was having problems because she didn't know what was wrong. She would put him in that swing every day from early morning until she would fall asleep on the couch and he would still be in the swing and she was just lying there. And I said to her that's not the way to raise a baby. But, I was getting up early so I could get him breakfast so I knew he had one good meal. I would call her from work and ask her, did you feed him lunch? Did you give him a bottle? What are you doing? Frustrating. (June)
- We were helping her find work so she could be independent. And again she said to me, —you do nothing for me. And I said, —excuse me—we buy diapers every week. It's not in our life style. You know...we have to buy a crib and we're doing all this stuff, and I'm taking you for appointments. You know, we bought you a car. We're trying to help you become independent.

She always has this feeling that I don't help her and don't support her. That's when she decided to move out. She couldn't see what I was doing. And it's those conflicts that are so hard. (June)

- I said to her that a mom's greatest wish for her children is that they become self-sufficient, and that they learn to use their own wings. –and that's my greatest goal for you. So that was about two years ago. And a year ago, she started working for a convenience store gas station thing. And she liked her manager quite a lot and he could see her potential. So he's been grooming her. She is now the assistant manager, with manager in training going on. I said to her, —in just a year, you have proven, not only to yourself, but to that judge who denied you benefits....and to all of us you are capable of independence, and working, and taking care of yourself. I mean it has helped her. But she had to wait till she was ready I guess. She is living independently, and she is doing a lot better. (June)

**Drugs.** The participants described their overarching concern that drug use of their adult children impeded their children's overall functioning as adults and as parents.

Jill described her experience of hope, frustration, and powerlessness regarding her son who was in a drug treatment program at prison.

I hope he's not full of shit. Because, one thing my dad taught me is you can talk the talk, but he's behind bars, so till he actually gets out I won't know if he's going to walk the walk. I'm a realist, you know. I can hope. I can pray for him.

But I don't know if he's going to follow through till he's actually out here and can do it. (Jill)

In responding to a question about her relationship with her daughter, Hanna described conflicted feelings of hope, frustration, and powerlessness relating to her daughter's functioning.

Every time I think that she's going to be normal and come home and decorate for their birthday parties or something, —something happens. And I realize she's the same—I don't know... she's just the same person. The drugs do something to them. Honestly, they become different people. I try to make them the same person she was, you know. [Daughter] was so helpful, and she liked to do art and stuff. Now she just...she's like an empty person. She's like a kid. She plays with them on Saturdays. She doesn't remember to see them, or she doesn't understand their routine.... I wish she could just be the kid she used to be. She's not. So I have days when I just wish she didn't exist. And then I have days when....why can't you snap out of it. And like—because her daughter is growing so fast. I've taken her back so many times. (Hanna)

Teresa, Betty, Charity, Nancy, and Donna expressed frustration about their daughters' drug involvement impeding their parenting. Teresa shared that her daughter's drug use keeps her from regaining custody, and that although she wants her daughter to be more fully involved as a mother, her daughter is not realistic about her parenting capability.

- The biggest struggle is her not seeing what I see. She says she's the best mom in the world; and she wants nothing better than to be a mother; and God put her on this earth to be a mom. And she's not doing a good job of it, but she doesn't see what I see. We want her to be involved. We actually want her to adopt her son back as soon as possible... Well basically, we wanted her to be involved all along. (Teresa)
- I have a daughter who's not stepping up to the bat to take care of the kids and make sure the kids are [taken care of]. I think because of (daughter's) addiction to prescription drugs, I don't think there is a connection. I think these kids are a tool for her to get to me. That's just from where I see. It's one of those that says, —I need something from you; and if I can do it through the kids. That's just from what I experience. (Betty)
- She had a problem with drugs. And she would leave them [the grandchildren] here, like 5, 6 days out of the week. And when she got on the pills, —that was it. She never really bonded with either of them [the grandchildren], because there was drugs involved. (Charity)

When asked about the biggest struggle she experiences with her daughter, Nancy responded, “drugs.” She related that her daughter's difficulty with sobriety negatively impacts parenting, and causes restrictions with visitation.

I wish it was better [relationship between her daughter and grandchildren]. It really bothers me that there isn't a relationship. It's just my daughter staying off the drugs so that she can have some sort of visitation. She's fascinated about the

idea of being a parent, not the reality of it. It's all about, —look at me, I'm a mommy, but when it comes to the reality of what the kids require, she's not around. (Nancy)

Donna described feelings of frustration and powerlessness, and her struggle between hope and hopelessness watching her daughter's battle with substance abuse.

- She needs to get clean and sober. And she's not that way long enough....2 years ago when I was starting to help her get custody of her little boy. She came up here from [southern state] with her baby who was only 3 weeks old. And she was clean and sober like I haven't seen her since she was about 14. And I told her because she was so clean [and sober] that I would help her. Her husband was telling her she needed to go be a stripper; that they needed to make fast money to get out of my house. And I kept telling them, —No, she needed to get a real job; so did he. (Donna)
- I don't hear from her very often. Because during the time that she's clean and sober, she calls me very frequently; we have a very good relationship [then]. During the time that she's doing drugs I don't hear from her for weeks or months on end. And I don't have a way to get ahold of her. Just on Facebook, and maybe a week or two later she might respond, and maybe not. She's still using heroin as far as I know. She's overdosed twice this year. I worry that she will get herself in a situation that I will have to identify a body, or I will get a call that she's dead. Sometimes it's overwhelming if I think about it much. (Donna)

Jackie, James, and June described their heartbreaking experiences of frustration, powerlessness, and loss of hope regarding their daughters' ability to function in sobriety.

- So got her in a rehab, and it really seemed to take. She really straightened herself out. And seriously. It wasn't just an act. It was the real deal. (Jackie)
- I knew she had been fired because she was doing drugs from the clients. When she went to rehab, I was there. I went to all the family meetings. It was 3 hours away, and I drove it 4 or 5 times during that month that she was in rehab. Meet with the therapist, and try to help her get straightened up. And then we were back and forth and very close all the way through until she started to unravel again about a year before I got [second granddaughter]. And since I've had [second granddaughter], there really hasn't been any healing. That kind of broke up the relationship again. "It's heartbreaking." (Jackie)
- Well, there is no relationship with her because she is a drug addict. I mean heavy drugs...crystal methane, heroin. It hurts. Not having a relationship, you look at it from a negative perspective. We have a relationship by not having a relationship. And it hurts not to have that connection." He went on to describe his experience of powerlessness and frustration regarding his daughter's struggles. (James)

June described her biggest struggle with her daughter as, "the fact that she is still actively doing drugs," and frustration "trying to get her into a detox."

- His [grandson]'s mother came home one night and said she (participant's daughter) conked her head in the car door and ended up in the hospital and

they called Child Protective Services because they thought she was using drugs. I was told either go to court the next day or he would go to foster care.

(June)

- I just told her; I said stop lying to me. Stop trying to get money from me. I said, Do something. And like I said, she's with this boyfriend now. He's using drugs, although I guess he's a functional addict. He's working. I don't know how long that's going to last. Because he loses every job. I'm just very, very upset with her. (June)

Regarding a question about her biggest struggle, Jackie spoke of her “grief of watching her [daughter] destroy herself.”

Well, I don't know how specific to get with this. [Daughter] is actually a prostitute, and that is as big of a deal as her drug use. And she has a couple of times tried to recruit [older granddaughter] into that life. [Older granddaughter] is not having it. She's not having much to do with her mom right now—which is fabulous. She needs to stay as far away from her mother as she can. Neither of the girls spends any time with her without my supervision in the last 2 years. They don't go up and stay with her, and that's why it's so tense for me. I'm not about to let them out of my sight. I don't feel like [daughter] wants to take them...either one of them—and run away. I think she realizes that she wouldn't be able to take care of them. But, it's just scary to be around her, with the people she's hanging out with. (Jackie)

**Recognizing my challenges as grandparent caretaker.** A common concern experienced by the participants was the emotional toll associated with the significant challenges they faced as seniors taking on a parenting role. They encountered isolation, declining health and energy, and limited financial resources. They were concerned about having the longevity to raise their grandchildren to adulthood. Despite their concerns associated with advancing age and experiencing feelings of guilt and resentment at times, the participants willingly took on the responsibilities of primary caregivers for their grandchildren.

**Grandparent role.** The participants shared experiences of feeling resentment over not being able to be grandparents without the added caregiver responsibilities.

- Some days I feel bad that I don't get to just be grandma and have fun times and send him home. And sometimes I feel resentment that at this point in my life when I should not have to be paying for extra school activities, and day-to-day taking care of a child growing, and on books for school, or for whatever reason. So I kind of resent that I don't get to have a grandma house. I don't get to take trips based on I'm a grandma and I don't get to do what I want. But on the whole, I'd say it's more of a blessing than a frustration.  
(Donna)
- You do have to make a lot of changes, and it's hard because I do have another grandchild, and ...I feel cheated sometimes. Because I don't get to spoil her sometimes. I don't get to do the things that my mom got to do with mine. I'd love to give them Oreo cookies and chocolate milk for breakfast, and junk

food to send home like....With my other grandchild, I don't get to just spoil.

He has to follow the same routine because I can't spoil one and not the other.

(June)

- Now I don't get to spoil her. I get to spoil her, but I still have to tell her "no". Make her do stuff. She doesn't like that she has to go to school, and she has to do her homework every night; she has to take a bath; and she has to brush her teeth. Every once in a while she just doesn't want to do something. And I make her do it. If I were her Nana, I wouldn't have to make her. I could send her home. [chuckle] And make Momma make her. (Hanna)
- They're [grandchildren] raised the same way that I raised my kids. Although we said that I wish I had the grandmother luxuries. You know, I don't get to spoil them and send them home. So I have to limit how much I do get to spoil them, because they stay with me. (Nancy)
- Well, we have a daughter who lives here in town and has 3 children. We have a son who lives here in town and has a child. We don't have to discipline those grandchildren. We don't have to prepare clothing and meals and school plans and school supplies, and medical issues. We don't have to get involved in any of that. Where with these 3 children, you may be a grandparent, but your turned role is a parent. You don't get to be grandparent. (James)

***Aging.*** The participants shared their experiences and concerns relative to parenting as older individuals with lowered energy and declining health.

- So I can't do [demanding profession] for 10 more years. That's too hard on my body. So what can I do until I'm in my 70s, to work, to make good money, to be able to provide for myself and be able to provide for him? Looking at I need to be as healthy as I can be, so I can be here as long as possible, so I don't leave him. When I first got custody of him I was almost at the point of [working nights in demanding profession]. That's what I was looking at going into. But because of the possibility of getting him I couldn't take that career path. Because I didn't think it was fair to him if something happened to me.  
(Donna)
- Something I've had to look at is what contingencies have I made, such as life insurance and someone else to be in charge. So that was something different to look at. Because that's something when you are younger that you never think about. But as you get older you do, but not always having children, you don't think about it in the same aspect of I need to make sure everything's lined up as far as continuing on this style of care. (Donna)
- He's [son] still building his life. He's married, but they don't have children yet. So he's not in a position to do this, although he—we designated him my back-up if something happens. I said... I was 43 the 1st time; I was 60 the 2nd time. So I said, —I'm no idiot. We've gotta have a back-up plan, because—it happens. So we just kind of made that agreement between us. Although in reality, she might end up staying with her bigger sister now that she's pretty well grown if something were to happen to me. I would not want to do that to

[older granddaughter]. I would want her to be able to build her life on her own. And so far, I'm healthy and still going strong. So there's nothing on the horizon that I have a specific concern about it. (Jackie)

Mavis faced a life-threatening disease shortly after assuming custody of her granddaughter, and she worried about what would happen to her grandchildren if something happened to her.

- And it's a good thing I didn't [take custody of the other children] because I moved up here in July, and in September I was diagnosed with non-Hodgkin's lymphoma. It was difficult, but like I said earlier, I had wonderful neighbors; I had wonderful friends up here. I had just put [granddaughter] on the bus stop, and I started crying. —If something happens to me whose going to take care of my babies? (Mavis)
- What is going to happen to her when I'm gone? It will be like losing her mother. And I don't think her mother is going to be able to give her the support that she needs because my daughter is so dependent on me. And I think that's a lot of my frustration; she'll call me when this is going on and that is going on. And I'm just so open in speaking to them; I've always been like that. It makes a bad conversation, because she [daughter] doesn't like what I have to say. (Mavis)

**Guilt.** The participants related about their experiences agonizing with feelings of guilt.

- It's just hard when you're trying to do everything right. You think you're doing the best you can. And things just go so wrong. And then I look at my granddaughter. So I can do it. It took a long time for me to let go of guilt with both of my children. My son's been in prison for the past 11 years—25 years to life. And she's got 6 children and I'm trying to grandparent them and you know, support them, 'cause...and I don't know. (Mavis)
- She's my only child, and for a long time I blamed myself that she chose the drugs. And we finally sat down when she was clean a sober a couple years ago. And she told me, —Mom, I was looking for them, even if you were home all the time. For some reason, I just wanted to do all these drugs. So you couldn't have changed anything. Cause I had felt guilty that I was in nursing school, and working, and divorced her dad when she 14 and thought it was all my fault that she ended up going into the drugs. And she said, —No. (Donna)

Betty shared that she experienced feelings of guilt for a few different reasons. She worried that her grandchildren may blame her for taking them from their mother. She felt guilty regarding an accident involving her granddaughter, feeling responsibility for her granddaughter's ruptured appendix. Complicating her feelings of guilt, Betty shared that in the role of grandparent caregiver she cannot give the same amount of attention to her son as she must give to her grandchildren.

- Sometimes I think it's more fear than anything. What happened that I ended up with my daughter's children? How did that happen? It's not like she was out on the streets strung out. She was still working. She was still trying to take

care...but how did it happen? I would say I kind of snatched them out of fear. I don't think I gave her an opportunity to really try. Because she was there. She would leave. But, when she was there I took on the responsibility. I think that my case might be one of those that I didn't trust her as a mother, and I kind of snatched those kids out of her hands. (Betty)

- I just saw myself as someone who was going to protect them from....not that she was going to abuse them. But I just don't think she was capable of taking care of them. I believe I would say that if they were 18 today, or if there was not a problem with their mom, they probably would go. And the reason I am saying that is because I think they see me as snatching them out of their mom's. Because they asked me, —why did I take them from their momma. (Betty)
- And I was trying to help with my granddaughter, and here she was looking at me talking to me, like—I don't see how you were even aware of that [granddaughter spilling hot noodles on her lap]. I was back and forth to the doctor, and I was exhausted. And even when she was crying out that she was hurt, I was like —I just took you to the doctor, and they're not seeing anything. That was a big step back in my counseling sessions. (Betty)
- It's awful. I was just crying out to the Lord. It's awful difficult. I feel it's difficult about [granddaughter], because she had her surgery [ruptured appendix]. The doctor had to save her life. He made a huge cut on her stomach. And when she sees that huge scar, she's got to wonder why wasn't

I..... I just wonder if I could have protected her more. Even though I did. And I'm glad God didn't take her, because if she had died that night, like the doctor said that she should have been dead, I couldn't, I wouldn't have been able to live. (Betty)

- He's 32 [Betty's son]. And he puts a guilt trip on me, you know, like—you've never been there for me. And I'm like, —oh, God. He just texted me today and said—you don't love me. And if you did, you'd think of a way [to give money]. And I just told them both; I said, —Listen, I cannot do it anymore. I am watching [granddaughter] grow up, being fed, —you know. I'm trying to do the best I can to make them happy. And it has truly wore me out. (Betty)

***Isolation.*** The participants shared how lonely and isolated they felt as grandparents in a parenting role.

- I was fearful. I was alone. I had no one. And moving out of the house where we were living. (Betty)
- I'm in counseling for myself. But it turned out that it was more...it was more just being alone [after her husband's death]. It was almost just devastating being alone, because I've never been alone before. (Betty)
- Like I can't do anything. You can't run to the store, you know. You can't do the stuff that you used to do. You have to either find somebody to watch them or do something with them. There's no...no time...for me and my husband to go somewhere. You have to find a babysitter. And if you have Mom come, you have to lock everything up. It's just a pain, so you take them where ever

you go. So you don't go anywhere. ..[Laughter]...unless they're home.

(Hanna)

- Well all my friends are empty nesters. So I am not as social as I want to be. I've become divorced, so I don't have a partner. Her dad and I do very well, but we are not a couple. I don't have a partner. I'm just frazzled and exhausted because there's no one else besides my father. But he's 78, so he's not going to be a caregiver. (Eve)

**Financial.** Concern regarding finances was a common experience. Becoming the primary caregivers for their grandchildren was unplanned, and caught the grandparent participants unprepared financially.

- Um. Financial [is my biggest struggle], and just getting the extra help that you need. (June)
- I'm living off of what DHS gives me for money, for food stamps. I don't have an income. Financial is huge. I mean there are times I only have 20 cents. You know and I used to make pretty decent money, and I was married to a man made decent money and didn't have to like plan on things. Now its like do I spend \$5 or do I keep \$5. And it's very different for me. (June)
- She blames me because I can't put her in rehab now, because I don't have the money. (Hanna)
- I don't have a babysitter. It's hard for me. Like right now, I'm trying to go back to work. (Nancy)

Betty shared about the consequences of financial challenges that caused her to downsize and move out of her home after her husband's death.

- We legally adopted them 'round about June and he [husband] died in August. I've never been alone. Never. I came straight out of my mamma's house and I married him. And him and I were together 36 years. I'd say raising the kids, and going through what I'm going through I would say it was a strain, you know. I was fearful. I was alone. I had no one. And moving out of the house where we were living. We went from there to living in a hotel...a mangy hotel. Now we're living in an apartment complex. The apartment is pretty nice, but it's not child friendly. There's always something with the kids. Up and down the stairs. They can't ride bicycles. They can't ride scooters. They can't ride skateboards. And this is all new to me, because I've never lived in an apartment. My kids have always had space. (Betty)
- And with their mother, Sheryl, she has literally drained me. Her landlord 'll call me, you know. She's 3 months behind. She's 6 months behind. Then she goes and has another daughter...a little girl. I don't seem let myself get close to this little girl. It's sad, because I'm afraid I'm going to end up with her. Their mother...and she's very manipulative. Because she has a way to get to me and make me really believe that she's going to be there. But, it's always to get me to give her what she needs, and she's on her way. I have a daughter and a son who's an alcoholic –he works, but he's an alcoholic, but he's not stepping up to the plate for his kids. I have a daughter who's not stepping up

to the bat to take care of the kids and make sure the kids are [taken care of]. You'd think that he [son] would want to help, and because they don't have a daddy. And his dad is dead. And he [son] wants some money & thinks I should be there every time he wants me. The kids are awesome. It started out not being so bad, because I got my husband. When I first got these kids, I was married. My husband was alive. I just lost my husband 3 years ago. (Betty)

*Supports.* The participants shared about the lack of support they experienced as grandparent caregivers.

- In August our house burnt down. And we actually had to move into an RV. Getting people to help us at all has been like a struggle. And we hear so much—whoa, that's your grandchild. And it makes any difference... why? It's like you're telling me had it been our child you would have helped us more? If people could really understand the extra help that grandparents could use. (June)
- I'm looking at it as—the only difference is when I was a parent, I had a lot of support. I had my husband; I had his momma; my sister-in-law –you know, everybody. I had a huge support group. This time around, the thing that's different is not having a support group. (Betty)
- The biggest struggle is support. Not having support. Not having someone to talk to, because my friends—none of my friends are—they're grandmothers, but none of them are in the position I'm in. The biggest struggle is just having

someone to talk to. ...to get together sometime, and just talk about the kids...kind of like a support group. It's about support. (Betty)

- I expected more from family members, and I don't have that. They [family members] come to the table with all these suggestions of what I should do. But they don't come to the table with any suggestions of how they could assist me in doing it. Raising the kids has really been tough, and I think that if I had not lost my husband, and if I had been more used to being alone—you know what I'm saying—it wouldn't be so hard. (Betty)

***Time and energy.*** One of the biggest struggles the participants faced was their experience regarding declining energy, and not having enough time to meet the increasing needs of the grandchildren in their care.

- Probably like time [is my biggest struggle]. Like I can't do anything. You can't run to the store, you know. You can't do the stuff that you used to do. You have to either find somebody to watch them or do something with them. There's no...no time...for me and my husband to go somewhere. (Hanna)
- I think my biggest struggle relates to energy. The energy to do things with them, and all, and enjoy it, and not feel so exhausted. At 10 o'clock, I mean Sheryl, by 9 o'clock, I'm like please will you all just go away from me and go to bed or something. [chuckle] Because I get up so early in the morning, and by 9:00 I'm so exhausted and tired. And they're getting older, and they're demanding more. I'm doing the best I can do. If you want to continue to feel that way, that's your choice. But, it's kind of hard when I'm living in the same

city with them. I pray every day to get out of this place, and get them away from here. So, the other biggest struggle is the energy level. And I think my grandchildren are suffering the consequences of not [having enough energy].

(Betty)

- I am just physically tired at the end of the night. I can't argue. I have to pick my battles. And so I think there are times when he gets by with things that he shouldn't, because I am old and tired, and I'm not going to physically fight and argue. (Donna)
- Oh, being too old to get out there and throw balls, play basketball. I just don't have the energy. You know, as you get older, it's like...Oh, god! I take him to basketball during basketball season. He was in karate for a while. Once I do it, I'm committed, but it's a struggle for me to get my butt in the car and go.
- I'm going to be very tired when I'm 70 and they graduate from high school. I've come to the realization of I'm going to have them forever...so. I keep saying, —I'm going to go to middle school when I'm 62 years old for the little one. I go there now for my son. Fifteen years from now, I'll be going for the other one. (June)

**Resentment.** Several participants shared they experienced resentment at times.

- There's a little bit of resentment. I try not to show it, because there's nobody else who could do this. We have a very small family.... There isn't.... My son's not in a position to.... (Jackie)

- And sometimes I feel resentment that at this point in my life when I should not have to be paying for extra school activities, and day-to-day taking care of a child growing, and on books for school, or for whatever reason. (Donna)
- So I kind of resent that I don't get to have a grandma house. I don't get to take trips based on I'm a grandma and I don't get to do what I want. But on the whole, I'd say it's more of a blessing than a frustration. (Donna)
- I do my best to provide what she needs 'cause she stays off the streets. But I try not to have conflicts anymore. Cause it doesn't do me any good and it makes me resent her children. (Hanna)
- And to be honest there are probably more than a few days that I kind of wish for an empty nest. There's a little bit of resentment. I try not to show it, because there's nobody else who could do this. (Jackie)

**My grandchild's wellbeing.** The issue of abandonment of their grandchildren experienced both physically and emotionally, and how that impacted their healthy attachment were concerns shared by most of the participants. It is worth noting here that the most frequently occurring categories subsumed within this theme included abandonment, abuse or neglect, adjustment and attachment issues, mental and physical health, stability and structure. These categories represent the significant concern participants shared regarding their grandchildren's lives, health, and safety. The participants expressed experiencing confusion and frustration regarding the lack of attention and caring they observed in their adult children's interactions with the

participants' grandchildren. Not only did they worry about their grandchildren flourishing physically and emotionally, but about their survival as well.

*Attachment and abandonment.* The participants expressed concern about their grandchildren's healthy attachment to a parent figure. They discussed their own experiences bonding with their grandchildren as well as observing parent-child attachment issues.

- It's always been like that for her. I guess we've more or less explained to her. It's no different than if we....She knows she has another mom and another dad. And it's just always been like that. She knows that she came from...that she was in Mommy's belly. And that [her father's name] was her daddy. And that Daddy is sick and he has to get help; and that Mommy has problems and she has to get help. And you know they loved her enough to let [grandparents] take care of her so they were able to get help. It doesn't mean that they don't love her. It means that they can't take care of her. He [son] never wanted kids. He actually tried to get the state to fix him when he turned 18. (Jill)
- I think it's a blessing in disguise. It's really grounded me. And when [granddaughter] came, it was like our little gift child. And it did add stress to us, and ...we're not together. But we function together very well. And it's been...well, there were other stressors at the same time. But, he's a great dad. And you know, he has his own little thoughts and feelings about how things should be done. I think on the whole, we do a really good job. (Eve)

- When my daughter had [granddaughter], she had severe postpartum depression with psychosis. So she didn't have...she didn't have attachment.  
(Eve)
- Actually in May of this year I told her, her birth story. I hadn't told her the difference. But the more involved that [daughter] was getting in the family, I felt she was old enough to understand that now. So Mother's Day weekend we had a very serious talk about how she came to live with me. She always thought that she grew in my belly, but I told her she grew in my heart. And she was like, —whose belly did I grow in? And I said, —who do you think? And she mentioned [daughter]. And I said, —yep that's where you grew in. And so, we've kind of had a talk about that. (Eve)
- I think we are very connected. I think we are very close. She not only wants to have physical closeness, but she will out of the blue say, "I love you mom." Things like that, or she will just come and give me a hug. Or anything like that. We have a lot of that. Like I said, it's different. I'm present. I think young moms tend not to be as present. I know when she was an infant and toddler, I spent more of my life on the floor than I did up, and I was just in wonder and amazement with everything she learned. And I don't remember feeling that when my 2 little ones were coming up. (Eve)
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- We were close to [granddaughter]. She was our first grandchild, and she was born here. So when her parents went to work, we watched her. She was great. [her husband] made her a little cradle in the living room, and before we knew all this nightmare was going to happen, she was like the best thing ever. (Hanna)
- For the first....for the first year and half, because we just have a very small 2-bedroom ranch, I slept with them—on a trundle bed. So the little baby slept with me, and the little girl slept on top. In fact, until probably a year ago when I put them in their own room and got them used to it. (Hanna)
- She always says, —you're not my nana. I don't think they understand what their mother is. I think they think Mom is her name. You know the name, like Tracy or Stacy. So I don't think they understand anything, because they call her Nana and they call Mom. And they mix them up all the time. (Hanna)
- She thinks they're like strangers that she plays with. She's not...there's no mom bond there. (Hanna)
- [Grandson] is usually off trying to find Grandpa. But [granddaughter] is very close to her mom. So she stays really close to her. And does all the stuff with

her. They love their mom no matter what. They haven't seen any of the bad stuff so they really do love their mom. Grandpa is their favorite because he doesn't discipline. He gets home late and goes to bed early. On the weekends he gets to go to the store and go outside and clean the yard, and do stuff a man always has to do. So they love Grandpa. And he loves....my son is not "a boy". He's never been like a truck and a train....and this little grandson is. So my husband takes him outside and builds things with him. So he thinks Grandpa is better. [Grandson] doesn't know what a mom and a dad are...only when [granddaughter] tells him. [granddaughter] will say Dad, —we're going to see Dad. And [grandson] will say Dad....okay....we're going to go see Dad. He doesn't know what he is. (Hanna)

- The little girl she bonded with well, because she had her for the 2 years. So their relationship is different than the little boy. He was addicted when he was born. He was in the hospital for a couple months before he got to come home. And she didn't go to the hospital. She was too busy doing her own thing. She'd say she'd go to the hospital, but she didn't go to the hospital. So the nurses bonded with the poor little guy. And after she got him, I don't think she formed a bond, because he was always in a car seat. (Hanna)
- It's crazy that their parents just don't care. I don't get it. (Hanna)
- She was with my mom and my mom found adoption papers. She [participant's mother] said —You need to come to the house right away, she's getting ready to adopt out [grandson]. She didn't see the kids for the first year. She didn't

have any interactions. And when she started to come, she would see the kids, but it had to be at my house. She would never take them. Never take them. And they are so sweet, and I just don't know how anybody could not want them. So I want to be sure to just love them. (Teresa)

- She did leave, and she took the child with her; and she brought the child back. The next time she left, she did not come back to get him. (Betty)
- When he [daughter's boyfriend] left, he left her, the two boys, in a trailer in November with no lights in the wintertime. I let her come live with me. You have to keep in mind that since the babies were born I've always taken care of them anyway...because when he was on the road, [daughter] always liked to go out and party a lot. She had a problem with drugs. And she would leave them here, like 5, 6 days out of the week...So I got Child Protective Services involved, and that's how I got custody of them. I got temporary custody of them. (Charity)
- The bond...how do I explain it? The bond with my grandchildren is deeper than the bond I had with my daughter. I loved my grandparent & I was a parent, but there is just something about your grandchildren that's a lot deeper...for me anyway. It's not because I was raising them, because it was always there before. I don't understand why that is, but it just is. And even more so now, maybe because I am having to take care of them. (Charity)
- When they were here like that it was more upsetting, because I worried about them more when they weren't here. Their mom was out doing and I didn't

know if they were safe, if she was taking care of them...if they were eating.... you know that kind of thing. When they're not with me I worry more. I don't have to worry anymore, because I know they're okay. Except [older grandson]. I worry about him. (Charity)

- I was still trying to get him to believe that when somebody leaves, they're coming back...So when [younger grandson] come back, every time that I would leave or Mawmaw would leave, he would come and stand by that window. And it took us a year and half [for him] to know that when people leave to go to work, to go to the store...whenever they leave, they're going to come back. The only issue I have with him is trust and knowing when somebody says they are going to do something, they are going to do it. (Charity)
- Like I say, I always took care of [oldest grandson]. Even from a young age, we always took care of him. It's like he's mine now. With [younger grandson], what I found with [younger grandson], when he was with her he was actually with another babysitter. The bonding she has is primarily with [another child]. With the second baby, and also with the first she had a depression like thing. And she went into it even deeper when she had [younger grandson]. She was better with the third one. I think she's closer to [another child] because she bonded more with him than she had with the other two. (Charity)

- He never really bonded with either of them, because there was drugs involved.  
Do you know what I mean? (Charity)
- She's got a bond now. She's working on it. She's playing with them. She's doing good, and she's trying to be a good mom to them. She isn't ready to take them in yet. (Charity)
- I just wonder why. Why she's not fighting to get custody of them. I don't know what mother wouldn't fight for her kids. I don't know for whatever reason ...maybe she feels she's not ready; maybe [younger grandson's father] can't handle it; maybe it's too much for them. (Charity)
- And decided to go get custody when I realized my daughter was back into drugs and dropped him off at my mom's house—grandma's house. And she was in her mid 60s trying to take care of a little baby. (Donna)
- And my daughter hasn't shown up for [event] in March. She hasn't visited her for her second birthday or anything. And I would like to speak with my daughter. I haven't spoken with her since the last of July. (Donna)
- I give him and hug and kiss, and tuck him in at night. I lay with him for a few minutes, and he knows I am the safest person ....of everyone who takes care of him, he knows I'm safe. He can really be himself around me. He knows I'm going to love him no matter what. I'm not going to leave. I'm here. So that's a huge thing for him. (Donna)
- He'll tell me sometimes of his friends, —you act more like their grandma than my grandma. I said, —that's because I have to be your mom. [He said] —I

don't like that you're not my mom. I look at it as a blessing that I get to be a huge part of his life. (Donna)

- His dad comes and visits every once in a while....maybe every year or two. He'll stay for a couple days, and then he leaves. And he'll make promises, too....—Oh, I'm going to get a job up here. He lives in the state of [same state], but not around us. [Grandson] has learned his dad is not as reliable as he says. The same with his mom. (Donna)
- And then started doing her thing again; disappearing over night; just kind of spinning out of control again. And she'd kind of straighten out a bit, and then she'd spin out again. —which was kind of her pattern. But all that while, [granddaughter] was staying with me. (Jackie)
- She's [granddaughter] 9. And [daughter] had done a really good job with her until she started to unravel. And in the 2 years since, she hasn't made any successful effort to get back together. (Jackie)
- I think [older granddaughter] is highly attached to me. Her mother is adopted and with the diagnosis we have of attachment disorder for her. And I knew with [daughter] when she was 3 years old we were headed for a long road. (Jackie)
- My layman's translation from that would be, the attachment with the 2 girls is stronger than it ever was with their mom. It's strongest with my son, who is my biological child. (Jackie)

- [Younger grandchild] and I are closer than certainly before she lived here. And I do think she realizes I am her touch spot; I'm the place she goes if she needs something. She wouldn't go to her mom if she was having a bad time. She'd come to me. (Jackie)
- And back when things were really good with her mom and she was spending time with her mom, she could only stay away a couple of days. So, she knows I'm her comfort. I always have been with her. It means the world, because I know she's taken care of. I know she's happy and she's healthy. (Nancy)
- She's [granddaughter] been with me since pretty much birth. She doesn't have a bond with her mother. There is more of an attachment with her and my grandson. He was with her for 14, 16 months. (Nancy)
- Basically, I'm the momma they don't have. So I refer to [granddaughter] as my child. 'Cause I don't ever see her going back to her mom. She's been with my since pretty much birth. She doesn't have a bond with her mother. She loves her mom. But.... He's [grandson] more... cause he's a boy...he's more active, more playful. So we do a lot of playing around and a lot of tickling. And another thing, he likes to be tossed up on the couch. I'll pick him up underneath his arms, or I'll pick him up by his shoulders and just drop him on the couch. (Nancy)
- Primarily [granddaughter], she does like to go spend the night with her grammy and my dad. And back when things were really good with her mom

and she was spending time with her mom, she could only stay away a couple of days. So, she knows I'm her comfort. (Nancy)

- We have not heard, literally, we have not talked to her in 2 years. The last time that [daughter] called here, it was 2 years ago, Aug 3rd. (James)
- Well, I look at the family history of the females in that line...and 2 grandmas back were divorced, and multiple husbands, multiple children by different men. And I look at the grandmother on that side...been married 3 times, to me the first time. These are the only children she has as far as I know. Then I look at [daughter], and all of them have abandoned their children. And I'm really scared for them [grandchildren], and I've talked to them that I worry that they will do the same thing. And we have evidence of that, that the 2 oldest boys [grandsons] left last Christmas. One has been in the house here twice, and one only once. They never call their sisters [granddaughters still at home], they don't even call each other...this abandonment role that they live. I don't want these girls to do the same thing. And they talk about when they go off to college, go out to life, and they're going to be a part of our life. And I look at them point blank, and I says, I hope so, because right now you don't have very good history track record. (James)
- The second one had a bond with her, but he is so angry with her for abandoning him and putting him in this old folks home, and he don't mind point blank telling you that. And the oldest one being sick and in the hospital a lot, he has no concept of it whatsoever. Here he is in the hospital and the

medical staff telling him everything's okay. But there's a part of his life that's not okay, because his momma abandoned him. (James)

- She was okay with it from the beginning. She was perfectly okay with it. We just went to family court to make it legal, so that I could register her for school, and put her on my health insurance, and things of that sort, you know. And she never challenged it. She never made any attempt to, you know, take her back. Even though she had 5 more. (Mavis)
- Well we've had conversations you know like she will make remarks like, "Mommy got five kids and she waits till I get grown. She never came back for me. Instead of having another kid, she should have just came back for me." (Mavis)
- I don't know. My daughter and I just never, you know...as a kid, you know, growing up, it was good, but once she became a teenager, it just all fell off. I don't know if she was so busy trying to find herself. Very promiscuous—I guess the fact of not having a father in the house, people say that has an effect. I don't know, because my father raised me. I didn't have a mother in the house. My mother abandoned my brother and myself when we were babies. And my father raised me, so—. We are much closer than her mother and I. We didn't have the kind of struggles that her mother and I had. (Mavis)
- Like I said, my granddaughter where as she'll say she knows she had a better life. There's got to be that question of how come Mommy never came. (Mavis)

- It was 10:00 at night, and she was calling me crying, “Mommy just threw me out of the house. (Mavis)

The participants expressed concern regarding their grandchildren forming healthy attachment to a parent figure.

- I do refer to myself as Mom and Dad, because I’ve had her since birth. So she does call me and my husband Mom and Dad, though she knows she has a dad. She refers to me and my husband as Mom and Dad, and refers to my son as Daddy [son’s name]. And my daughter-in-law is Mommy [daughter-in-law’s name]. She does know that they are her parents, too. We’re very untraditional. (June)
- We’re really close. It’s more of a mother-daughter bond than it is a grandmother bond. I have the same bond with her as I have with my daughter. (June)

Teresa described how her adult child’s bond differed between the two children.

- She didn’t see the kids for the first year. She didn’t have any interactions. And when she started to come, she would see the kids, but it had to be at my house. She would never take them. Never take them. My grandson was very... did you ever hear of a mother’s bond? He was bonded with his mother instantly, and that’s all he could talk about... how much he loves his mom and wants to be with her, from the second he could talk. So, just getting him in a routine, and that’s the best thing to help. Now [granddaughter], the youngest one, she’s bonded with me. And he [grandson] has a bond with me because he

knows I will take care of him. It's like,—“I love you, because you will take care of me.” And [granddaughter] loves me and would rather stay with me.

But those 2 need to stay together. (Teresa)

- I have several grandchildren, but I have a closer bond with them. The bonding is awesome. I bond with all of them, but it's just different –awesome. I just love them, and I'm glad I got to help them through a hard time. And they are so sweet, and I just don't know how anybody could not want them. So I want to be sure to just love them. And they love me, too. (Teresa)

James and Betsy, a husband and wife team, were interviewed as a unit. James was the biological grandparent of the children and his wife was their step-grandmother. They shared about the bond between their daughter and their grandchildren, as well as their own experiences of attachment with their grandchildren. It is noteworthy that the step-grandmother described an attachment experience different from that of her husband.

- Well, I have trouble dealing with my wife at times. [chuckle] Because, she's not biological with them. And I think if someone were standing in the room with us and watch us interact, they would see a very distinct difference in how I treat the kids that are my biological grandchildren. [Grandmother] treats them as step-grandchildren, adopted grandchildren. It seems like she struggles, and it is extremely stressful. She shakes her head, “yes.” (James)
- The 15-year-old, she is absolutely attached to me at the hips. I think I provide for her on some psychological level a sense of security. The 17-year-old I think looks at me strictly from a mentor position. I have a master's degree. I

have a bachelor's & master's degree and a pilot's license and a mechanics license, and 20 years in the military. I've been through management schools. We've owned 3 businesses—3 successful businesses. She looks as me more of a role model on how to do the right things in life. (James)

- Well, the 12-year-old, honestly, she thinks I hate her. And sometimes, sometimes I can see the justification in that. Because if you took a picture of my daughter when she was 12, and this 12-year-old, they look alike. And my daughter at 12-years-old, was a handful, and I have a lot of resentment toward her for some of the stuff she put me through while I was in the military. So, I see this little 12-year-old now, and I know I have some hang-ups. And I told her, I says, —please don't do like your mother did me; don't do that; I've seen that before; I've been there before; don't play that game with me. And I have a little problem there; I know I do. We're kind of arms-length Grandma & Grandpa... or Grandpa & Granddaughter. She trusts me explicitly. (James)
- Basically, I feel like probably I do not have any connection with them at all, really. Now [youngest granddaughter] was only 7 when she came. And I have to talk about [youngest granddaughter]. And she needed that nurturing... a lot of mother nurturing yet. And she was able....if I'm attached, it would be [with] her....a little bit of a bond. Building a little bit of a bond there. Yeah. She is more respecting to me. As I have brought her up, and teaching her how to take care of herself, and personal hygiene....to do what, and how to do it. She's been very respecting. And she loves to help me. She is a very good

helper. She's got to where she likes to help me in the kitchen. And she has been since day one. A little more of a bond there. (Betsy)

- [Middle granddaughter] and [oldest granddaughter] tolerate me only. There is no...there is no bond there. There's not a bond with [middle granddaughter] at all. [Oldest granddaughter], we do okay on the surface, but that's not saying a whole lot. She can push my buttons, and I have a... [Grandfather interjected]—You have a defense mechanism, and when they push your buttons, you sometimes lose your temper. [Grandmother continued]—I am very quick ...and I struggle with this, and I've struggled with this all of my life...because I am not a person who sees the glass half-full. I see the glass half-empty. I am on the negative side. And it's very hard for me to give compliments. You see, before I realize I need to give a compliment, I've already beaten it down. I'm looking at the negative. And I have to be very...I feel like I walk on ice cubes with [middle granddaughter] and [oldest granddaughter] a lot. [oldest granddaughter] will accept my input on something, but [middle granddaughter] won't. I've gotten to where I make suggestions to [middle granddaughter], and [my husband] has to back it up. I've gotten to where...not to fall back, I guess, in the ruts in the way we raised our children...because now, we have no wisdom...and we see things...and we have experience. And you see things that you don't want to do that you did with your children. And ... (Betsy)

- The second one had a bond with her [his mother], but he is so angry with her for abandoning him and putting him in this old folks home, and he don't mind point blank telling you that. And the oldest one being sick and in the hospital a lot, he has no concept of it whatsoever. Here he is in the hospital and the medical staff telling him everything's okay. But there's a part of his life that's not okay, because his momma abandoned him. (James)

June described her feelings of frustration and helplessness observing a differential of the bonding behaviors her daughter displays with the two children.

- The biggest struggle is just sitting, watching how he is treated by her. That is my biggest struggle. Like I said, her ignoring him. Once in a while she'll buy him a little something. Last weekend was another thing, she brought these little things for [second grandchild], little plastic containers for her daycare. And came empty handed for him. And I just looked at her and I said, why would you do that to him? She goes—I didn't think he wanted anything. All parents have some kind of deficits, because nobody's perfect. But, I don't want him to think it's his fault she's had that distance. (June)
- [Grandson] kept saying, "Mommy, Mommy...." And she [adult child] just ignored him. Everything was [second grandchild] this or [second grandchild] that. My friend looked at me and said, "I have never seen a mother totally ignore her child." And she's another therapist, you know, that I work with. She was so angry. She said, —I've never seen anything like that in my life. Because it happens all the time, and I find it more torturing for him. So, again,

I'm just like worn out and angry with her, and just look at her and say, —Can you just at least talk to him. [Daughter] —“Oh, I didn't hear him.” —Can't you give him any attention? Why... Why do you put him through this? — Because, I'm trying to look out for him, too. It's awful. (June)

- Once in a while she'll buy him a little something. Last weekend was another thing, she brought these little things for [second grandchild], little plastic containers for her daycare. And came empty handed for him. And I just looked at her and I said, why would you do that to him? She goes, “I didn't think he wanted anything.” (June)

Teresa related her experience of love for her grandchildren and pleasure that she could help them, as well as her hope that her daughter one day will be in a position to resume their parenting.

I just love them, and I'm glad I got to help them through a hard time. And they are so sweet, and I just don't know how anybody could not want them. So I want to be sure to just love them. And they love me, too. Well, it seems that since I have to work I don't get as much time with them as I would like. It means a lot. I love them, and I think I did my purpose at saving them when they needed to be saved. I feel that if she could get some things straightened out, she'd be good to have them. (Teresa)

Mavis described a different kind of concern. She experienced a strong bond with her granddaughter, and expressed that at times she would forget she was not the mother.

Mavis stated that the biggest struggle she experienced as a grandparent caregiver was, “separating that this is my grandchild, not my child.”

It was like—wow. So for the first time, it really hit me that –you are not the mother. So for 18 years I was making all of the decisions. Everything was based on me, and all of a sudden, you know –she needed to depend solely on her mother. And that was, I think, when the regret really hit me that I didn’t adopt her.  
(Mavis)

***Neglect and abuse.*** Worry and feelings of protection regarding parental abuse and neglect of their grandchildren was a subtheme commonly experienced by the grandparent participants concerned for their grandchildren’s wellbeing.

- When she was two it turned from temporary custody with them having weekend visitations. And there was some physical abuse, so it went from that to sole custody with only supervised visitation. When she was on one of the visits with him before it got supervised, he was sitting next to her. He was taking a taser, and tasing sitting next to her. And [daughter-in-law] was locking her in the closet. That’s why the visit turned supervised. (Jill)
- I took custody of them when their mother was living in a camper with no electricity and no running water. (Hanna)
- I had called them [DCYF]. They weren’t helpful at first, because they couldn’t do anything to get the kids away from her even though she was living in those conditions. But after I took them, they did a big investigation to let the state know that I should have guardianship. So at first you just file for an

emergency guardianship. So they give us until the court date. So within that month DCYF was great at helping me gather all the facts so they would let me keep the kids. (Hanna)

- I think she thinks they're dolls. When [granddaughter] was born they would keep her out until 2:00 in morning, and never really understood, like structure for the baby. But maybe that's because I was older. And now that she has the two of them when she's watching them she never remembered to feed them. You know, she doesn't think they need a bath. She doesn't think they need to brush their teeth. (Hanna)
- The father of both of the children was just not a very nice guy. He was very abusive to her and got put into prison the last time because he had some domestic violence while she was pregnant with the 3-year-old. (Teresa)
- I just saw myself as someone who was going to protect them from...not that she was going to abuse them. But I just don't think she was capable of taking care of them. (Betty)
- The only think that comes to mind is when I found out what my grandson had been exposed to. What he witnessed. What he started doing because of what he witnessed. And I seriously laid into my daughter. Told her how wrong it was. No child needs to see any of that. He witnessed my daughter and her husband getting into physical altercations. My daughter has several mental diagnoses. He witnessed his mother beating herself in the head because she

would get so mad. He started doing the same thing. He hits people now. He throws things at people. (Nancy)

- Listening to bits and pieces of what I had to say and the reality of the level of seriousness that was surrounding my grandson. Because social services was involved at his other grandparents. My son-in-law went back to the house. And they have 11-12 child abuse charges against each of them. So when my daughter realized that, yes, social services can come in and take her son, then she started to listen to more of what I was trying to tell her. (Nancy)
- I always told her that if she straightened up her act and showed me she could take care of this little boy, all we'd have to do is go back to the court and transfer custody back to her. And she's lost two other children. One of them, he just turned three this summer, and he was taken away when he was 6 months old and put in foster care, and this wonderful family in [state name]. (Donna)
- His father...you know [grandson] witnessed a lot, including his father breaking things and beating him. You know, he's gone through a horrific life, and maybe there's more compassion, because I'm aware of part of it, but not all of it. I was at work and I didn't see it all, but he did not have a good life for sure. You know, there was neglect, abuse, horrible. She [daughter] was homeless and she was in and out of shelters, and in and off the street. She was not making contact with us at all. It was her initiation. It wasn't mine. I mean if she ever called, I would talk to her where she was. To me it was a relief that

she was breathing. Because I really didn't know where she was. And it was, like I said, a relief. And around [granddaughter]'s 5<sup>th</sup> year she happened to be in the area and wanted to stop by. And it was stressed. She came in and only wanted to stay a half hour and then left. And it has not been her main concern to be [granddaughter]'s caregiver. (June)

- Believe it or not, their mother, when they were still with her, she was a strip dancer and she would just take off and leave those kids with whomever, wherever, for however long. She had a couple of live-in guys with her. And I really don't know what their lifestyle was, other than they were constantly going somewhere, constantly moving somewhere. (James)
- These kids were subjected to...just to add a little bit...these kids were subjected to sex in the home, open drugs in the home, open alcohol, police being called into the home. When we got them, they were literally homeless. Their mother had bought an RV at some park in Anchorage. It was broke down, and had tarps over the roof. They couldn't even live in it. When she was in the hospital, she didn't even know the guy in the trailer next door, other than his name was [man's name], and that's where the kids were. We were supposed to pick them up. And was reading from his boss, and his boss told him to kick them out on the street, because he couldn't have them there. (James)

Donna's story involving her grandson witnessing a serious altercation between his mother and her partner, as described in the domestic violence section, might also be viewed as abuse or neglect.

As quoted previously, Jackie stated that her adult daughter is a prostitute and she has tried to recruit her granddaughter.

*Adjustment.* The participants related their experiences helping their grandchildren adjust to the change in who provides their care. In addition, they shared their feelings of frustration and helplessness regarding helping their grandchildren with transition between parent visits. Several participants procured counseling and other specialists to help their grandchildren's adjustment, which is addressed in the "mental health" section.

Participants described the importance of open communication, which is addressed on the "communicating with my grandchild" section.

- Sometimes it's good. Sometimes they get up and they're happy to get dressed and happy to brush their teeth. Other times they're, —I'm not going anywhere. I don't have to do it. I don't have to live here. You're not my mother. For the most part they're pretty good. But there's two of them, and if one decides they're not going to do it, they talk the other one into the same thing. —Don't listen to Nana. You don't have to listen to Nana. The 6-year-old has gotten to the point...she sees her mother a lot. She doesn't understand. She's getting to the point, —you can't tell me that...you're not my mother. I say, —well, you're mother can't take care of you. I don't even know what to say to her. (Hanna)

- We had an adjustment period when he was trying to call me “Mom”. I said to him, —do you call me Mom because I take care of you like a mom? He was about 4 or 5...and he said, —yes. I said, —well, that’s okay. But I am your grandma, and you do have a mom. And we talked about biological moms, and moms who take care of kids, and the whole spectrum of, —I take care of you, and yes I’m your grandma. And this person takes care of you, and they’re a babysitter. And this one takes care of you, and you call him your stepdad —or your dad, or whatever; but he’s not biologically your dad. And all the confusion the kids go through about...just identity. He calls me Grandma [her name]. And all of his friends call me Grandma [her name]. [chuckle] Even the adults call me Grandma [her name], and that’s okay. (Donna)

***Mental health.*** The participants described their grandchildren’s mental health issues, and procuring mental health services.

- She had her in counseling. She had gotten her on medication, and we more or less continued that with the help of the people here. (Jackie)
- Well, [granddaughter] has been in counseling. She’s not right now, because her counselor said she was doing good. She doesn’t need to keep coming. [grandson], just trying to stay consistent. (Nancy)
- I’ve had him in counseling for the past 2 years...just to have someone else to go and talk to and give him ideas what to do with his anger. I think I’m lucky to have him. Some days he wakes up well. Some days it’s tougher. Recently he was diagnosed with ADHD, so we’ve started him on medication. So we are

still in the making sure it's the right medication and right dose....stuff. So most days are pretty good. (Donna)

- I tell you what, it kind of comes along with the ADHD. There's no impulse control with her—none. There is none whatsoever. The play therapist said there is none. She's getting older, it's getting worse. So, whatever she thinks just comes out, it sounds like, right away—no filter. (June)
- Now keep in mind, they both go to counseling, and they've both been in counseling 2 ½ years. And see [oldest grandson] is very social. [younger grandson] is not a social butterfly like [oldest grandson]. [oldest grandson] pretty much can talk with anybody, and he pretty much likes this kid. And last night when he came home he was really happy about it. So I'm hoping this is going to make some kind of headway with him. He saw the counselor yesterday, too. He sees the counselor every week. Now he stopped talking to his counselor. He used to just go in there and talk to her and talk to her, but when this started [his recent attitude change], he just shut down. And she didn't understand it either. I called her and said, —he's ready to talk to you now. I don't know if he talked to her, because she didn't say anything, but I know he played a game with her yesterday. She gets the talking through puzzles and things like that. With this tutor, I'm hoping everything's going to turn around. (Charity)

Eve described her experience of persistence in dealing with her granddaughter's grueling behavioral difficulties, and obtaining psychotherapy for her. In answer to a

question regarding how conflicts were resolved with her granddaughter, the participant stated, “We do it through therapy.”

Through an agency, I was able to get a therapist to come into the home to work with [granddaughter] and I...because she had just become medicated. She was having tantrums—a lot. She could shut them off as fast as she started them. Or if she was over tired and lost control of it, it could go on for 4 hours. Up and down, up and down, up and down...it was grueling. It was very grueling. But we spent 6 months with an in home counselor, and got to the point that I can now say “no” to her without a 4-hour tantrum. (Eve)

***Structure, routine, boundaries.*** With regard to their grandchildren’s sense of wellbeing, the participants discussed the importance of rules, schedules, and consistency with effective discipline.

- For the most part, she does pretty good. She learned that Mommy is the fun one, and Mimi is where we have rules. (Nancy)
- And I’ve also hired a tutor last night to help [oldest grandson]. He’s going Tuesday to Thursdays, from 6 to 8:00 that he’ll be seeing a tutor. (Charity)
- When [granddaughter] was born they would keep her out until 2:00 in morning, and never really understood, like structure for the baby. (Hanna)
- Time out does not work. I don’t care what anybody says. I usually take her tablet away from her. That works wonders. You would think...you would think I killed her best friend. (June)

- And we don't spank. We don't believe in spanking. We believe in taking time out, or taking a game away, or what have you. And that's their form of discipline. There's not a whole lot of rules, —do your homework; take your bath; brush your teeth; show respect & say, —yes ma'am and no ma'am. And that's pretty much what we ask. (Charity)
- We do homework together, have snack. There are times for individual play. And like I say, I'm a student, so I'm studying. And we interact around all that with conversations about our day. If there's anything we need to do at night, we talk about that. Kind of set the tone for the evening. And then, as bedtime is approaching we go through our routine with jammies and picking up and having a snack. And then we read usually for a half hour or 45 minutes together. Now she's old enough she reads some and I read some. Then I usually lay with her until she's asleep. (Eve)
- And I have to be the parent. I get him up and get him ready for school, send him off. And I got to work. I come home. Which I'm headed home now. I'll be home about the time he gets home from school. And some days he goes to a babysitters, because I won't be home until later. And in the evening when we're together, we have dinner. And I have to put him to bed. But some days I tell him it's a grandma-grandson day, and we're going to have a special day. And I try not to correct him; I try not to discipline him as much. In a way of... I tell him that if he can behave, we can have a fun day. Like we went to [park name] last summer, and he started acting up and was starting to be rude.

And I said, —do you want me to go back to being your mom, or should I continue to be grandma? And he behaved, and we had a grandma-grandson day. If I don't make a special day, we don't get just that time. (Donna)

- [I'm] quite a bit different because I'm older, and the things I thought were important, they're not so important now. And I think I look in the grand scheme of things and I think, if you're a boy, and you can learn to get along with other people... He's a pretty smart kid to begin with, so I'm not so focused on, —oh, you need to get As; you need to do this, you need to do that. I'm more focused on you need to follow the rules, fit in, be nice, and have good manners. I like to think differently. So as an older caregiver, —that's not really worth my time and effort to get all upset about. They [other parents] were all focused on, —well, he's got to get all the homework or this or that. And I thought, —no, he needs to learn to do it on his own, because if I'm always on his case to do it, he's not learning. And I'm not going to forever be here to be able to get on his case about not doing his homework. Where some of the other parents were, —oh, you need to tell him how to do this; you need to discipline him this way. And, —no...I don't. (Donna)
- Alright, I get up a 5 o'clock. I always lay there. I get their snacks ready at night. I get their outfits ready at night. I check over their homework, and get everything together at night, so when I get up in the morning at 5:00, I do my meditation. I drink my coffee. I get them up at 6 till. At 5:45 I get the oldest one and put him in the tub. While he's in the tub, I get the other one up and

start waking him up. I get them dressed at 6. If they want to eat something, I get them something to eat about 6:10. And then I just let them watch...play or watch TV. And if there's anything they got to do that they didn't do the night before ...if there's a reading book that I didn't see, I have them get that. Then they go out and meet the bus at 5 till 7. Then they get on the bus at 7:00. Now when they come home, they get home from school about 3:20 or 3:30. I have [grandson]'s snack in his room at his desk. And I have [grandson]'s snack in the kitchen at the table. No TVs are turned on. No X-boxes, no music, nothing is turned on in this house until the homework is done. So from 3:30 after they've eaten snack they have to start their homework. Their pencils are laid out and any paper that they might need for that day. They eat their snack and then they do their homework and after that they can do whatever they want for the afternoon. ....until 6:00. At which time they get their bath. At 6:45, 7:00 we eat. After that they get to do whatever they want until 8:30. And then they go to bed. When they are back in there doing their games, I say —You've got 10 minutes for bath; you've got 20 minutes for bedtime. (Charity)

Betty judged herself as restrictive and too authoritarian in discipline, although close in relationship.

I think that, what is it when someone is kind of controlling or dictates? What is that word? What is that when a parent says, —this is what I say and it's not open for discussion? And that bothers me. You know that's the way I raised my kids, and now I think it's a huge problem. Even now, I still find myself still doing it.

And that's what I regret, and it still bothers me. Authoritarian, maybe. It bothers me that it comes to the point of my saying it, and that's what goes. One thing, I'm so exhausted to even come to the table, and I'm trying to come to the conference table and even talk about it. With my grandchildren it's almost like this is what Nana said, and this is the way it's going to go, and we're not going to talk about it. And it's not because I don't want to talk about it; it's because I'm too tired. Well, the thing of it is, Sheryl, I hardly allow them to go anywhere. I hold on to them so tight. And the little time that they do go, I do miss them. I call them all the time. And if I'm not calling them, they're calling me. Yeah, because they're worried about me being alone. They say, —Nanna are you okay? They won't stay gone. When her son came over, my daughter told me her son was worried about me being alone. (Betty)

***Stability.*** The participants shared their experiences of concern regarding their grandchildren's need for stability, their adult children's instability, and their own role in providing the stability their grandchildren need.

- She can't even take care of herself. I want her to be able to take care of herself, so she can have them for a weekend or something. I don't even want her to take them. (Hanna)
- The stability thing...they've moved 5 or 6 times. They did purchase a trailer, and moved it on a lot. They've talked about moving it twice. They sold it once and then didn't sell it to the person. They're still not quite stable. They haven't paid their bills, and they get shut off notices. And that kind of stuff. (Teresa)

- I guess she realized that they've been stable for almost 4 years now. We live in the same place. We're buying our land and our home. And they've been at the same school. We've been in this house for 6 years, and we've had the boys for 3. And we've been together 3 ½ years before we got the boys. She's like a grandmother, like I am. (Charity)
- The progress she has made [is her greatest joy]. When she says she's coming, she comes. She'll say, —Oh, I'll be there 3:30, 4:00. She comes now. She says she's going to come at 10:30 in the morning; she shows up. The stability, I would think, of her saying she's going to do something, and she actually does it. (Charity)
- After 2 nights either she comes or he sends her to get him. Plus, she's older, too. She's not 18. The partying is out of the way. She's grown up. She's settled. She's got a place now. She's not out looking for a guy to take care of her. She's met somebody who really cares for her and he children. And I think when you find somebody that way, and you love them, ultimately in the end, it comes together. Not only for you, but for the children. He has a daughter, too. (Charity)
- I'm not wanting them to go to a place where they're going to end up with her boyfriend not working out. They've only been together 2 maybe 3 years. And they might be back where they were before just like with [other child]. And he just found another job. And I just don't want that instability. (Charity)

- Yeah, and that's what they've always had with us [stability]. We don't fight in front of them. Matter of fact, they didn't even know that we were together until [older grandson] went to his dad's house and he told them. She sleeps with [younger grandson]. I used to sleep with [older grandson] when he was younger. He sleeps by himself now. Except last night we laid down until he went to sleep. And [younger grandson] sleeps with [partner]. (Charity)
- I guess where [granddaughter] is concerned, it's more talking and listening and counseling. I give her stability. (Nancy)
- And the hardest adjustment is stability. They constantly want to be going somewhere. They want a high degree of excitement in their life. And the hardest adjustment for them is stability. We're quiet, typical, we don't take a lot of trips. Betsy & I are home every night. We don't have any activities outside of kids, home, and church. (James)
- Well we've had conversations you know like she will make remarks like, — Mommy got five kids and she waits till I get grown. She never came back for me. Instead of having another kid, she should have just came back for me. I told her, I said maybe your mother just didn't want to upset your stability. (Mavis)

**Communicating with my grandchild.** The participants described their experiences of heartfelt interactive exchanges with their grandchildren. They discussed the significance of open communication in the grandparent–grandchild relationship, and shared examples of how they approached difficult conversations with grandchildren.

*Explaining birth story.* As described in the section addressing attachment, June and Eve described skillful exchanges with their granddaughters. In developmentally appropriate, loving terms, the participants explained their granddaughters' birth story.

*Explaining parents' challenges.* June shared that in her experience it is important “not to talk down about the parents,” otherwise the children, who often view themselves as a part of their parents, may think badly of themselves later. June shared how she was able to help her granddaughter understand that her parents had problems and could not take care of her. She explained to her granddaughter that her parents loved her enough to let the grandparents take care of her while they got help for themselves.

- You know, we talk a lot. They understand that their mom has, you know, a problem. (Betty)
- I said to him, —do you call me Mom because I take care of you like a mom? He was about 4 or 5...and he said, —yes. I said, —well, that's okay. But I am your grandma, and you do have a mom. And we talked about biological moms, and moms who take care of kids, and the whole spectrum of, —I take care of you, and yes I'm your grandma. And this person takes care of you, and they're a babysitter. And this one takes care of you, and you call him your stepdad —or your dad, or whatever; but he's not biologically your dad. And all the confusion the kids go through about...just identity. He calls me Grandma [her name]. And all of his friends call me Grandma [her name]. [chuckle] Even the adults call me Grandma [her name] and that's okay. (Donna)

- And hopefully I can teach him that the reason both Mom and Dad are not involved is because they have chosen drugs and alcohol. And maybe when he gets older he'll realize this is a real consequence of the drugs and alcohol, and choose not to use them. (Donna)

***Open communication.*** The participants described their experiences of trying to maintain avenues of open communication with their grandchildren.

- Well, we talk. Even if they might not like it, or do it right when I tell them.... I try talk to them. And I try to talk with them, and they say, —now do you understand? (Betty)
- I'm ironing the clothes, and we're talking while they do their devotions every morning. They do their devotions, and we talk about them and what they've read, you know. (Betty)
- We talk about their family activities and school, the things that we need to know about. —Did you get enough for lunch? —Things along those lines. (James)
- One evening meal last week, I asked [oldest granddaughter] which is the oldest one, if she could tell me everything she knows about college scholarships. And she broke down... actually, she came back to me with, — What do you want to know? I guess the military, family leader in me says, — don't answer my questions with a question. What do you know about college scholarships...—well that immediately triggers in her some shut down mechanism. And she put her head down. Her hair came down around her face,

and she literally goes into a psychological meltdown that she describes as me putting her down and making her feel dumb. (James)

- And all I'm trying to do is to get her to start talking, so I have a reference point to discuss scholarships. Because we're in a scholarship mode right now. We're the parents...and believe me if it weren't me asking the question, she could talk for 2 hours about scholarships. With me, she melts and shuts down. (James)
- What I did was I explained to her...went ahead and had a conversation—or lecture, basically, that scholarships go beyond what the college or university offers. She wants to be a marine biologist. So out there in the marine biology world, there are hundreds of scholarships available. She did not know about that, so I tried to let it die out for the evening. And a couple of nights later, — this is how I have to do this—I wasn't through the back door on her, and went into the computer, sat down and did a search for marine biology scholarships and pulled up a list of about 60 of them. And I didn't even tell her what I'd done. I just said [granddaughter], there's something on my computer. I want you to go take a look at it. And she goes in and sits down. And I sent Betsy in to kind of lean over her shoulder. See how she reacted to that. And I'll let Betsy tell you. (James)
- She just said...she didn't probably say 2 sentences to me. She said, — Grandpa's has this stuff about scholarships. And she clicked on a couple of them, and went into them and we kind of reviewed them a little bit. I hate to

use the word –kind of. We attempted to review a couple of them to see what the criteria was. Her acceptance for doing that with me, —she doesn't invite you into her space. You kind of get the shunning in a way, or, —she's got a lot of issues about getting into her space. And so when I realized I wasn't going to get a long ways, I just back off. I just...I left. (Betsy)

- And the other conflict with her goes along with this, as the aspect that Grandpa asks her questions. We had a movie shown at Sunday night church the other night. And I asked her what her take was on it, —what did you get from it... what did you think about it? And it's not just this incident. It's any incident. She will say, —I don't know what to say. It's in my brain, but I can't tell you. Nothing comes out of her mouth. (James)
- They usually are very good at dinner. They sit at the table. They eat. They tell you about their day. [chuckle] They're kind of funny. They're at like the good age. They're not infants anymore. There's no diapers anymore. And they actually talk. They can actually have a conversation. (James)
- We can talk about everything, but [oldest grandson] has to shut down a little bit. I don't really try to talk to him about much; I just let his counselor do it. And if he doesn't want to talk to his counselor, that's fine too. Because when the pain starts to get too much, he'll be ready to talk then. (Charity)

Mavis described open communication in the relationship between her and her granddaughter. She shared that her granddaughter's gratitude is her greatest joy in their open relationship.

I would say, her gratitude. You know, and the respect that she gives me, and she always says she loves me. Our relationship is awesome. We can sit down and talk about anything. We have a veeeeery, very open relationship. (Mavis)

### **Summary**

In summary, the five themes (“watching my adult child struggle”; “recognizing my challenges as a grandparent caregiver”; “my grandchild’s wellbeing”; and “communicating with my grandchild”) emerged as common shared meanings in the grandparents’ lived experience of extended family reconciliation. These grandparents were articulate about their unique and troubled family histories, the love they had for their families, and the despair of seeing those loved ones hurt themselves and/or other family members. All participants shared a profound experience of love, pain, duty, and hope.

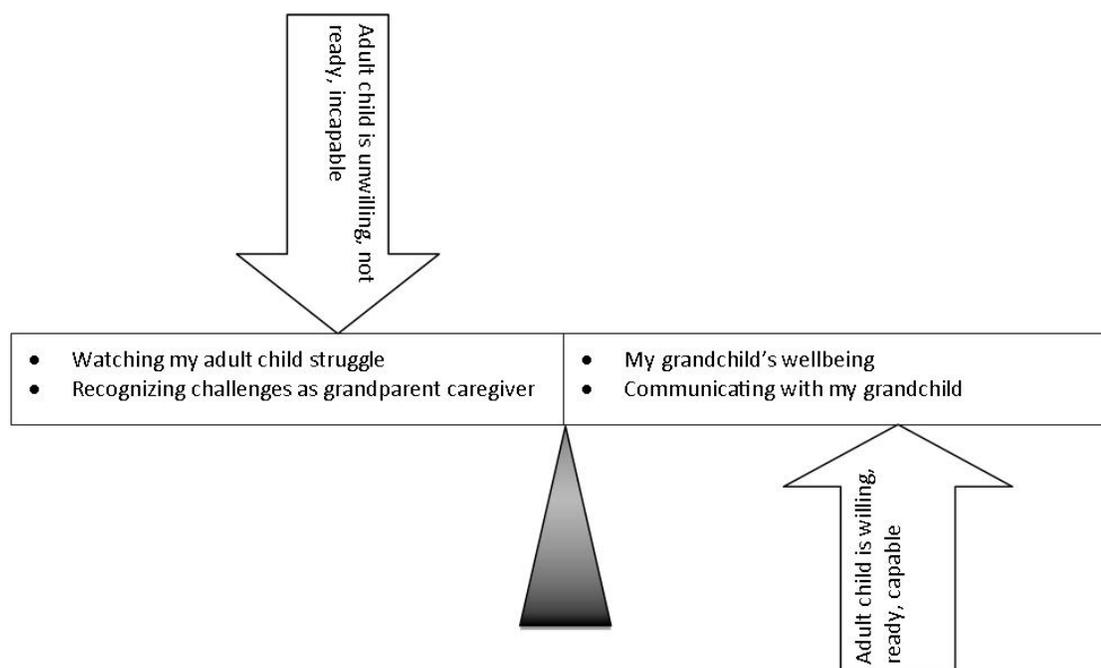
The theme “watching my adult child struggle” represents the frustration and powerlessness of observing their adult children act with disregard, neglect, and enmity. They vacillated between extremes of hope and hopelessness as the adult children struggled with the lifestyle and consequences of addiction. The intense experience of emotional swings as the participants describe how they desperately tried to help their adult children with an array of challenges was eye-opening. This theme also captures the varying stages of readiness of the adult children for involvement in their own children’s lives. The variance in readiness challenged the relationship between grandparents and adult children, and the grandparents’ view of the adult children as parents, especially when substance abuse was involved.

“Recognizing my challenges as a grandparent caregiver” included participants’ stories of how different life was from what they expected it to be; i.e., slowing down and preparing for retirement. The emotional and physical toll shared by participants included isolation, declining health and energy, and significant financial strain. The aging grandparent participants described lowered energy and stamina, presenting limitations in their meeting the needs of everyone in the extended family. These limitations, along with feelings of guilt and resentment often resulting in anger, impacted the participant-adult child relationship during reconciliation. I was impressed that, despite these challenges and intermittent feelings of guilt and resentment, the participants willingly assumed the added burden of caring for their grandchildren during a time they expected to be slowing down.

The theme “my grandchild’s wellbeing” represented the experiences of frustration, concern, alarm, and anger when observing their grandchildren’s sometimes dismal and unsafe living conditions. The stories were rich with observations of parental abandonment, lack of parent–child attachment, parental love, abuse and neglect, and the absence of structure and stability in the lives of their grandchildren. This theme also reflects the participants’ commitment to protect their grandchildren. The participants shared that the health and welfare of their grandchildren were priorities, and in some cases critical to survival of the children. At times, the demands of their adult children conflicted with the needs of their grandchildren. The reconciliation process largely depended on how the adult child was willing or able to support what was best for their children.

The final theme, “communicating with my grandchild”, illuminated the commitment to developing relationships that included open communication. The participants shared how they discussed sensitive topics with their grandchildren, such as helping the children understand the change in who provides their care. In some cases when grandparents provided care from their grandchildren’s infancy, the communications included the explanation of their birth story.

Overall, these four themes represent the reconciliation process as experienced by the participants. It should be noted that each of the four themes “leans” positively or negatively, depending on the adult child’s willingness, readiness, and capability to assume a positive, consistent role in the extended family, and gradually increase their parental responsibilities. This is visualized as presented in Figure 1.



*Figure 1.* Reconciliation process as experienced by the participants.

## Results

This study aimed to answer the central research question: What is the meaning of extended family reconciliation for grandparents who become primary caregivers of grandchildren? The grandparent participants took on the unexpected role of caregiver for their grandchildren. Their experiences during the reconciliation process involved a wide range of intense emotions and significant daily stress. They experienced disbelief, grief, fatigue, exhaustion, worry, resentment and guilt. Emotions varied in intensity, including hope for a better outcome, significant worry about the possibility their adult children might die, relief, and then re-experiencing the associated ups and downs repeatedly. The

participants often described reconciliation as unstable process, as their adult children had difficulty dealing with the challenges of independent life.

The results of the phenomenological analysis revealed four themes in which the range of responses, codes, and categories moved from the positively to the negatively “charged”, depending on availability, readiness, and capability of the adult child to handle parenting responsibilities. Thus, the meaning of reconciliation of extended family reconciliation is experienced as a roller coaster of changing realities through which grandparents often do not have any direct control. The wellbeing of the grandchildren is the pivotal point that guides decisions and life-choices.

In order to full develop an understanding of this question, three subquestions were developed. The subquestions are discussed referencing themes as appropriate.

**Subquestion 1: What is the experience of the grandparent–grandchild relationship during the process of reconciliation?**

The experience of the grandparent participants was complex. On the one hand, they enjoyed being with their grandchildren.

- I think we are very connected. I think we are very close. She not only wants to have physical closeness, but she will out of the blue say, “I love you, Mom.” Things like that, or she will just come and give me a hug. We have a lot of that. (June)
- Every night before he goes to bed, we always make sure that we’re on okay terms. Sometimes go better than others. I give him and hug and kiss, and tuck him in at night. I lay with him for a few minutes, and he knows I am the safest

person ...of everyone who takes care of him, he knows I'm safe. He can really be himself around me. He knows I'm going to love him no matter what. I'm not going to leave. I'm here. (Donna)

- Nighttime is great. They love to go in their bath. They play with my 13-year-old. They make a mess, and they have a little party to clean it up. They usually are very good at dinner. They sit at the table. They eat. They tell you about their day. [chuckle] They're kind of funny. They're at like the good age. They're not infants anymore. There's no diapers anymore. And they actually talk. They can actually have a conversation. So nighttime is pretty fun. At 8:00, when my husband's been in bed for an hour because he has to go to work at 4 AM, the kids are still screaming and fighting, and I'm trying to get them to sleep. That's frustrating. (Hanna)
- Sheryl, I have to say, there's never been a day that I regretted having custody of her. (Mavis)

On the other hand, because the family circumstances were so dysfunctional, caregiving for the grandchildren was demanding and grueling at times.

- Or if she was over tired and lost control of it, it could go on for four hours. Up and down, up and down, up and down...it was grueling. It was very grueling. (June)
- There's no impulse control with her—none. There is none whatsoever. The play therapist said there is none. She's getting older, it's getting worse. So,

whatever she thinks just comes out, it sounds like, right away—no filter.

(June)

Teresa shared her hectic experience of juggling schedules of her large family to meet the needs of her own children as well as her grandchildren.

We wake up with....I also have small children...not small children, just smaller children in the house. We wake up at 5:30, get the kids up and going, get them to the sitter. The sitter is my other daughter. Not the one that.... But, my other daughter. We couldn't afford a babysitter, so she stays at home and takes care of all of them—her siblings, and her niece and nephew for me. They go to preschool, and my 2 other kids go to school. Preschool is only half-a-day, so she picks them up after half a day. Meanwhile, I'm at work, and I've used a lot of sick days taking care of sick kids and what ever. Then my husband picks them up from the daycare, and brings them home, and he starts supper. And I work longer than he does. He picks them up at the daycare, and he brings them to the daycare—which is my daughter's house. Then we sit down and have supper, and then we might start homework, and have stories or whatever while the others are doing their homework. And that's my Monday through Friday. And we worked out last year Mom picked them up Tuesdays and Thursdays and took them to karate. But this year, she is just doing it on weekends. On weekends, she picks them up from her sister's house on Friday, approximately 11:30 in the morning after preschool, and then she keeps them until Sunday evening. She brings them back Sunday evening, and we start over the week again.

In answer to a question about what it means to be the caretaker for her grandchildren, Betsy described emotional extremes of almost being ready to give up, but energized by her commitment to her grandchildren's future.

Well, I'll tell you what, ... there are times when I want to ship them off and take a week or 2 break from them. What I really want more than anything is for them to have a positive experience growing up and launching out into life the proper way, rather than just disappearing for 5 years. (Betsy)

The themes that were most relevant to this subquestion were my grandchild's wellbeing and communicating with my grandchild. The theme of grandparent challenges also had relevance to the grandparent–grandchild relationship during reconciliation.

**My grandchild's wellbeing.** The categories of attachment, abandonment, mental health, structure/routine/boundaries; stability; neglect/abuse, and adjustment detailed previously explain how the grandchild's wellbeing is integral to the experience of the grandparent–grandchild relationship. The grandparents saw themselves as rescuers of their grandchildren from difficult life circumstances.

- I love them, and I think I did my purpose at saving them when they needed to be saved. I feel that if she could get some things straightened out, she'd be good to have them. (Teresa)
- They're everything. I put their needs before my own, because they need somebody to help them. (Charity)

**Communicating with my grandchild.** As described in the previous chapter, the grandparents discussed the significance of open communication in the grandparent–

grandchild relationship, including difficult conversations, such as explaining their grandchild's birth and why their parents were not able to provide for their care.

**Grandparent challenges.** The grandparents experienced the demands related to functioning in a parent role, but they had diminished energy and stamina associated with advancing age.

- I would say the biggest thing is my age. I can tell I'm not as young as I used to be. I don't have quite the same energy that I used to have, although I would like to. I'm not as physically active with him as what I was with him mom. I would say that's probably the most frustrating part. (Donna)
- Oh, being too old to get out there and throw balls, play basketball. I just don't have the energy. You know, as you get older, it's like...Oh, god! (June)
- At times the situation was toxic and arduous for the grandparent.
- So [granddaughter] and I get up, and we battle. I mean it is just horrible to get her out of bed and to school. We just have not found something that works. (Jackie)
- It's awful. I was just crying out to the Lord. It's awful difficult. I feel it's difficult about [granddaughter], because she had her surgery [ruptured appendix]. The doctor had to save her life. He made a huge cut on her stomach. And when she sees that huge scar, she's got to wonder why wasn't I..... I just wonder if I could have protected her more. Even though I did. And I'm glad God didn't take her, because if she had died that night, like the

doctor said that she should have been dead, I couldn't, I wouldn't have been able to live. (Betty)

**Subquestion 2: What is the experience of the grandparent–adult child relationship during the process of reconciliation?**

The theme that was most relevant to this subquestions was “watching my adult child struggle.” All of the participants’ adult children experienced drug abuse that interfered with their daily functioning, parenting, and their own safety, health, and welfare. The grandparent participants shared deep emotions regarding the living situations, health, and safety of their adult children, and the barriers in the relationship between them and their adult children during the reconciliation process. Participants described a wide range of emotions from hope to despair. The participants wanted to have hope, but the difficulty their adult children experienced with sobriety drained the participants’ hopefulness. The participants were guarded in assessing their relationships with their adult children, because of the ups and downs of substance abuses, and ins and outs of drug rehabilitation.

- It took us 5 years. She was homeless and she was in and out of shelters, and in and off the street. She was not making contact with us at all. It was her initiation. It wasn't mine. I mean if she ever called, I would talk to her where she was. To me it was a relief that she was breathing. (June)
- I still let the kids see her every weekend whenever she's around. But when I take her in and let her live her and find a job, she just goes back to her old

ways. So...better...somewhere else. If the phone rings, I don't want to know  
(Hanna)

- I think it was harder, because I had to kick her out to the street. But you have to do what you have to do. (Charity)
- I worry that she will get herself in a situation that I will have to identify a body, or I will get a call that she's dead. And I've thought that for many years...so. I mean that's realistic...so. (Donna)

The participants described strife in their relationships as their adult children adjusted to the change in who takes care of their children.

- Well when she first come back, she was resentful and she was upset with me, but as time passed she realized that the boys were better here. And now she is fine with it. Matter of fact we are in a court battle right now over [oldest grandson] with his father. She doesn't want it for him to get the boy, because she says they are happy here. (Charity)
- I think she's thinking about these are her kids. And I'm raising her kids. I think there's a part of jealousy; a part of envy; a part of—I'm going to make you suffer for what you did to me for taking my kids. (Betty)
- Ummm...I don't think ever fully has [reconciled]. It's just been slowly, bits and pieces. Four or five months ago she couldn't stand me. Hated me because I was trying to take her son...I honestly do think it really ever healed. (Nancy)

Some of the adult children were further along in recovery, and this had a positive influence on the reconciliation process.

- And the judge looked at her and said, —you’ve been in my court enough. It’s time for you to get a job...that was about 2 years ago. And a year ago, she started working for a convenience store ... She is now the assistant manager, with manager in training going on. I said to her, —in just a year, you have proven, not only to yourself, but to that judge who denied you benefits....and to all of us you are capable of independence, and working, and taking care of yourself. (June)
- I’m still working, and I’m still struggling with taking care of the kids, but it’s different because I can get a little support from her if I need. (Teresa)

The participants struggled with how much to help their adult children. The participants often felt manipulated by their adult children who were not ready to face adult responsibilities.

I’m not very happy with her. I try to love her, but I’m afraid to really reach out and love her. Because I’m afraid that she’s always trying to ...she’s always got a motive behind...I kind of keep the relationship at —away—I guess—at an arm’s length. Which hurts me, because she’s my daughter and I love her and I want to reach out to her, but she wears me out. (Betty)

The grandparent participants went through a gamut of emotions regarding their relationship with their adult children.

- I worry that she will get herself in a situation that I will have to identify a body, or I will get a call that she’s dead. And I’ve thought that for many

years...so. I mean that's realistic...so. Sometimes it's overwhelming if I think about it much. (Donna)

- I have cried myself to sleep many nights, but it's gotten like it's almost numbed me. It's at the point, Sheryl, where I don't feel anything. I almost want to tell her to just stay away. And it's scary because I want her to be a part of my life. I want her to be a part of the kids' lives, and I've done everything I know to make that happen. (Betty)
- Watching her grow and be successful in her recovery, and the strength that she has...because she's always had...she's great with people. She has a great personality. She's fun-loving and caring. Watching her coming from not caring about herself, to loving herself and wanting to be a good mother to the boys and to her [other] son. (Charity)

**Subquestion 3: What is the experience of the parent–child relationship during the process of reconciliation?**

The themes that were most relevant to this subquestion were “watching my adult child struggle” and “my grandchild’s wellbeing.” The participants’ experience of the parent–child relationship between their adult children and grandchildren had both unique and common aspects. The universal element prohibiting a healthy, responsible parent–child relationship was the drug use of the parents. The vacillating nature of the adult child’s parenting commitment, often associated with intermittent drug use and rehabilitation efforts, created uncertainty to the grandparent participants regarding their adult child’s current parenting abilities. Some participants observed their adult children’s

efforts to stay connected with their children in a parental role. Other participants described adult children showing little interest in the children, particularly when the children had been with the grandparent participants from birth. From the participants' experiences, their adult children's drug involvement and mental health status contributed to the interest of or lack of interest in parenting. The participants conveyed disappointment and concerns about healthy bonding between their adult children and grandchildren, and described their experiences observing and facilitating attachment development.

- So I have days when I just wish she didn't exist. [chuckle] And then I have days when...why can't you snap out of it. And like—because her daughter is growing so fast. She misses everything. She missed the first step of [grandson]. She misses their school, when [granddaughter] gets 100 on her tests. She just misses it all. (Hanna)
- If [granddaughter] wants to give her [daughter] a hug, that's up to her [granddaughter]. She [daughter] can't expect it. And I think she does pretty good with that, although it's not the way she would like to have it. You know, I think she's [daughter] understanding it more now. And I think [granddaughter]'s old enough now to tell her what's okay, and what isn't okay. (June)

The participants observed the parent–child relationship as more like a sibling or “auntie/uncle” relationship, as the adult children demonstrated immaturity in their parenting.

- There's really no relationship, like between a mother and her daughter. It's more like a relationship of sister-to-sister or sister-to-brother. (Betty)
- It's not really much of a relationship. It's there. She knows that's her dad, but ... She loves him, but it's not a father-daughter love. I don't think she'll ever have a father-daughter relationship with him, or a mother-daughter relationship with her mom. –... I think the most effort they make is to just have a relationship, not so much a parent–child relationship. (June)

The participants shared consternation that their adult children were either inconsistent about visitation or they did not visit at all. The participants worried about their grandchildren's reaction to abandonment by their parents.

- Her mom has been to visit her once this year, and has cancelled it every other time. (June)
- It took us a year and a half [for them] to know that when people leave to go to work, to go to the store... whenever they leave, they're going to come back. (Charity)

The grandparent participants were most concerned about the quality of the relationship between the grandchildren and their parents. They encouraged, but did not force the parent–child relationship.

- I see the relationship, and it's not good. It's a great concern. I can't make her want him or love him, you know. (June)
- My daughter [is] staying off the drugs so that she can have some sort of visitation. (Nancy)

A significant concern expressed by the participants was that their grandchildren would blame themselves for their parents not following up with visitations.

- I'm trying to get [the grandchild] to understand that it isn't anything that he's done that makes them that way. It's just them [parents]. (Donna)
- [I worry] that when he grows up he's not going to like her and respect her. All parents have some kind of deficits, because nobody's perfect. But, I don't want him to think it's his fault she's had that distance. (June)

Notably, one participant described her experience observing her daughter bond with the children over time, and how the participant maintains a standard of expectation regarding her daughter fully resuming parenting in the future.

She's got a bond now. She's working on it. She's playing with them. She's doing good, and she's trying to be a good mom to them. She isn't ready to take them in yet. I'm not wanting them to go to a place where they're going to end up with her boyfriend not working out. They've only been together two maybe 3 years. And they might be back where they were before just like with [other child]. And he just found another job. And I just don't want that instability. (Charity)

The participants facilitated the relationship between their adult child and grandchildren by maintaining clear boundaries.

- I just think I've kept the boundaries in check. And I don't think I've ever not allowed that relationship to happen. (June)
- Of course, I told you, I had to kick her out. She could not come around when she's high. She could not come around when she's ill. I knew it was not going

to happen over night. I knew it takes progress. But you've got to be patient and you've got to give them time. But you've got to be consistent and you've got to be firm. And in the end, love always wins. Always. (Charity)

The participants described their experiences recognizing and valuing the relationships between parents and their children in the extended family.

- She's involved. We want her to be involved. We actually want her to adopt her son back as soon as possible. (Teresa)
- It's very important to me that they have a relationship with their mom. Good or bad. So far, she hasn't done anything in front of them...like drugs, or anything that they know of that would make it a negative thing. (Hanna)

The participants try to keep their adult children involved in the lives of the grandchildren.

- So, most of the interaction with them is usually me promoting it, so it's usually good. ... I keep it so that they have a good interaction with their mom—good relationship. (Hanna)
- I give her full access and I encourage her to be there. I don't give her full time custody like she wants, but I've never blocked her from the kids ever ... And to the kids, I never say anything bad about their mother, because they listen, and they hear that. As mad as I get at her, I try not to express that in front of the kids. (Teresa)

The participants worried that their adult children may never be capable of taking full responsibility for parenting the children.

She can't even take care of herself. I want her to be able to take care of herself, so she can have them for a weekend or something. I don't even want her to take them. You know, I just want her to be well enough to take care of herself so she can have them—visitation with them, instead of coming to my house for a couple hours and then me bringing her home. (Hanna)

Participants described their positive feelings regarding the developing relationship between the grandchildren and their parents.

- When I'm around I get to watch how much she interacts with them, and scare them, and that she wants to be a good mom. That's a joy. If she could just do it. I wish she would just live closer. (Teresa)
- [It is a joy that they] can still joke and play and they can still enjoy each other's company. (June)

A common experience for the participants was disappointment in the quality of the relationship between their children and grandchildren, and wishing it was better.

- She's fascinated about the idea of being a parent, not the reality of it. It's all about, —look at me, I'm a mommy, but when it comes to the reality of what the kids require, she's not around. It's been a while [since visiting the children]. She hasn't seen [grandson] since June; she hasn't seen [granddaughter] since (June)
- . It was more or less the kids got to play. So she played with them during the visit. No, it was more she would go somewhere and let them play with other kids. She really didn't have much interaction with either one of them. (Nancy)

- Lack of knowledge of who he is [is my biggest struggle]. And the sadness that she can't be who he needs her to be. And he's not enough for her to want to be his mom. None of her kids are, and I don't understand that. (Donna)

The participants described strong feelings about the importance of not talking down about their adult children in front of their grandchildren. Even when angry, they tried to help their grandchildren understand that their parent's inability to take care of them was substance related, and had nothing to do with them.

- I have tried never to be negative about her. I have tried to blame it on the disease and not her, —because that's always his mom. And I have made sure that my ex-husband, although he didn't agree with it, I have made sure that he didn't say negative things about her, —because that's his mom. And as angry as I might be it's still his mom. I don't ignore the subject of his mom, but I don't always bring it up. I let him bring it up a lot of times. When he wants to talk about it, we'll talk about it. And every once in a while I mention something and we can talk about it. Like if it's her birthday, or Christmas, or whatever...or if I find out that she's changed to a new state...because I found that if I don't tell him those things, even if part of him doesn't want to know, he still wants to know. And I've done that. But if I don't tell him, he's mad at me for not telling him things. (Donna)
- Trying to keep my own opinions out of it [is one of my biggest struggles]. My feelings spill over, because my granddaughter and I have such an open relationship and we know each other so well. Sometimes I would complain

about my daughter, and Sheryl, I would say –wait a minute you [talking to herself] are talking about the child’s mother. I’d be saying something to my husband, and I’d say—Do you know she did blah, blah, blah. And I’d say whoa, whoa, whoa...I can’t do this in front of her. So, I had to catch myself, and remind myself, I’m not talking about her sister, I’m talking about her mother. [chuckle] So, it’s hard. It’s hard to try facilitate something between the two of them, you know, and keep my own feelings out of it. (Mavis)

### **Discussion of the Discrepant Case**

One interview [James and Betsy] was actually a husband and wife interview, and their situation is different from that of the other participants. Interviewed together, the husband and wife team shared their experience of rescuing their five grandchildren from a desperate situation. Their daughter’s extreme lifestyle involved heavy drug use, homelessness, squalor, overall instability, and inability to offer love and consistency. Consequently, the participants adopted their grandchildren and have not been in contact with the daughter in more than 2 years (“there were no arguments, she just left.”). So, questions about their relationship with the adult child could not be addressed in terms of their face-to-face experience. However, the absence of the relationship evoked the same emotional and lived experience as those who had more direct and regular contact.

James described experiencing hurt resulting from the lack of relationship with his daughter. They are resigned to the fact their daughter likely is not returning, and are relieved for the sake of the grandchildren that their daughter is out of the children’s lives.

- Well, there is no relationship with her because she is a drug addict. I mean heavy drugs...crystal methane, heroin... It hurts. Not having a relationship, you look at it from a negative perspective. We have a relationship by not having a relationship. And it hurts not to have that connection.
- The biggest struggle is we don't understand why.
- That she's not in the picture is my greatest joy.

After frustrating experiences trying to include their daughter in their grandchildren's lives with no success, watching their grandchildren's devastation when she didn't come through, and finally losing contact with her, James described being resigned to the reality that their daughter had abandoned their grandchildren. Realizing the futility of their efforts and the negative affect of broken promises on the grandchildren, the participants resolved that it was best for the children that they did not have a relationship with their mother at this time.

### **Evidence of Trustworthiness**

#### **Credibility**

In a phenomenological study, procedures to ensure quality and accuracy are critical to trustworthiness of the findings. To make sure the findings accurately reflected the phenomenon, I followed the interview guide with questions based on peer-reviewed literature, theoretical frameworks, and input I received from methodological and content area experts. My familiarity with the culture of grandparent caregivers, provided background and I rephrased questions and referred back to previously covered data as needed to ensure comprehensive and accurate coverage of the phenomenon. Through a

member checking process, the participants validated that the essence of their experiences had been captured (Guba, 1981; Shenton, 2004). To further ensure credibility, an independent peer review as described by Creswell (2007) was completed by a Walden University professional versed in qualitative research design and validated the study's findings.

### **Transferability**

Transferability, how much study results relate to other situations, necessitates that readers are able to interpret and connect to research results as meaningful and relevant to them (Baxter & Eyles, 1997; Patton, 2002; Shenton, 2004). Thick contextual descriptions were provided by a variety of participants. Their vivid, detailed accounts should help the reader connect to the reality of the participants' experiences and encourage transferability of the results. (Shenton, 2004).

### **Dependability**

I provided a clear, detailed account of my research methods. My typed transcriptions, field notes detailing my coding efforts, and reflective self-evaluative journal, serve as an audit trail of the research process I followed (Patton, 2002; Shenton, 2004). The audit trail includes a list of codes evaluated by Nvivo software, audio-recordings, and my brief, handwritten notes. This thorough elaboration allows for an independent review and provides the reader full understanding of the research process and the possibility of future study replication.

### **Confirmability**

Confirmability is closely related to dependability and addresses objectivity (Shenton, 2004). To address confirmability, I provided an audit trail so that results can be confirmed. I carefully documented how the data were collected, analyzed, and rechecked throughout the duration of the study. In addition, I maintained an ongoing reflective journal to record the research process, along with reflections regarding research decisions.

### **Summary**

This chapter summarized the results of a phenomenological study based on the individual interviews of 12 grandparents providing primary care for their grandchildren for at least the past 3 years. The grandparent participants were interviewed with the research questions: What is the experience of the grandparent–grandchild relationship during the process of reconciliation? What is the experience of the grandparent–adult child relationship during the process of reconciliation?; and What is the experience of the parent–child relationship during the process of reconciliation? The phenomenological approach allowed me to ask open-ended questions to gain information about the participants' lived experiences. From the participants' responses I discovered statements that connected their experiences to the phenomena of a grandparent caregiver's relationship triad in the process of reconciliation.

The results revealed some common experiences among the participants. Several themes emerged, including watching my adult child struggle; recognizing my challenges as a grandparent caretaker; my grandchild's wellbeing; and communicating with my

grandchild. The participants experienced a myriad of emotions, including powerlessness, frustration, hope and hopelessness, exhaustion, determination, commitment, guilt, and resentment. Not only was it difficult for the grandparents to see their adult child struggle, but, it is notable that impacting each theme was the health of the adult child and where they were in recovery process.

Chapter 5 will report conclusions drawn from the analysis of data presented in this chapter. The results of this study indicate implications for social change, recommendations for future research, and will be further discussed in Chapter 5.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purpose of the study was to explore grandparents' lived experience of reconciliation in an extended family system. A phenomenological approach was chosen in order to explore and understand the experience of grandparents raising grandchildren and dealing with complex extended family relationships. This type of inquiry allowed participants to relate rich descriptions of their everyday lives.

A researcher-designed semistructured interview guide encouraged free and open discussion while addressing the specific aspects of three subquestions:

1. What is the experience of the grandparent–grandchild relationship during the process of reconciliation?
2. What is the experience of the grandparent–adult child relationship during the process of reconciliation?
3. What is the experience of the parent–child relationship during the process of reconciliation?

Audio recordings of the interviews were transcribed and coded during the analysis process. The codes were grouped into categories, from which four themes emerged. The first of the four emerging themes, *watching my adult child struggle*, revealed significant challenges the grandparents faced as they tried to maintain stability within the extended family. The grandparents experienced heartbreak, frustration, powerlessness, and severe emotional swings from hope to hopelessness as they dealt with their adult children who were experiencing significant challenges. The range of challenges grandparents described

their adult children lived with included mental illness, postpartum depression, or health challenges along with substance abuse and unstable personal relationships. While challenged with providing for the many needs of their grandchildren, participants tried to help their adult children, who had considerable personal difficulties that often precipitated the change in caretaking in the first place. Grandparents reported that their adult children did not properly care for the children, including neglecting to feed them regularly, inattentiveness, inconsistency with visitation, and inability to keep the children safe. According to the participants, their adult children were at varying stages in the reconciliation process; they attributed this to where the adult children were with regard to sobriety and setting clear boundaries and standards for their adult children's behavior in the extended family.

The second theme, *recognizing my challenges as a grandparent caretaker*, illuminated significant hardships and challenges faced by this aging population. Challenges such as declining health, decreasing energy, isolation, financial limitations, and the necessity to work beyond their expected retirement age caused significant strain and exhaustion. These challenges influenced the grandparents' tolerance and coping with the stresses related to caretaking. The grandparents reported that their commitment, determination, and love allowed them to persevere one day at a time. They worried that their adult children may never be able to live independently and have the stability to resume parenting. The participants worried that they might not have the health and longevity essential for properly raising their grandchildren to adulthood and tried to arrange contingencies.

The third theme, *my grandchild's wellbeing*, represented the participants' common concerns for their grandchildren. The participants viewed themselves as rescuers of their grandchildren from unsafe circumstances sometimes so deplorable that the grandchildren's survival was threatened. The participants were significantly concerned about how emotional or physical abandonment might affect their grandchildren's psychological development. The grandparents expressed confusion and frustration over their adult children's inattention to the grandchildren during the reconciliation process. The grandparent participants worried about their grandchildren forming healthy relationships with an attachment figure. Again, the adult children were at different stages in the reconciliation process, and some adult children were beginning to form attachments with their children.

A fourth, and final theme, *communicating with my grandchild*, emerged during data analysis. This theme revealed the participants' commitment to developing relationships with their grandchildren that included open and honest communication at the grandchild's developmental level. For example, in dealing with sensitive topics, such as why the parents were not providing care for the children, the grandparents tried to help their grandchildren understand about their parents' challenges. The participants expressed concern that their grandchildren not blame themselves.

Results from the data analysis revealed the intensity and complexity of the challenges faced by grandparents involved in extended family reconciliation. Notably the adult child's progress in recovery from substance abuse influence how each theme was expressed. The grandparents' guilt feelings were exacerbated by failings of their adult

children to remain sober and functional as adults and parents. The necessity of relating sensitive topics to their grandchildren depended largely upon how the adult children were functioning as loving parents.

Interviewed as a married couple, James and Betsy were identified as a discrepant case with regard to the theme *watching my adult child struggle*. They had not been in communication with their daughter for a number of years. Although the participants were concerned regarding their daughter's living situation, they were not in a position to experience watching her struggle first-hand. Furthermore, these grandparents resolved that their reconfigured family functioned more smoothly, and their grandchildren were more emotionally stable when the children's parent was absent.

### **Interpretation of Findings**

#### **Theoretical Frameworks**

The results of this study revealed strong consistency with many of concepts of attachment theory (Ainsworth & Bowlby, 1991) and Bowen's (2004) family systems theory. These two theories allowed for the study of reconciliation of family attachment relationships within the context of a complex, reconfigured extended family unit.

Attachment theory provided the foundation for understanding the attachment needs of children, and dealt with infant bonding with a maternal figure (Ainsworth & Bowlby, 1991). The strongest attachment for the child is usually with the child's biological parent. Ainsworth (1989) stated that babies frequently form secondary attachment bonds, as often is the case with grandparents. According to attachment theory, consistency of the mother figure's presence and availability to meet the infant's needs are

key to secure attachment development and the healthy development of personality (Ainsworth & Bowlby, 1991). Attachment theory states that the child can experience deep loss when separated from the mother figure (J. Bowlby, 1980). When there are custody disruptions in families, a range of intense emotions can present lifelong consequences for children (Dowdell, 1995; Henderson et al., 2009; Hess, 1999; Poehlmann, 2003; Scarcella et al., 2003).

The findings of this study were consistent with principles of attachment theory. When attachment to the primary parent figure was disrupted or inconsistent, the role of the secondary attachment figures, the grandparents, became more important in the children's lives as they formed secure attachments with their grandparents. Recognizing the significance of the parent-child relationship to their grandchildren's healthy adjustment, the grandparents tried to involve the parent when feasible.

The results of this study revolved around relationships within the extended family, and were consistent with Bowen's (2004) family systems theory, which states that in the family context individual behavior is best understood due to the roles and rules that maintain behavior patterns. Prior research (Connor, 2006; Goodman & Silverstein, 2001; Holtzman, 2006; Landry-Meyer & Newman, 200; Poehlmann, 2003) suggested that the family unit begins to reconfigure when grandparents become the primary care providers.

Bowen (2004) stated that the behavior of individual members influences the behavior of other members within the interdependent family system. Differentiation of individual family members affects their functioning within the family, and, conversely, the family system affects the differentiation of the family members (Kerr & Bowen,

1988). The level of differentiation of an individual family member affects the clarity with which that member functions within the family. The highly differentiated, mature individual can achieve close relationships within the family, while maintaining their own identity aside from the family.

Family systems theory has been foundational to numerous previous studies, including investigations of grandparent roles in extended families. Silverstein and Ruiz (2006) investigated the role of grandparents as moderators in the transmission of depressive symptoms from mothers to their children, and found that strong grandparent–grandchild relationships buffered the effects of mothers’ depression on their children.

Muller and Elder (2003) studied relationships between grandparents and their adolescent grandchildren within the extended family, and how other members within the family facilitated the grandparent–grandchild relationships. The researchers found that when grandparents lived close to grandchildren, they tended to establish intimate relationships. Another factor was that the relationships between grandparents and their own children set the stage for later relationships between grandparents and their grandchildren.

The results of this study were consistent with previous literature on the topic of family systems theory. Relationships within the extended family were disrupted and reconfigured when grandparents assumed primary care of their grandchildren and grandparents tried to mitigate effects on the grandchildren. Roles within the family system necessarily changed, and all members with the family system had to adjust. The grandparent participants observed that their adult children’s difficulty functioning as

independent adults affected the entire family system. The level of functioning of the adult child was key to reconciliation process and affected the health of the grandparent as well as the grandchild.

Family systems theory considers the family as a whole unit. One dilemma presented in this study, illustrated by the discrepant case of James and Betsy, suggests that in some cases reconstitution of a family, in terms of all family members, may not be the best thing.

### **Previous Literature**

The results of this study were consistent with much of the previous literature, and the findings add to the body of knowledge relating to reconciliation of extended family relationships when grandparents become their grandchildren's primary caregivers by providing insights worthy of further study and ideas for clinical applications.

Strom and Strom (2011) examined care provided by grandparents, and found that grandparents' commitment to make their grandchild's needs a priority, and to work with their adult child in meeting those needs, had a positive affect on the quality of care the grandchildren received. The study also revealed that grandparents were more effective when they modeled and encouraged self-reflection and expression of thoughts, emotions, and worries. These aspects were supported by the current study. Participants in this study were committed to their grandchildren as a priority in even the most difficult of situations. They valued open, honest communication with their grandchildren. The present study adds to these concepts, by suggesting the adult child's level functioning is integral to reconciliation, and ultimately to the quality of care the grandchildren receive.

Marks and MacDermid (1996) examined the expanded role of grandparents who provide care for their grandchildren, and the increased demands and stressors associated with that role. Findings of the Marks and MacDermid study suggested that grandparents who exercise balance within this role tend to have lower stress and depression levels. The current study was consistent with this assertion, and adds another dimension. When the grandparent caretaker strives for balance, the adult child behaving irresponsibly may interrupt that balance.

Consistent with attachment theory and the results of this study, Burks (1994) found that the daily grandparent–grandchild interactions often elevate the grandparent’s position in the relationship from care provider to parent figure. In an exploration of intergenerational relationship quality, the findings of Brown (2003) suggested that a lasting grandparent–grandchild connection is formed when children live with their grandparents.

Goodman and Silverstein (2001) investigated the role of grandmothers in facilitating the relationship triad in disrupted nuclear families. The researchers found that the grandmothers’ involvement allowed children to maintain attachment while families were reconfigured. The current study supported these findings, and suggested that the level of functioning of the adult child further impacts the relationship triad and the ability of their children to maintain parent–child attachment.

The current study addressed a gap in the literature regarding reconciliation of family relationships as experienced by grandparents who provided primary care for their

grandchildren. This study illuminated the rich, lived experiences of grandparents involved in the reconciliation process.

### **Limitations of the Study**

Transferability, the degree to which research results can be interpreted by the reader as meaningful and relevant, is one standard by which qualitative studies are evaluated (Baxter & Eyles, 1997; Patton, 2002; Shenton, 2004). As the researcher, I cannot infer application to the broader population since the samples in qualitative research are small. In an effort to maximize transferability, the research provided in-depth contextual descriptions believed to be of importance to the reader's understanding. In addition, I continued interviewing participants until saturation of codes and themes was achieved (Guest et al., 2006; Moustakas, 1994). Although qualitative methodological literature suggests that between six and 10 participants is a reasonable estimate (Morse, 2000), I interviewed 12 participants, and noted in the data analysis process when no new concepts or themes were identified.

A researcher-designed interview guide with questions based upon previous, peer-reviewed literature and feedback from methodological experts prevented leading questions that might have influenced or distorted results. I reviewed relevant literature and contacted online grandparent support groups to gain familiarity of the grandparent caregivers' culture. Since participants were given opportunity to refuse participation and discontinue at any time, it is believed that they shared openly and accurately. I provided each of the participants with an interview summary, and invited them to participate in a member checking process to ensure their intentions were captured (Guba, 1981; Shenton,

2004). In some cases, the participants shared experiences spanning several years. The study is limited by the participants' ability to accurately recall and articulate their experiences.

I addressed the issue of dependability through a thorough, detailed account of the research procedures (Shenton, 2004). A thorough elaboration will allow the reader full understanding of the research process, and future investigators will be able to replicate the study. I detailed the research design plan and implementation, including data gathering and analysis. To address confirmability, I maintained an ongoing reflective journal to record the research process, along with reflections regarding research decisions.

The research results might have been limited by the ability of participants to accurately recall and express their experiences (Moustakas, 1994; Patton, 2002). I endeavored to identify and set aside personal beliefs through a process of bracketing (Creswell, 2007). Any preconceived beliefs about the research question that I was unable to set aside would have posed a potential limitation to the study.

As mentioned earlier, member checking is a process involving the participants in reviewing some aspects of the data to ensure their intentions have been preserved (Shenton, 2003). I provided participants with their narrative summaries and asked that they verify accuracy to be certain the essence of intended meaning had been preserved. It is possibly the most effective way to safeguard against misinterpretation of the participants' contributions (Gelling, 2010). The span time between the data collection and

member checking might have posed a limitation if participants' perceptions of the event changed over time.

Participants were limited to the Grandparent Support Groups (as detailed in Chapter 3), respondents to participation invitations distributed by my professional colleagues, and those who volunteered after hearing about the study from friends through the snowball sampling method (Patton, 2002), where participants or informed individuals apprised other potential participants about the study.

### **Recommendations**

Interviews with the participants revealed shared positive qualities, such as commitment to the welfare of their grandchildren; desire to help their grandchildren and adult children, determination to persist despite declining energy reserves, and a strong sense of responsibility to maintain relationships in the extended family triad. They also shared intense emotions during the reconciliation process, including frustration, fear, and emotional exhaustion. To deal with their challenges, the participants sought out counselors, religious affiliations and support, other professionals (i.e. behavioral experts to help with behavior of grandchildren), and support groups, and they established boundaries with their adult children.

The grandparent participants identified significant challenges in their efforts to facilitate relationship reconciliation in the extended family, with their adult children's drug use as most problematic and detrimental to the reconciliation process. Further research is recommended. For example, studies with a focus on the other two members

(adult child and grandchild) of the extended family triad might provide greater insight and balance in understanding extended family relationship reconciliation when primary care of grandchildren is transferred to grandparents.

Future studies that focus on the adult child member of the triad may provide balance in the understanding the phenomenon of extended family reconciliation when grandparents become primary caretakers of the children. Potentially valuable information could be gained from replicating this study through the perspective of the adult child's lived experience, using research questions similar to those in this study, but with a focus on the adult child's experience.

It is also suggested that quantitative studies of extended family reconciliation be considered, to assess at an aggregate level the extent and duration of secondary trauma across generations (e.g., Figley, 1995). Preliminary studies suggest that trauma across generations can affect those who were not directly exposed to the initiating event can still be affected emotionally and physically (Lev-Wiesel, 2007). This line of research could be particularly important for the grandchildren as they become adults, carrying the challenges of their parental and grandparental experiences with them as they age.

## **Implications**

### **Implications for Social Change**

The results of this phenomenological study have the potential to promote positive social change through the insights gained about extended family reconciliation in grandparent-led families. Themes in this study revealed that grandparent caregivers were challenged with declining health and energy, isolation, financial difficulties, worry that

their adult children may never be able to “step up to the plate” as parents, intermittent feelings of guilt and resentment, and concern about their own longevity. Together, these challenges often cause increased stress, strain, physical and emotional exhaustion, further challenging grandparents’ coping and tolerance. Significant concerns for their grandchildren’s wellbeing, their adult child’s substance abuse, and worry that their adult child might die presents therapy implications for the grandparents. Psychotherapists treating grandparents who are primary caregivers may want to adjust treatment plans based on areas the participants identified as most challenging and traumatic for this aging population. Findings revealed that the grandparents valued open communication in their relationships with their grandchildren, including speaking respectfully about their grandchildren’s parents. Therapists and support groups for grandparents may want to support positive communication skills for grandparents involved in extended family reconciliation. Counseling and support groups geared to grandparent caregivers, their adult children, and their grandchildren, may increase their understanding of grandparents involved in extended family reconciliation, and apply insight gained from this study.

Positive social change in grandparent-led families is dependent upon dissemination of findings through channels that will reach them. I plan to share the results of this study with local and online grandparent support groups, and present findings at a regional professional conference. In addition, I plan to offer to present findings to the local Office of Children’s Services.

### **Recommendations for Practice**

Therapists working with grandparents providing primary care for their grandchildren might be interested in the results of this study. Findings indicate that the grandparent experience often is characterized by secondary trauma relating to knowing their grandchildren have experienced significant abuse and neglect, and significant worry that their adult child may die. This information may be helpful to therapists when obtaining a thorough history, and choosing therapy goals and viable treatment options for treating trauma and anxiety. Therapists versed in substance abuse, recovery, and family roles within the family system affected by substance might find the results of this study helpful in shaping therapeutic priorities for the client and family system.

### **Conclusion**

The occurrence of grandparent-led families is on the increase as grandparents step in to take care of grandchildren, often under dire circumstances (Settles et al., 2009). During their lifetime, up to one-tenth of grandparents are predicted to assume primary care of their grandchildren (Kolomer, 2009). The happiness and healthy psychological development of the grandchildren depend upon the successful intervention of grandparents in the parenting role (Videon, 2002). The immediate and long term welfare of children who often experience attachment trauma in disrupted families is of utmost concern, with the reconciliation of relationships within the family as paramount.

Numerous quantitative studies explored issues relating to the grandparent–grandchild relationship. Examples of such studies included exploration of intergenerational attachment (Brown, 2003), grandparent–grandchild relationships in

disrupted families (Schutter et al., 1997), and grandmothers as mediators of their grandchildren's psychological adjustment when parents divorced (Henderson et al., 2009).

This phenomenological study addressed a gap in the literature with regard to the grandparents' lived experience of reconciliation of family relationships after grandparents became primary caretakers of their grandchildren. Understanding the associated abandonment and attachment issues, as well healthy functioning in the reconfigured family was germane to this study. The themes emerging from this study related to the lived experience of grandparents. The participants all indicated that their adult children's substance abuse and poor parenting were directly related to the grandparents' need to intervene in the grandchildren's care. The themes, *watching my adult child struggle*, *recognizing my challenges as a grandparent caretaker*, *my grandchild's wellbeing*, and *communicating with my grandchild*, were experiences common to the grandparents. The grandparent participants openly shared their depth of love and concern for their grandchildren, as well as their adult children and the extremes of emotions they lived with on a daily basis. The information gained from the grandparent interviews provided insight into their lived experiences that may be useful to professionals who work with grandparent-led families. Most compelling was the finding that the adult child was key to every aspect of the reconciliation process. Future studies in this area may provide additional information and add to a balanced understanding of reconciliation in grandparent-led families.

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## Appendix A: Invitation to Participate in Study

### **Invitation to Participants on Grandparent Websites and Facebook Pages**

I invite you to participate in a study of family relationship restoration or healing in grandparents who are raising their grandchildren. This is part of the degree requirement for the doctoral program at Walden University. I would like to interview grandparents who are currently the primary caregiver for their grandchildren. The interview is expected to be 60 to 90 minutes. If you are a grandparent who has been the primary caregiver for the past three years, please contact Sheryl Martin via her professional Facebook page Grandparents Caring, or her professional e-mail address.

### **Invitation to Participants**

I invite you to participate in a study of family relationship restoration or healing in grandparents who are raising their grandchildren. This is part of the degree requirement for the doctoral program at Walden University. I would like to interview grandparents who are currently the primary caregiver for their grandchildren. The interview is expected to be 60 to 90 minutes. If you are a grandparent who has been the primary caregiver for the past three years, please contact Sheryl Martin via her professional Facebook page Grandparents Caring, or her professional e-mail address.

## Letter to Professional Colleagues

Dear Colleague:

Thank you for assisting me in sharing information about my study of family relationship reconciliation in grandparents who are raising their grandchildren. This is part of the degree requirement for the doctoral program at Walden University. I would like to interview grandparents who are currently the primary caregiver for their grandchildren. The interview is expected to be 60 to 90 minutes. If you know of someone who is a grandparent and has current custody of their grandchild/grandchildren, and have been the primary caregiver for the past three years, please forward/post the attached invitation.

## Appendix B: List of Codes

Adult child challenges	Counseling-child
Adult-child-other children	Spiritual
Adult child-stealing	Church
Child Protective Services	Devotions-spiritual
Domestic violence	Stability
Jail	Structure/routine/boundaries
Living conditions	Communication/birth explanation
Parent-health	Explaining parents' struggles
Parental responsibility	Open communication
Parental substance abuse	Grandparent role
Drug court	Aging
Ongoing parental substance e	Finances
Grandparent experience as mother	Future
Grandparent-adult child relationship	Grandparent health
Grandparent-grandchild relationship	Grandparent abused as child
Parent-child relationship	Grandparent alcohol history
Origin story	Grandparent guilt
Grandparent as rescuer	Grandparent isolation
Abandonment	Grandparent resentment
Abandonment-emotional	Grandparent supports
Abuse-neglect	Grandparent teen pregnancy
Adjustment	Grandparent-time/energy
Attachment	Life style issues
Child-health	Grandparent help parent-child relationship
Child-structure/routine	Modeling parenting
Mental health	Valuing parent-child relationship
Behavioral interventions	Valuing discrepant cases
Child-mental health	Child relationship with others at home
Counseling-parent	trust