

1-1-2008

The experience of grandparents raising grandchildren: A phenomenological study

Deborah Sampson

University of Nevada, Las Vegas

Follow this and additional works at: <https://digitalscholarship.unlv.edu/rtds>

Repository Citation

Sampson, Deborah, "The experience of grandparents raising grandchildren: A phenomenological study" (2008). *UNLV Retrospective Theses & Dissertations*. 2429.

<https://digitalscholarship.unlv.edu/rtds/2429>

This Thesis is brought to you for free and open access by Digital Scholarship@UNLV. It has been accepted for inclusion in UNLV Retrospective Theses & Dissertations by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

THE EXPERIENCE OF GRANDPARENTS RAISING GRANDCHILDREN: A
PHENOMENOLOGICAL STUDY

by

Deborah Sampson

Bachelor of Arts, Psychology
University of Nevada, Las Vegas
2006

A thesis submitted in partial fulfillment
of the requirements for the

**Master of Science Degree in Marriage and Family Therapy
Department of Marriage and Family Therapy
Greenspun College of Urban Affairs**

**Graduate College
University of Nevada, Las Vegas
December 2008**

UMI Number: 1463532

Copyright 2009 by
Sampson, Deborah

All rights reserved.

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[®]

UMI Microform 1463532

Copyright 2009 by ProQuest LLC.

All rights reserved. This microform edition is protected against unauthorized copying under Title 17, United States Code.

ProQuest LLC
789 E. Eisenhower Parkway
PO Box 1346
Ann Arbor, MI 48106-1346



Thesis Approval
The Graduate College
University of Nevada, Las Vegas

NOVEMBER 13, _____, 20_08

The Thesis prepared by

DEBORAH SAMPSON

Entitled

THE EXPERIENCE OF GRANDPARENTS RAISING GRANDCHILDREN:

A PHENOMENOLOGICAL STUDY

is approved in partial fulfillment of the requirements for the degree of

MASTERS OF SCIENCE IN MARRIAGE AND FAMILY THERAPY

Examination Committee Chair

Dean of the Graduate College

Examination Committee Member

Examination Committee Member

Graduate College Faculty Representative

ABSTRACT

The Experience of Grandparents Raising Grandchildren: A Phenomenological Study

By

Deborah Sampson

Dr. Katherine M. Hertlein, Examination Committee Chair
Assistant Professor
University of Nevada, Las Vegas

By 1997, the number of children living in the home of a grandparent had risen to 3.9 million or 5.5 percent. The 2000 Census reports an estimated 5.9 million children live in a household maintained by a grandparent (US Census Bureau, 2000). While there are many benefits to having grandparents raise grandchildren, there are also considerable challenges, impacting the family structure, dynamics, and roles. Further, these children typically matriculate from backgrounds where they were removed from their parents out of their control. They may feel alone, act out, or become withdrawn, resulting in being at-risk for a host of other issues. It is surprising, then, that this issue, embedded with systemic dynamics, is underrepresented in the MFT literature base. The purpose of this qualitative study is to understand the experiences of grandparents as they face challenges raising their grandchildren. This study was conducted through qualitative interviewing, where participants will respond to both open-ended questions regarding the challenges of

raising their grandchildren. Themes and patterns were identified through an open-coding process. The five themes discussed include: characteristics of everyday life, parenting experiences, lack of resources, managing negative emotions, and social changes.

Implications for clinical practice and further research are discussed.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS.....	vii
CHAPTER 1: INTRODUCTION	1
Statement of the Problem	1
Purpose of the Study.....	2
Significance of the Problem	2
CHAPTER 2: LITERATURE REVIEW	8
Grandparents Caring for Grandchildren.....	8
The Physical, Mental and Social Health of Custodial Grandparents	10
The Physical, Mental and Social Health of Children Raised by Grandparents.....	11
Consequences of Gaining Custodial Guardianship	13
Application to MFT and Theoretical Framework	18
CHAPTER 3: METHODOLOGY.....	20
Rationale for Methodology	20
Participants	22
Procedures	22
Role of the Researcher	23
Ensuring Rigor	24
CHAPTER 4: FINDINGS	25
Procedure.....	25
Analysis	25
Demographics.....	26
Results	26
CHAPTER 5: DISCUSSION	37
Application to an MFT Theoretical Framework	42
Limitations in Present Study	45
Implications for Clinical Practice.....	47
Future Research.....	48
REFERENCES.....	50
APPENDICES.....	57
Appendix A: Demographic Form.....	57
Appendix B: Interview Protocol.....	58

Vita59

ACKNOWLEDGMENTS

I would first like to give my thanks and appreciation to Dr. Katherine Hertlein. She is not only my committee chair but a mentor. She has given me the chance to take on this project by supporting me each step of the way and encouraging me to reach deeper inside to reach my full potential. Her strength and encouragement has allowed me to experience many facets of Marriage and Family Therapy including research. Her commitment to my education and learning process has been above and beyond the call of any professor and I am forever grateful for her guidance.

I would also like to thank my committee members, Dr. Stephen Fife, Dr. Shannon Smith and Dr. Gerald Weeks for guiding me in this process. Their help and advice has been invaluable in shaping this thesis to be the best it could be.

I would like to thank my classmates for their words of encouragement, support and kindness during this process. A special thank you to Katie Wilkinson, Karen Anderson and Lisa Schapiro for their help, hand holding and friendship during this adventure. Your faith in the fact I could complete this spurred me on and made it possible. To Devra Hollis, I am forever indebted to you for your camaraderie and prayers. Your words of inspiration truly got me through the darkness and into the light!

To my children Dori and Robert and husband Bill. Your belief that I could accomplish this has kept me going. Having you at my side to encourage me gave me the strength to keep going and complete my dream. I thank you for being the best family a

person could have! Your laughter, patience and listening skills have been priceless.

Lastly, a huge thank you to my son Robert for giving me my granddaughter Aubrey who has brought more sunshine into my life than one can imagine! She has opened my eyes to the joys of being a grandma and allowed me to connect with those in this paper.

CHAPTER 1

INTRODUCTION

Statement of the Problem

The way in which grandparents interact with their grandchildren's lives is changing. It is becoming more common place for grandparents to be solely responsible for raising their grandchildren. Recent research suggests that both grandparents and grandchildren benefit from being part of this family form (Jedrek, 1994). However, there are a variety of things that grandparents miss when they assume guardianship and/or custody of their grandchildren. They shift from a role of being able to “spoil” to being the disciplinarian. Guiding youngsters through life can also be emotionally draining, and grandparents may be at a loss when it comes to dealing with the issues that arise in their grandchildren’s lives. Frequently, these children come from situations where circumstances beyond their control have uprooted them from their parent(s). Many of them have already lived through more trauma than some adults face in a lifetime. They may feel alone and unloved, and they have needs that other kids do not share. This kind of trauma can change children. They may act differently than previously. They may become increasingly angry, anxious, aggressive or withdrawn. At the same time, they may need more comfort and understanding from the adults in their lives.

Purpose of the Study

As these family forms become more prevalent, new sets of challenges arise. There are questions as to whether grandparents are equipped to handle the issues of their grandchildren. In other cases, the relationship changes between a grandparents and grandchildren when the grandparent must take the lead role and now become the caretaker of children. Is this new role a burden or a welcomed addition to the lives of the grandparent? Such changes also have an impact on relationships with a spouse or significant other, which has lasting implications for quality of life and the dynamics in the family. The purpose of this qualitative study is to understand the experiences of grandparents as they face challenges raising their grandchildren. Specifically, it will focus on understanding the challenges experienced by grandparents raising grandchildren in terms of their role changes and the effects on their relationships.

Significance of the Problem

According to the U.S. Census Bureau, in 1970, 2.2 million American children lived in a household maintained by a grandparent. By 1997, the number of children living in the home of a grandparent had risen to 3.9 million or 5.5 percent, representing a 76 percent increase over the 27 year period. The 2000 Census reports an estimated 5.9 million children live in a household maintained by a grandparent (US Census Bureau, 2000). In Nevada, 18,685 grandparents report they are responsible for their grandchildren living with them, with an estimated 14,812 in Las Vegas and 1,292 in Reno. Of those, 12% are African American; 22% are Hispanic/Latino; 5% are Asian; 2% are American Indian or Alaskan Native; and 57% are White. Thirty-three percent of these grandparents

live in households without the children's parents present. Seventy percent of the grandparents are under the age of 60 and a striking 11% of these families live in poverty (US Census Bureau, 2000).

Certainly, the increase of grandparents parenting or rearing grandchildren is on a steady climb and continues to increase at a steady pace. Several reasons have been offered for the dramatic increases in grandparents raising and helping to raise their grandchildren. Increasing drug abuse among parents, teen pregnancy, divorce, the rapid rise of single parent households, mental and physical illnesses, AIDS, crime, child abuse and neglect, and incarceration are a few of the most common explanations offered (Minkler, 1998).

In terms of the ethnic composition of these families, there are a higher percentage of grandmother-run households (up to 70%). African Americans (31%) and Latinos (16%) make up the largest percentages of the grandmothers who are raising their grandchildren (Bryson & Casper, 1999). Grandparents who are raising grandchildren tend to be more highly educated (at least a high school education), younger, and employed as compared to other persons their age (Bryson & Casper, 1999). The low-end of the age range for these grandparents is forty (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). The ethnicity of the family can play a part in how grandparents will react to this new role. The African American community has a long history of caring for family members, which allows for greater acceptance of the surrogate parent role. Latino families also have strong family traditions of caring for family members, but often times the caregiving is for older parents, not grandchildren. Parents are expected to be able to fulfill their parental role (Goodman & Silverstein, 2002).

Role Changes

Traditionally, grandparents have offered daycare services for their children who work outside of the home, but now it is becoming more common for grandchildren to be raised by their grandparents. The children's parents, or the middle generation, may or may not be present in the household. With the absence of the middle generation, the grandparents may or may not have legal custody over their grandchildren (Bryson & Casper, 1999), which also has implications for the roles within the family.

In many cases, raising grandchildren is viewed by others as an "off-time" role. In other words, most grandparents raising their children look forward to their upcoming role as a grandparent, not a parent (Jendrek, 1993). Due to the unexpected assignment to raise their grandchildren, there seems to be a wide variety of experiences in how people perceive raising grandchildren. The amount of time the grandchild is expected to stay with the grandparent can create additional role strain. For example, if a child is permanently moving into the home due to death or incarceration, the grandparent must change their routine so as to care for their grandchildren (Jendrek, 1993). Also, raising younger children will require more time and resources than raising older children, and the grandparents' life must accommodate this new situation. Also, grandparents' work schedules are often disrupted with either a reduction of work hours or a need to quit work altogether due to the presence of grandchildren (Pruchno, 1999). These grandparents report feeling out of phase with their friends who are not faced with the same responsibility (Jendrek, 1993). Often, this situation begins as temporary situation but frequently turns into a permanent one (Pruchno, 1999).

Due to the role strain and role changes, it is no surprise that, as compared to non-caregivers of a similar age, grandparent caregivers report higher rates of depression, health problems and limitations in activities and lower rates of happiness (Goodman & Silverstein, 2002). Additionally, grandparents raising grandchildren report feeling more physically tired, having less privacy, and having less time with friends, family and spouses than their counterparts who are not raising grandchildren. Changes to their regular routines and plans occurred so as to care for their grandchildren (Jendrek, 1993). Grandparents' work schedules were disrupted with either a reduction of work hours or a need to quit work altogether due to the presence of grandchildren (Pruchno, 1999). These grandparents report feeling out of phase with their friends who are not faced with the same responsibility (Jendrek, 1993). Grandparents can feel as if they are in a double bind: they are concerned about what they did wrong with their children that prevents them from caring for their own children, and they worry about how they will care for their grandchildren (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). Some grandparents want the role of grandparent, not parent, but fear the return of the parent due to their inability to parent (Jendrek, 1994). Other family members may not be supportive of their decision to care for their grandchildren, which can add additional stress (Jendrek, 1993). Other family members who need care may also be in the household, adding additional stress (Thomson, Minkler, & Driver, 1997).

Well-Being

The good news is that, despite the challenges faced by grandparents, research indicates that the grandchildren raised by their grandparents are as healthy as, perform at the same academic level or above, and have fewer behavioral problems than those

children who are raised in other nontraditional family types (Solomon & Marx, 1995). One reason for this is that grandparents often provide their grandchildren with more support and care than their own parent could provide for them (Pinson-Millburn et al., 1996). Grandchildren benefit from having both their grandmother and grandfather in the home (Solomon & Marx, 1995). Depending on the nature of their parent's leaving, these children experience grief over their parent's absence (Goodman & Silverstein, 2001). They may have residual problems such as learning disabilities, a physical addiction to a drug, or emotional or psychiatric disorders from the drug or alcohol abuse of their parents. Physical abuse by their parents or the incarceration of their parents are situations that can cause additional problems for the child (Pinson- Millburn et al., 1996). Some grandmothers report that the grandchildren living with them have mood swings, were argumentative and impulsive, had trouble paying attention—possibly due to worrying about their parent (Solomon & Marx, 1995)—and demanded a lot of attention (Pruchno, 1999).

The Importance of this Topic for Marriage and Family Therapy

The phenomenon of grandparents raising grandchildren is limited in the Marriage and Family Therapy (MFT) field. Most literature for this population is focused on the grief process which includes coping with the transition into the end of life stage, addictions to prescription medications or coping with retirement. Some literature focuses on the well-being of grandparent functioning as surrogate parents for their grandchildren (Burton, 1992; Emick & Hayslip, 1999; Jendrek, 1993; Minkler & Roe, 1993; 1996) but often times, studies examine the adjustment of grandparent caregivers from stress coping, role theory, or functional/economic perspectives. While there is a substantial body of

literature on this topic within the family studies literature, such a research base lacks the applied focus that is critical for MFTs. Further, much of the literature on grandparents raising grandchildren is found in foster care rather than the MFT literature. Over the last decade, child welfare agencies have increasingly relied on extended family members to act as foster parents for children who have been abused or neglected, yet very little information is available on the extent to which kin serve as foster parents and how this practice varies across states.

Because parenting grandchildren impacts all members, dynamics, and aspects of a family, the unique knowledge and skill set provided by MFTs can be a valuable resource during the difficult transition. For example, therapy can help individuals and families cope with their feelings about the changing family structure and improve their relationships. The stress and trauma on both the grandparent and children placed in this situation can be a challenge and result in significant implications for the family. It is important that the MFT understand the relationship dynamics as well as the stress and vulnerability that comes from these new roles. Family therapy can help all within the system cope with their feelings about their family structure, assist with the adjustment of role changes, and improve the quality of their relationships.

CHAPTER 2

LITERATURE REVIEW

Grandparents Caring for Grandchildren

The participation of grandparents in their grandchildren's care varies. As parents' lives evolve around different life challenges, the grandparent's role may change from a casual, loving playmate to daily caretakers and eventually one that turns into a full custody situation. Fuller-Thomson and Minkler (2001) conducted a study comparing the prevalence and profile of five different patterns of grandchildren-grandparent contact: 1) primary caregivers (custodial grandparents); 2) non-custodial extensive child care providers; 3) intermediate caregivers (10–29 hours/week); 4) occasional caregivers (<10 hours a week) and 5) non-caregivers. Using a U.S. national sample of 3,260 parents, the researchers found that 40.4% were non-caregivers, 47.5% of intermediate or occasional caregivers, 6.8% of extensive and 5.3% of custodial grandparents.

Brown-Standridge and Floyd (2000) made distinctions between three living arrangements: custodial, living-with and day-care. They found that ...reasons for these arrangements range in severity. Day care and living-with grandparents indicate a desire to help parents financially, a non preference for non familial day care, a motivation to compensate for parents working full-time, or a decision to offset the mother's emotional problems. Custodial grandparents

express more serious concerns about the mother in terms of her substance abuse or emotional state and have already exercised legal rights to block child placement in foster care. (p. 187)

In other words, the depth of a grandparent's involvement is dependent two things: (1) the severity of the problem, and (2) the needs of the parent. This is important to MFTs because these may be the circumstances by which grandparents come to treatment initially. Caregivers play critical family roles as they help vulnerable and dependent loved ones who need assistance with activities of every day life. Grandparent caregiving typically follows an event or series of difficult and stressful events. Frequently, children being raised by their grandparents come from chaotic home lives.

For example, Goodman and Silverstein (2002) studied grandmothers who were extensively involved in their grandchildren's care. They found that grandparents took custody of the grandchildren under disruptive circumstances, often when the parents were experiencing difficult problems and it was typically an unanticipated, involuntary and indefinite situation. Co-parenting arrangements occurred when grandparents lived with both grandchildren and their parent(s) and became partners in childcare. To provide care that will adequately meet the needs of children and grandparents, therapists need to assess and document in a more systematic way those aspects of the grandparent's life on which interventions can be based (Leder et al, 2003). Clinicians who are aware of the dynamics of the grandparent-parent relationships can assist the grandparents in coping with the conflict through interventions or referrals such as legal aid, counseling, and support groups.

Researchers also detected different levels of comfort of grandmothers with the situations described above, depending on their racial/ethnic background: African American grandmothers displayed equal levels of comfort in the two arrangements. Latino grandmothers, for example, were found to have better well-being in co-parenting families, potentially based on the strong family traditions of caring for family members (Goodman & Silverstein, 2002). Since it is an accepted and honored part of their culture and these women may have an easier time adjusting when grandchildren move into the home.

While custodial grandparents demonstrate higher levels of affect (positive and negative) in custodial situations, but show no difference in other types of well-being than other ethnicity groups. These findings suggest that culture and beliefs about family roles are important factors influencing how grandparents react to situations often presented to them without too much warning (Goodman & Silverstein, 2002). Therapists, then, need to understand these dynamics in order to intervene and provide effective treatment.

The Physical, Mental and Social Health of Custodial Grandparents

Another aspect of well-being in grandparents raising grandchildren is the implications to the social and emotional health. Research has consistently shown that custodial grandparents present high rates of depression, poor self-rated health and/or frequent presence of multiple chronic health problems such as hypertension and diabetes (Goodman & Silverstein, 2002). A number of researchers reported chronic health problems in grandparent caregivers (Roe et al., 1996; Strawbridge et al., 1997; Burnette, 1999; Grant 2000, Haglund 2000). Minkler and Fuller-Thomson (1999) compared 173

custodial grandparents with 3,304 non-custodial grandparents and found that custodial grandparents were more limited in carrying out activities of daily living. Although chronic health problems are associated with ageing and are not necessarily related to caregiving, exacerbation of health problems may result from caregiving stress (Burton 1992; Haglund 2000; Waldrop & Weber 2001). Additionally, grandparents raising grandchildren report feeling more physically tired, having less privacy, and having less time with friends, family and spouses. Changes to their regular routines and plans occurred so as to care for their grandchildren (Jendrek, 1993).

Custodial grandparents also report higher level of distress, emotional problems, clinical depression, insomnia and less health-services seeking behavior than grandparents in more traditional roles (Blustein et al, 2004; Grinstead, 2004; Lee et al, 2003). Just as there are difficulties and benefits associated with grandparents who take on the caregiving role, research has also shown that there are transitions for the children who have come to live with their grandparents as well. Although these transitions may often be viewed in terms of difficulties, there can be positive aspects.

The Physical, Mental and Social Health of Children Raised by Grandparents

While the health of grandparents can change for the worse with the added responsibilities of their roles, the change in children being raised by these caring individuals is limited and mixed. In a study by Solomon and Marx (1995), children in their grandparent's care were compared with children in two-parent and single biological parent (including remarried family) homes. The researchers found that children being raised solely by their grandparents are healthier than children living in single-parent or

remarried homes. In addition, such children have fewer behavioral problems and are better socially adapted. However, one concern that emerged was that these children performed lower academically although the specific cause of this was unknown. Further, research by Bell and Garner (1996) also indicates the benefits of "kincare" when children are removed from their family or origin. They report the potential to reduce trauma to children by placing them in the care of someone they know and trust in comparison to an unknown foster family. Grandparents who raise their grandchildren, for example, can "support the transmission of a child's family identity, culture, and/or ethnicity" while keeping children connected to their siblings. Finally, these researchers report that such caregiving relationships can strengthen the ability or extended families to give each other the support they need.

Yet some of the findings are inconsistent. Shore and Hayslip (1994) reported more troubling outcomes for children raised by their grandparents. Many custodial grandparents, compared to traditional grandparents, report increased rates of behavioral problems. This is true for boys more so than for girls. These researchers suggest this is because boys are exposed to more family conflict, and they are more vulnerable to stress. They are also more likely to be the children sent to live with grandparents in times of parental conflict. It is unknown, however, whether behavioral problems are a result of stress in the child's family or origin or their present living situation with their grandparents. It should be noted that overall there has been little research specifically conducted on how children may fare emotionally, socially or academically while in the care of their grandparents.

Consequences of Gaining Custodial Guardianship

The circumstances that bring a child into the care of their grandparent are often a potentially harmful and of a high-risk nature. These circumstances can result in various difficulties in child rearing. For instance, children who were prenatally exposed to drugs or who have suffered from abuse or neglect could potentially suffer from physical and/or emotional problems that may make it difficult to provide care for them. In many cases, behavioral problems can also become an issue. These problems often differ by gender. For example, boys tend to exhibit behavioral disorders in regards to stressors such as divorce or family break-ups more than girls, while girls tend to internalize their feelings more than boys. Finally, social stereotyping of these children may also exist. Other children may make fun of them because their "parents" are so old, or question their real parents' whereabouts which may cause some resentment toward the grandparent by the grandchild.

Because of the chaotic circumstances which introduce the grandparent into the parenting role, the sequence of the normative stages of family development can be disrupted. As Waldrop (2003) explains, "middle-aged and older adults begin parenting their grandchildren with added difficulties which are related to the children's traumatic experiences. Emotional and psychological reactions of family caregiving involve intense emotional and psychological reactions. Emotions can simultaneously involve both positive and negative feelings. Joy and satisfaction or anger and fear can coexist" (p. 206). Caregiving is "emotion work," and an inability to manage the intense, associated feelings may well be a very important component of caregiver stress (McRae, 1998). This study, however, focused more on the custodial grandparenting as a phenomenon mainly

those grandparents that took in the children due to substance abuse, mental health issues, teen pregnancy, incarceration, AIDS/HIV, premature death of the biological parents and/or neglect or abuse of their children.

Intergenerational households headed by grandparents may experience social isolation due to the stigma attached to substance abuse, AIDS/HIV or incarceration of the absent parents grandparents (Solomon & Marx, 2000; Whitley et al, 2001). Custodial grandparents can also be isolated from their peers simply because they are performing tasks and taking responsibilities that are not matched with what other people their age are doing (Dowdell, 2004; Roe et al, 1996).

Another important risk factor to consider is emotional distress. In the case of custodial grandparents, grief and disappointment over the parent's situation, guilt, confusion and resentment can cause intense emotional distress. In fact, Goodman and Silverstein (2002) found that custodial and co-parenting grandparents have similar levels of stress and well-being depending upon the problems of the parents. For example, if a parent has died, become incarcerated, uses drugs or suffers from AIDS/HIV, the stress of dealing with the children and the parent's problem can cause constant worry for both the co-parenting and custodial grandparent. On the other hand, if the grandparent has chosen to help out the parent, the joys of spending time with the child can be beneficial and rewarding. An adult child's problems with drugs or alcohol, abuse or neglect, or teenage pregnancy, requires grandparents to cope with the loss of their own hopes and expectations for their son or daughter. Also, if the child's parent has died, the grandparent must cope not only with his or her own grief, but also with the grief their grandchild is experiencing.

Taking on a parental role will have effects upon an individual's lifestyle and his or her relationships with family and friends. Even without such responsibilities, older adults are facing and resolving new developmental issues of their own (Erickson's stages of development). The extent of these effects is generally dependent upon the extent of care provided. For instance, grandparents who raise their grandchildren are continuing their parenting role when the preference, once their own children are grown, is normally to relinquish it. Thus, many grandparents report a loss of time for themselves.

Once their children leave home, many older adults replace their role and responsibilities as a parent with an expanded social network. Raising a grandchild often isolates grandparents from this social network since many grandparent caregivers are no longer in the same situation as their friends. The new responsibilities of caregiving often prevent grandparents from participating in social activities, while friends who are free from parental responsibilities may not wish to include young children in their spur of the moment activities. Burton, et al. (1995) suggests, however, that the grandparent caregiving role can be normalized for grandparents when other members of their immediate social group are also caregivers.

Grandparents may also become isolated from other members of the family, who may resent the role that they have adopted. For instance, other grandchildren may feel some jealousy in their perception that the grandchild in the grandparents' home is favored. Grandparenting and parenting roles traditionally differ widely in the kinds and levels of responsibility involved. Grandparents cannot be "grandparents" to the child who is under their care when they are parenting that child, and this may cause role confusion in the family.

U.S. national studies of grandparents-headed households also indicate disproportionate high poverty rates among these families, an economic variable strongly associated with poor health outcomes (Fuller-Thomson & Minkler, 2005). The economic demands of custodial grand parenting may end up playing havoc on the already compromised health of these grandparents as frequently economic support from social services agency is not available. The price grandparents pay on their health and stress levels may be offset by the joys of a strong and close relationship with their custodial grandchildren, giving them a sense of purpose and second chance in life that could be of help for some adults (Butler & Zakari, 2005). Perception determines whether an experience is considered upsetting or caring (Lazarus & Folkman, 1984). Grandparents may see their situation as upsetting because they are taking on a new role at an age when their peers have moved to a new stage and now placed the focus on their own lives. Grandparents may also fret about the problems in their grandchildren's parents' homes that led to the situation of the grandchildren moving into their homes in the first place. There may also be some concern about their ability to care for their grandchildren over an extended period of time.

On the other hand, some grandparents may see caring for their grandchildren as inspiring. Those who do may be achieving what Erikson, Erikson, and Kivnick (1986) described as "grand-generativity," a "second chance at generativity" (p. 91). Parenting a second time around, for example, may allow grandparents to use previous child rearing strategies and their memories of what worked and what did not on behalf of their grandchild. Raising grandchild may also help a grandparent remain active in unexpected ways such as taking children to activities, encouraging the grandparent to participate in

games and including the grandparent in their life. Furthermore, the grandchild may offer grandparents a purpose for living or may replenish losses the grandparent has experienced (Burton, 1992) by providing companionship and assistance. Some grandparents may benefit emotionally from performing well in the caregiving grandparent role (Giarrusso, Feng, Silverstein, & Marengo, 2000), which may result in positive feelings such as competence and mastery. Thus, helping a grandchild may be uniquely rewarding and satisfying (Minkler & Roe, 1993).

Research by Burton, et al., (1995) also includes rewards such as a chance to raise a child differently, to nurture family relationships, continue family histories and to receive love and companionship from their grandchild. To many of the grandparents raising their grandchildren, their sacrifices are more than worth it as many report they feel young and active again (Jedreck, 1993). It should be noted, however, that custodial grandchildren are a population at particularly high risk for several disruptive behavior problems, which may make their upbringing a very challenging task. As Brown-Standridge points out: "Custodial grandchildren may try to push grandparents away since they feel others have abandoned them. Their inner feelings reflect a chaotic struggle over grief, guilt, anger, fear, anxiety, embarrassment, or hopefulness for the parents' return" (p. 189). Many grandparent caregivers seek counseling for their grandchildren, but model children (the "sturdy little ones who seem to have it all together") are often overlooked (Glass & Huneycutt, 2002, p. 155). Grandparents may count on them to help raise the other children, which contradict a child's desire to act like a child. The child may be depressed and turn inward instead of acting out physically or verbally. Certainly, children

who were neglected, abused in the past, or born to substance-abusing mothers are at risk for developmental and behavioral problems.

Data on the actual prevalence of behavior problems in grandchildren raised by custodial grandparents is limited and mixed. Some researchers report that grandchildren raised solely by grandparents show similar school performance and health status than those raised by traditional two-parent families and fare better than children raised by grandparents and one biological parent (Thomas et al, 2000). Other studies (i.e., Soloman & Marx, 1985) found that 86% of children in nuclear families were viewed by their teachers as more successful academically than children raised by grandparents. Students from intact home seem also less likely to repeat a grade. School performance did not differ among children living with a grandparent versus those with one biological parent in single parent or blended families, and the former actually had behavioral problems.

Application to MFT and Theoretical Framework

Current literature focuses on the above mentioned issues, but little attention is focused on the impact raising these children has on the relationship between family members and spouses. When a grandparent must redefine their role and step in as a parent the result might not be as loving as one might think. Often times, there are problems within families because unhealthy patterns have been set allowing families to interact in constricted ways. By not utilizing the full range of behavioral possibilities to work through difficult situation, problems can arise. When inflexible family structures cannot adjust adequately to maturational or situational challenges the structure of a family becomes unbalanced creating a situation in which disengagement occurs

Lack of stability and consistency in the children's lives means grandparents should be counseled to use consistent disciplinary practices with the children and to maintain environments that are as stable as possible (Leder et al, 2003). Therefore, therapists that work with these families should keep in mind that the children are coming from disruptive homes and may have deeper problems than the grandparents are aware of. A dysfunctional family system can develop when a stressor overloads the family's adaptive and coping mechanisms such that family members' needs are not adequately met. Frequently, the stressor is due to the changing conditions associated with the family structure to adapt to the stressor. The family system's rigidity and inability to complete the necessary developmental task can result in dysfunction (Minuchin, 1974). Structural family therapy is directed at changing the structure of the family so they can solve their own problems. The family will need to adjust its structure to adapt to new additions, loses, growth and development of the individuals and the changes in the surrounding environment. In order to aid the family in appropriately adjusting to changing circumstances, the MFT will need to help the grandparents establish boundaries and realign the subsystems. The creation of a hierarchical structure will be a key component in how the family functions. If boundaries become overly rigid or diffused the family will become unbalanced and therefore the spousal relationship may become threatened causing more stress in an already distressing situation. The present study will give insight into the changes that come about by the new responsibility these grandparents adopt.

CHAPTER 3

METHODOLOGY

Rationale for Methodology

The discipline of phenomenology may be defined initially as the study of structures of experience, or consciousness. Phenomenology literally means the study of phenomena (Sorrell & Redmond, 1995). It is a way of describing something that exists as part of the world in which we live. Phenomena may be events, situations, experiences or concepts. We are surrounded by many phenomena, which we are aware of but do not fully understand (Silverman, 1993). Our lack of understanding of these phenomena may exist because the phenomenon has not been overtly described and explained or our understanding of the impact it makes may be unclear. Phenomenological research begins with the acknowledgement that there is a gap in our understanding and that clarification or illumination will be of benefit (Sorrell & Redmond, 1995). Phenomenological research will not necessarily provide definitive explanations but it does raise awareness and increases insight on a phenomena.

Phenomenology studies structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of experience. The central structure of an experience is its intentionality, the way it is directed through its content or meaning toward a certain object in the world (Smith, 2005).

We all experience various types of experience including perception, imagination, thought, emotion, desire, volition, and action. Thus, the domain of phenomenology is the range of experiences including these types. Experience includes not only relatively passive experience as in vision or hearing, but also active experience as in walking or hammering a nail or kicking a ball (Smith, 2005).

Conscious experiences have a unique feature: we experience them, we live through them or perform them. Other things in the world we may observe and engage in but, we do not experience them, in the sense of living through or performing them. This experiential or first-person feature, that of being experienced, is an essential part of the nature or structure of conscious experience: as we say. This feature is both a phenomenological and an ontological feature of each experience: it is part of what it is for the experience to be experienced (phenomenological) and part of what it is for the experience to be (ontological) (Smith, 2005). What makes an experience conscious is a certain awareness one has of the experience while living through or performing it.

This research was conducted using the methods of phenomenology as the objective is to reveal the nature of human experience from the perspective of the one who lives it. Applied phenomenology utilizes open-ended, face-to-face interviews as a means of data collection. One way to understand the phenomena of grandparents becoming caregivers to their grandchildren is to gather information through a one on one interview. As the participants reflect on their experiences, we can begin to appreciate the challenges they face and the way in which their lives changed, for the better or worse.

Participants

For this study, I interviewed 10 individual grandparents. There was no limitation in regard to age, gender, or ethnicity. The only limitation for those recruited was they must have at least 1 biological grandchild living in the home, without the biological parent (s) present for a period of no less than 6 months. The biological parent(s) were not to be living in the home but may be in contact with the family. Participants consisted of the primary caregiver to avoid biased results in reporting of experiences and to get a clear understanding of the actual care of the child (ren). Age ranges of the children varied widely but none were over 18 as they are considered adults. Using snowball sampling, participants were recruited by telephone or face-to-face invitation. All of the participants are from Clark County, NV.

The participants were allowed to choose a time and date that was convenient for their schedules. The interviews took approximately 30-60 minutes. I first had the participants complete a demographics form (see Appendix A). Once completed, I proceeded with the interview using the items in the interview protocol (see Appendix B). The interview was tape recorded by myself and transcribed at a future date by 3 volunteer transcriptionists. The allotted time frame was chosen by me after a pilot to ensure participants would not be rushed and have adequate time to fully answer each of the open ended questions.

Procedures

The participants were asked in advance either over the phone or in person to arrive at the scheduled time. They were required to sign the informed consent, which

notifies them that they can drop out of the study at any time if they so choose with no consequence. The study was held in a location convenient for the participant. A choice of the UNLV library, Enterprise library, or the participants' home was offered in order to ensure confidentiality and allow the grandparent to speak openly. The time and date of the interview was also be chosen by the participant in order to fit into the participant's schedule. Each participant was then given a description of why the study is being held and how the information will be used. They were allotted a time frame of 30-60 minutes to answer all the questions as accurately and as detailed as possible. Because this is a semi-structured interview, I asked follow-up questions throughout the interview in order to collect a thick, rich description of participants' experiences. The questions revolved around what circumstances brought the children into the home, what the role changes are, and how, if at all, the relationship between family members changed? The questions were all written in English, no interpreter was needed as all the participants were able to read and understand English.

Role of the Researcher

I have a commitment to children so I am more likely to feel empathetic toward their situation. If I feel the child has suffered, I may discount the feelings the grandparent is experiencing. I think that in situations where surrogate parents are needed, family is the commonsense choice. Having a child in a home with a relative seems more logical than placement in a foster home. My assumption, then, is that the grandparent(s) would feel the same way. I understand there may be some struggles associated with the children moving into the home, but the grandparent would feel they could better care for the

children than a stranger in an unknown home. My belief is that there is already a bond between the child and the grandparent so it just seems like a natural response to a heartbreaking situation.

In order to keep my biases at bay, I will keep a reflexive journal daily. This journal will be a tool used to ensure that my personal feelings are not blurring the study in any manner. I will document my emotions and thoughts throughout the study.

Ensuring Rigor

To ensure transferability and conformability, member checks were held to keep in check researcher bias. A follow up email or phone call was given within 2 months of the initial interview. To ensure creditability, an assistant was working with the researcher to make certain that the themes and patterns detected were accurate and not influenced by any bias of the researcher. I also had 3 volunteers which transcribed the interviews and an assistant that looked for themes which emerged in the data, thereby ensuring dependability. A reflexive journal was also kept in order to keep researcher bias in check.

CHAPTER 4

FINDINGS

Procedure

I conducted a pilot interview along with 9 formal interviews. The pilot interview was held specifically to see if the initial interview questions could be answered within the allotted time frame. During the pilot interview, my participant elaborated on her experience and still remained within the allotted timeframe. Findings from the pilot interview are included in the data analysis. The other nine interviews were also transcribed and included in the analysis.

Analysis

Participant response was the major source of data for this study. The analysis of the grandparent interviews involved summarizing the data according to the research questions. Data analysis began following the completion of the interview as the researcher reviewed the sources of information to identify recurring themes and patterns. An open coding process took place while evaluating the themes and patterns that emerged and occurred until the point a of saturation was achieved (Strauss & Corbin, 1990).

To begin with, I read each of the transcribed interviews. I used a bracketing method (Patton, 2002) to identify themes that became apparent from the data. The themes that became apparent were then analyzed through analytic induction and constant comparison (Glaser & Strauss, 1967). I re-read the interviews to determine if there were modifications that would be necessary to the initial list of codes. I then reviewed, collapsed categories, and modified themes, generating a final refinement of themes. A cross-coder and I compared our themes and categories. Through discussion, we worked toward agreement on which categories belonged under which themes. A journal detailing my experiences throughout this process was kept in order to keep monitor any biases and to provide documentation of my decision-making process in the analysis.

Demographics

The average age of the participants in this study is 62. Four of the ten interviewed are male, six female. Of the participants interviewed, three were couples with each spouse interviewed separately to ensure confidentiality and no bias in response to the questions. Nine of the ten participants are Caucasian, one Hispanic. The children range in age from 11 months to 16 years of age and have lived in the homes of the participants for a period of 9 months to 11.5 years.

Results

There were five main themes that were present in the interviews: characteristic of everyday life, parenting experiences, lack of resources, managing negative emotions, and social changes. Each of the themes represents what the grandparents report to be their

experiences. The involvement with multiple systems includes the struggle many face while seeking help or support. Often it is frustrating to deal with agencies when you have children that need help and come from a traumatic situation. The parenting experiences reflect the way in which the grandparents report they parent the grandchildren which is often more lenient than when they raised their own children. Society has changed and the grandparents now must find ways to balance their prior parenting skills to match the challenges of today's civilization. Lack of resources leaves these grandparents burdened financially as well as emotionally. The lack of support leaves these grandparents frustrated and in need of assistance as they struggle to maintain their households. These struggles as well as adapting to the new situation can leave grandparents with negative emotions. Feeling of resentment or a loss of social and marital satisfaction can be confusing. The grandparents love the children and want to have them around but, have difficulties in coping with the mixture of feelings they now have.

Characteristics of Everyday Life

Involvement with multiple systems. As a grandparent raising a grandchild, one becomes involved in aspects of life that are unfamiliar and difficult to navigate. The grandparents in this study were all raising the children of their daughters. Not one is caretaking for the children of their son. With the exception of one family, all were involved in drugs and most of the daughters were now in jail or had spent time behind bars. One mother recalls the difficulties in finding support when she took in the children:

“I’ll tell you what a lot of the problems are. When you try and get some kind of assistance, because obviously my biggest earning years are gone. The state gave me, it’s called a non-needy care taker grant, but they took that away because the

middle child is getting social security. Other Grandparents need more help. I think they need some kind of a support group. I really needed some emotional support There's no help out there. And sure you can say, oh, well you're the one that raised the bad kid who didn't raise their kid, you know...who didn't stick around to raise their kids. So, yeah I guess that's my fault in some ways. There must have been something I could do to raise my daughter better. So, you know I'm willing to accept responsibility, the fact that my daughter didn't turn out to be a responsible adult has to have something to do with me. So, taking on her children is the right thing to do. It's not right to keep passing problems off to the state. But since I did take my grandchildren, and I am passed my top earning period and my retirement, there will be none, you know. There should've been somewhere I could've turned or some kind of help. You go to welfare and you are treated like you're dirt. You know, finally I wrote an e-mail to welfare and they assigned me a worker and up until we lost the welfare since my granddaughter got social security. Up until that point for the first time, I had someone who treated me like a decent human being."

Trauma/abuse. Most children living in the home of a grandparent have suffered from trauma or abuse of some variety. Some grandparents report neglect such as no food or clothing when they took in the children. Others have had long court battles in order to provide a stable environment for the children. This also leads to some of the children having learning problems. One family depicts the details of their struggle to keep their granddaughter on the right path to becoming a good citizen. She was born to a drug addicted mother and now suffers the consequences of her mother's choice. The

grandfather admits it takes extra patience to deal with not only having the child in the home but remembering she has a disability. He is quoted as saying “You know what, I had to turn to the what you call the patience pool. We had the patience pool with us cause our granddaughter is a ADA child and you have to remind her everyday that “no, you have to put that in garbage can and you can’t leave it one floor” and it’s every day. It’s repetitive every day. And it takes a tremendous amount. So you got to be patient. You got to say “wait a minute” before you get upset or raise your voice or start jumping up and down. You got to say “wait a minute this is a child that has problems.”

Parenting Experiences

Leniency. Grandparents raising their grandchildren report in this study that they are now more lenient with their grandchildren than when they were raising their own children. One grandparent states that “my standards are the same as when I was raising my own children. I have just become a little more lenient, a little less obsessed.”

Most grandparents interviewed also reported they have considerably more patience now than when they were younger. One grandfather reports that “a spill is a spill now instead of hollering and yelling that you spilled something, you get a towel and wipe it up.”

Grandparents also report they tend to buy more for their grandchildren living in the home. Although money is often “tight” grandparents tend to spend on necessity items such as clothing and glasses, as well as extra curricular activities and entertainment. Grandparents in this study believe keeping children involved in activities such as ice skating, scouts, gymnastics, music lessons etc will keep them out of trouble. One grandmother puts it this way:

“I’m more involved in her life. I was not the type of mom that did softball or the Girl Scout thing. I wasn’t into that stuff. I was more into partying really. I had one that turned out good and one that turned out bad. I failed my daughter so I’m hoping I don’t fail my granddaughter. I didn’t know what my daughter needed and I don’t know what my granddaughter needs but I know spending the time with her doing activities makes her happy. I can only do my best and hope it is enough. I want her to grow up to be a good citizen and give back to society.”

Addressing today's challenges. Some grandparents feel keeping the children involved in such activities kept them away from the struggles children face today. Raising children in today's society differs from the decades ago in which they raised their own children. One great grandmother raising her 8 year old granddaughter commented on the loss of the sense of security in this day and age. “Children are so susceptible to bad people and they have to be taught there are those people. I was not like that 50 years ago when I was raising my children.” This was a common thread throughout the interviews. Grandparents face great difficulties coping with the stress of keeping up with the daily activities of their grandchildren as well as safety issues of today’s modern society.

Lack of Resources

Lack of financial resources. Grandparents that have taken their grandchildren into their homes are now faced with a financial burden that most didn’t anticipate. Most have retired and are now spending the savings intended to carry them through the rest of their lives on necessities the grandchildren must have. The lack of financial resources leaves them financially and emotionally drained. Many spoke of the stress that comes from the

lack of support from the biological parents. One great grandfather expresses his frustration by stating:

“The main thing is expense and we don’t seem to be getting any help from the parents. Her father, we haven’t seen him since last year and he swore when we last seen him that he would help and he hasn’t come through. I don’t see it happening. Her clothing, that’s the main expense. Her health, doctor appointments, dentist and clothing. Her mother comes around when she feels like it but again we get no help with money. “

The lack of involvement from parents that are able to contribute but choose to spend their money on drugs or other interests leave the grandparents to try to figure out other avenues in order to support their grandchildren. Most grandparents report there are not many resources either through the government or social services that aid in finances for those raising their grandchildren. Many feel they are saving the government money by taking in the children instead of the children being placed in foster care so there should be a program in place to assist with the financial obligations of raising these children.

Insurance is available through medicade but adding children on their plans through their employers is almost impossible. One grandmother is quoted as saying “we are past out maximum earning period. There’s no help out there. Sure you can say oh well, you’re the one that raised the bad kid that didn’t stick around to raise their kid. I am willing to accept responsibility that my daughter didn’t turn out to be a responsible adult. I went to welfare and was treated like a piece of dirt. It was horrible. There will be no retirement money left. There should be some sort of program to help us.”

Lacking emotional/supportive resources. Grandparents raising children at this stage of their lives are already lacking in the energy needed to keep up with children. The children are time consuming and grandparents have little to no time to devote to themselves. This again leaves them drained emotionally as well as financially. One grandmother sums it up neatly: "Time management....trying to work full time on the other side of town and yet still get him to his activities on this side of town when I'm not here, knowing how much responsibility I can give him in making those arrangements. How much do I take? So that's a balance. The other thing with time is I need to do some things for myself, spend some time with myself or with friends and not spend it completely with him. But yet, were just still trying to figure out that balance." It becomes a burden just trying to meet the daily needs of both grandparent and grandchild when you lack support.

Managing Negative Emotions

Resentment. Many of the grandparents interviewed for this study report resentment at losing the freedom they once cherished as retired adults. It was not a resentment of the children per se but resentment at being in the situation where it became necessary to take in children at this stage of their lives. One grandmother asserts:

"it's kind of a weird place to be you don't expect...it's not a place you expect to be at 55. At 55, you expect to be with your grandchildren that they come and play and that you're excited to see them and they're excited to see you and just all little bundles of cuteness you know, and that they have a happy little home to go to and you're sharing things with your children and it's just not that at all. I mean, not that he's not a cute little bundle of cuteness, but there's sadness and then there's a

responsibility. That's what I feel. Raising grandchildren becomes a full time job with no vacation time.

Strained relationships with other family members. Grandparents find themselves in numerous situations beyond their control. The grandchildren often become jealous of other grandchildren not living in the home. They see them coming to grandpa and grandmas to play and have a great time but they get to leave and go back to their parents. The grandchildren living in the home of the grandparent (s) are left with grandpa and grandma whom discipline and take on the role of the missing parent. It becomes confusing and other family members often raise concerns over the relationship. Many adult siblings of the missing parent feel a twinge of jealousy too. They feel their children are not treated equally and that the grandchild in the grandparent's home is being favored. It becomes an unequal balance as the family members struggle to reconfigure the family roles in the absence of the parent. One participant describes the struggle her family faces with the grandchildren not living in her home:

“I just don't have the freedom to be as available to any of them and when I'm with them and I'm playing it's like...it's not so much oh look, grandma came to play you know, and it's the same on the telephone. It's like, oh sure we want to talk to grandma and tell her about this cool thing. And it's not that they don't have fun with me, it's just, it is different and I feel badly, but on the other hand all of my other grandkids are blessed with other grandparents. It's not like they, you know...they don't know me and because they do, but they do have other grandparents.”

Sacrifice of personal expectations. The guilt of not treating the grandchildren equally often makes the grandparents feel short changed. They are saddened at the loss of the relationship of being a grandparent, not the parent to the children. Expectations that their children would parent their own children have vanished and in their place, the reality of becoming a parent again slaps them in the face. Often while attending activities with their grandchildren, they are left feeling out of touch and exhausted. One grandfather in particular remarked “I look around and I am the oldest guy there. I wonder what the hell am I doing here? Then I remind myself it is okay, I have done this before.” The stereotypical grandparent “sitting in the rocking chair” as described by one participant is nowhere near most of the grandparents raising grandchildren. Most report the child keeps them young and in tune with what is going on in the world today. Many read articles in teen magazines to keep up to date while others join in activities such as soccer or softball which helps them keep young and healthy as well.

Social Changes

Immersion in children's lives. All the grandparents in this study agreed that they are immersed; however, they disagreed about what it meant to them. For example one grandmother is quoted as saying:

“I’m just thankful that I am able to do it, you know. I know that there are a lot of grandparents that do this and that are in different circumstances than I and for different reasons. I mean, I know some you know and I just look at it as an opportunity to make a difference in a kid’s life and if I could do it for more children, I would like to. I’ve actually brought up adopting kids, you know

because in this day in age, you see so many kids that don't have somebody that really loves them and can direct them and help them.”

Others feel a sense of duty perhaps due to failing to properly raise their own children even if it causes friction with their spouse. As reported in one interview “well immediately my husband and I didn't agree on this at the start you know. Immediately I was just like ok, we're taking the baby. We've got to raise him. We're his family, we're this, and we're that. And my husband's opinion, you know was that she needed to come get him. It's her responsibility. It's her child. If she can't raise him then you know then what about the father? And the other grandparents and whatever. I just couldn't imagine...she's not going to raise him and I don't even know about these other grandparents. I know I can at least take care of him and keep him safe. “

Separation from peers. Raising the grandchildren can interfere with social experiences as well. Many in this study report they are not welcome at events they would normally be invited to due to having the young children in their lives. Some find it difficult to trust a babysitter or feel a sense of obligation as spending time with the children. Travel plans are changed to accommodate children and often trips are planned around the activities the children would like, not the usual trips retired people enjoy. For example, one couple in the study reported on the change in their social schedule in this manner:

Well, we used to travel a great deal. We would take vacations to Alaska. We were free to go places but now we're limited because obviously our grandchild is in school. So now it is narrowed down to where you can go and of course you have to take her needs in consideration. For example, if you went to Alaska and went fishing on fishing vessel,

she's not going to enjoy that one bit. That's not going to be one of those things because she'll get bored. Some of the trips that we would take that we had planned; we planned on going back to the islands of Jamaica. We can't go to Jamaica with her because she wouldn't enjoy that type of trip; we probably would put her in a place where she would not be comfortable obviously. So now what we do is plan trips that are something that she would enjoy. It's like going back in time in a way. We go to places like Sea World or Disney World.

The grandparents pushed aside their dreams in order to meet the needs of their grandchildren which often left them with little peer interaction as well. Friends are unable to understand your new lifestyle and many grandparents report being too tired or stressed by the new situation to find time to socialize. However, none of the participants found this to be particularly painful and most had no ill feelings at the loss of a social life. They felt raising the children were more important than a dinner with friends or a trip to an exotic island.

In sum, grandparents in this study report they wrestle with a mixed bag of emotions while raising their grandchildren. All of them report this is a challenge but they would do it over again if necessary. "Their family, you do what you have to do" is the comment one great-grandfather made while speaking of the relationship with his granddaughter. So, although it comes at a point in life where the grandparent is winding down and looking forward to freedom from work and family responsibilities, many find true joy is the ability to be able to care and nurture their grandchildren.

CHAPTER 5

DISCUSSION

The purpose of this study was to understand the experiences of grandparents raising their grandchildren. Specifically, the focus was on understanding the challenges experienced by grandparents raising grandchildren in terms of their role changes and the effects on their relationships. Although most of the findings corroborate previous findings on the physical, mental and social health of grandparents raising children, the findings concerning the effect on relationship changes are especially enlightening. The qualitative findings are particularly informative in five different areas: (1) characteristic of everyday life, (2) parenting experiences, (3) lack of resources, (4) managing negative emotions, and (5) social changes.

The aspects of everyday life have dramatically changed for grandparents raising grandchildren. Since all the children in this study come from an abuse/trauma situation, it became necessary for the grandparents to step in and parent the grandchildren. The findings of this study were consistent with the work of Goodman and Silverstein (2002), who studied grandmothers who were extensively involved in their grandchildren's care. They found that grandparents took custody of the grandchildren under disruptive circumstances, often when the parents were experiencing difficult problems, and it was typically an unanticipated, involuntary and indefinite situation. Most are in disbelief that they are now parenting children of their children. Some report a responsibility to care for

these children as they feel they failed raising their children and taking in the grandchildren is a way to make up for that failure. Others feel it is an obligation as the children are family and you do what you need to do. Previous research shows that grandparents are often involved in the caring of the grandchildren whether they live in the home or not. Many are delighted to have the children in their lives but most take pleasure in the fact that the children return to their homes after a brief visit. Most feel that maintaining the family connection with the children is more important although it can lead to stress and financial problems. They take in the children in order to keep the family connected and in tact. Either way, their lives are now altered and they must find ways to incorporate the children into their world.

In many cases, grandparent's also raising grandchildren have to manage specific health concerns. Although it was stated that custodial grandparents present high rates of depression, poor self-rated health and/or frequent presence of multiple chronic health problems such as hypertension and diabetes (Goodman & Silverstein, 2002), the grandparents in this study revealed that having the children in the home helps to keep them active and healthy. This means that the experiences of grandparents raising grandchildren are not all negative. In some ways, the presence of children can be strength for the family.

Grandparents are very connected with their grandchildren, regardless of the circumstances that brought them to their care. It is likely that being involved in the day to day activities of the children's lives brought them closer to the children as well as keeping them in tune with today's world. This can be strength for the family because the interest in their everyday lives in an example of the security and safety that these children

so desperately need to feel. Such actions build self-esteem, confidence, and security in the grandchildren. Children can be lost in the sea of foster care by bouncing from home to home with people whom they don't know. Having a grandparent willing to sacrifice their own needs in order to provide a more secure life positively impacts the development of these young persons. One can assume that having a child raised by nurturing family members looking out for their best interest is more beneficial than a child being bounced around and lost in a system where they are randomly placed in a home. Many report the children have made them feel younger and kept them from a life of boredom by keeping them active and giving them a reason to get out of bed. This suggests that grandparents who raise their grandchildren are, in some ways, are buffered from succumbing to depression or the stress because the "end justifies the mean." Grandparents in this study felt that the children not only kept them going in a sense but added to their lives by giving them pleasure in numerous ways. Many reported that just having a younger person in the home lifted their spirits. Some felt the simple joy at watching the child flourish after coming from a traumatic situation was enough gratification but the satisfaction of knowing they were making a difference in the life of the child relieved some of the pressure they felt at taking on this new role.

The grandparents in this study said they were more relaxed when it comes to the smaller aspects of raising kids. This causes less stress which may alleviate some of the health problems previously discussed. However, grandparents raising grandchildren report feeling more physically tired, having less privacy, and having less time with friends, family and spouses. Changes to their regular routines and plans occurred so as to care for their grandchildren (Jendrek, 1993). This was found to be true by the

grandparents interviewed. Almost all of the participants reported these same difficulties. This means that globally one can conclude that although the raising of grandchildren can cause a loss of routine, grandparents have adapted in order to fill a responsibility lost by their children whom are unable to fill their role as a parent. Grandparents find it more important to take on the routine of childcare even at the sacrifice of losing their independence and daily routine. They have grown to relax about the small things in life and see the bigger picture which is the care and safety of their grandchildren.

U.S. national studies of grandparents-headed households also indicate disproportionate high poverty rates among these families, an economic variable strongly associated with poor health outcomes (Fuller-Thomson & Minkler, 2005). Although poverty was not mentioned by one participant, financial struggles were reported by all of the participants. Grandparents in this situation may find outside resources impossible to navigate if available at all. There is little financial help available and what help is out there is limited. Grandparents can feel frustrated by the lack of support and often rely on retirement savings to help with the expenses that come with raising children.

The lack of support from family, friends and others in this situation leaves many grandparents isolated and alone. All the participants report little to no social life. If they do decide to go to a dinner or some sort of function, the children are usually included. Many feel this is just part of raising a child. Interestingly enough most said this is not a problem for them and they really do not mind limiting their social activities. I found this to be particularly attention-grabbing as those that stated this also report feeling alone and out of touch with those their own age. I noted this while journaling as I found it to be

contradictory and confusing. It seems they want to connect to those their age but do not see the lack of a social life as a hindrance.

Therapists need to be vigilant about the lack of support and resources and be sure to assess for this in their cases. Grandparents can become consumed with the needs of their grandchildren and forget about their own. This could lead to some of the health concerns previously talked about such as depression and stress. Helping the grandparent to understand that self care is extremely important in order to maintain the new role is critical. Having an extended network can allow the grandparent to vent frustrations, concerns or just allow for a few hours of me time. Since many of the grandparents feel it is their job to now care for the children, the concern lies in the fact that they feel a sense of guilt at not raising their own children properly so they now want to give up their lives in order to raise their grandchildren in a manner they deem appropriate to produce a “good citizen.”

In sum, most grandparents appear to enjoy having the children in the home. Some report an adjustment period was needed but they would not change the circumstances although they feel tired and lack the energy they once had. Research by Burton, et al., (1995) also includes rewards such as a chance to raise a child differently, to nurture family relationships, continue family histories and to receive love and companionship from their grandchild (p. 353). To many of the grandparents raising their grandchildren, their sacrifices are more than worth it. It is clear that despite the problems, most grandparents derive satisfaction from acting as parents to their grandchildren.

One of the most pronounced themes that were noted in the interviews was the overwhelming feeling of not planning on raising children at this stage of their lives but

having accepted their choice to do so and making the best of the situation. Not one reported any regret at having the children in the home, but did indicate a sense of disappointment of their daughter not raising her children and making bad choices to create this situation. In this environment, the children being cared for the grandparent may feel grief over their parents' absence (Goodman & Silverstein, 2001). They may have residual problems such as learning disabilities, a physical addiction to a drug, or emotional or psychiatric disorders from the drug or alcohol abuse of their parents. Physical abuse by their parents or the incarceration of their parents are situations that can cause additional problems for the child (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). This can perpetuate the problem as the grandparents have to now find ways to manage the anger and mistrust the children feel along with the feelings they already have in place concerning the parents.

Application to an MFT Theoretical Framework

In narrative therapy (White & Epston, 1990), a person's beliefs, skills, principles, and knowledge in the end help them regain their life from a problem. In practice a therapist using the narrative theory would help the clients examine, evaluate, and change their relationship to a problem by acting as an "investigative reporter" who is not at the center of the investigation but is nonetheless influential; that is, the therapist poses questions that help people externalize a problem and then thoroughly investigate it. They help clients move from a maladaptive dominant story to a more adaptive, subjugated story. Along with the investigation the uncovering of unique outcomes or exceptions to

its influences, exceptions that lead to rich accounts of key values and hopes that provide support during problem influences and later an alternate direction in life.

This theory would be very beneficial to grandparents, parents and grandchildren when help is sought. Allowing each person to tell their story the therapist can work to help the families understand that the stories we tell ourselves are often based on messages received from society or our families. This is very important when working with children that have come from traumatic backgrounds. The children need to understand the problem is the problem; the person is not the problem. Many children may feel the transition to the grandparent's home is their fault; they did something to warrant the move. Grandparents need assurance the truth may not match another person's truth, but it is true to the client. Grandparents parenting grandchildren spoke strongly and often of the importance in knowing their grandchildren are safe and well cared for. The stories of grandparents are woven throughout this paper. The grandparents' stories seem to all have a common thread: "it's not about us, it's about the children"

The dominant story that surfaced was the idea that grandparents should be enjoying life at this point, not parenting children again. The world has changed since grandparents brought up their own children. Grandparents are now finding it difficult to navigate the technological world and often do not feel confident with computers, mobile phones and modern technology. Youth culture and clothes frequently present a quandary for grandparents. This can add to the problem as grandparents may feel inadequate and frustrated that they now have to learn to use these mysterious items instead of having the time to enjoy their "golden years." This leads to the subjugated story which is now the grandparents are the caregiver, a position most did not want. Grandparents in this study

felt they had raised their own children and thought that part of their life was over. Many looked forward to enjoying the typical grandparent role of playing with the grandchild then sending them home. Many feel a loss of dreams but have managed to recover and in fact incorporated the children into their new revised dreams.

Using a Narrative Therapy approach would be beneficial to both the grandparents and children. A key aspect of Narrative Therapy involves documenting particular skills and knowledge held by individuals that will assist them to address the challenges they face. Using deconstruction questions allows them to take apart problem saturated story in order to externalize and re-author it. Problem-saturated stories bog clients down, allowing problem to persist. It is imperative in this situation to take the focus off the problem and find a way to see the sparkling moments that most grandparents speak of.

Landscape of action questions will help the therapist to see how people do things and change the way the clients view themselves and assist them in re-authoring their story in a positive light; find the alternative but preferred story that is not problem-saturated. Landscape of meaning would allow the family's story to be told and their experiences with their problems, and presumptions about those problems.

Since reality is shaped by the language used to describe it having the grandparent retell their story in language that is not problem saturated can help to reshape the story and take the focus off the problem. Stories organize our experience and shape our behavior so people are the stories they tell. The stories we tell ourselves are often based on messages received from society or our families. People have their own unique filters by which they process messages from society so by deconstructing the story and retelling it the grandparent can begin to move forward into the future. Grandparents want to be

valued, respected and acknowledged for the contribution they make to the lives of their grandchildren. Re-authoring the story to include this aspect will be powerful in changing the focus from the person being the problem to the problem being the problem.

Grandparents may in fact not know the reality of what happened in the grandchildren's home but are now trying to find ways to manage the new world they now find themselves in. Narrative therapy allows for the problem saturated stories to be turned around permitting people to step away from problem saturated and oppressive stories to discovering the 'untold' story which includes the preferred accounts of people's lives or the preferred way of being. Many grandparents spoke of the need to have support. Most didn't see the value of family therapy but mentioned it would be helpful to have a support group of other grandparents in this situation. A group that used Narrative therapy guidelines would allow these grandparents to be heard. Their stories could be told and others in their situation could help with tips or advice on how to manage the new role they have taken on. Others in this same situation would be good listeners and have empathy for the feelings grandparents are trying to work through. Grandparents would have an open forum to share their problem and perhaps see the problem is the problem and discuss ways to manage the effects of problem on the family as well as the effects of family on problem.

Limitations in Present Study

A limitation of this study is self-report. Self-report refers to the participant answering questions reflecting their experiences as they see it. Although self-report is insightful, participants may hesitate to give detailed information as they fear being

judged, the truth may lead to more problems or the question is an invasion of privacy. Discrepancies were apparent between grandparent responses to several questions. Grandparents appeared to report more of optimistic picture to certain questions such as describe the changes to your social life, if any. Most report no change but go on to discuss their lack of invites to social events or dinner parties now that they have young children living in their homes. Most felt that having the children in the home was not much different than before the children arrived.

The participants all spoke of how having the children in the home has not really changed their marital/dating lives, but I wondered how that could be possible? I noted in my journal that I found this to be worthy of note as it appears from the answers given that the addition of the children in the home had changed their daily lives considerably. I liken it to having a baby. When a couple has a baby, many changes take place to compensate for that child. How could it be any different when you have been a couple living alone for many years and you take in a baby or a young child? The participants in this study felt the children were not a hindrance in their loss of freedoms but more of an addition to their lives as far as keeping them active and in tune with today.

Another fact mentioned was the participants felt little to no change with the relationship they now have with their children. Again, I was perplexed and wondered how that could be considering many had voiced the concern they felt with failing to raise their children right. Since all except one family was raising the children due to drugs and or jail, the validity of their responses puzzled me. After one interview I noted "this grandmother sees no connection between the loss of connection with her daughter to the life she now lives. She reports no change in the relationship with her daughter but states

they had a great relationship while she was growing up.” It seems that a lack of realism clouds the responses the participants gave. I wonder if this has some connection to the feelings of failure many reported experiencing in raising their own children. Other limitations may include the lack of participation by grandparents raising the children of their sons. Perhaps the outcome may be the same but this study did not contain one interview from that cohort.

Implications for Clinical Practice

Grandparents raising grandchildren are becoming a large population in our society. It would be to the benefit of many to study the affect this phenomenon has on the grandchildren. Future research may consider interviewing those raised in the homes of their grandparents and the difficulties faced being raised by elderly people. A wider understanding in this area may prove beneficial in Marriage and Family Therapy as it would assist the therapist in understanding both perspectives. Children raised by grandparents may feel self-conscious at being raised by elderly people. It may cause them to become self conscious or feel left out by those their own age due to being different. Children are often sensitive and feel they need to fit in with their peers. Being an “outcast” can be harmful and cause children to make poor choices. Children in their grandparents care have already been through some sort of traumatic experience which facilitated the move. It would be interesting to see what those that have lived in this situation have to report. Perhaps the grandparents saved them from further trauma or could it be more traumatic in their mind to live with elderly people?

Grandparents may feel they have done a good job at raising children this time around but in fact, they could have repeated those same mistakes which caused their children to make poor decisions. Although grandparents in this study reported feeling more relaxed about spills and messes, did they vent their frustrations in other areas? Gaining a better understanding of the experience felt by the children can help the MFTs in understanding the emotions felt by both sides.

A deeper line of questioning may be beneficial as well. Society needs to understand more the struggles grandparents face when seeking help. Not one participant could find a support group to reach out to for guidance or encouragement during the darkest moments of their situation. Many felt at a loss and had nobody to turn to. Understanding the needs and support grandparents long for can make the transition for both the grandchild and grandparent smoother. Since most children in this situation come from a traumatic or abusive situation, society would benefit by knowing how to better serve those needs. Some questions that may be helpful include:

- What do grandparent caregivers need to make the transition easier?
- What do the grandchildren need, in your opinion?
- Are you aware of any services that support grandparents?
- What difficulties have you personally faced when seeking support?
- What, if any, legal issues have you had to deal with?

Future Research

Future research that may benefit this phenomenon is the exploration of how the age of both the grandparent and the grandchild may affect their relationship. Very little is

known about the differences between younger and older grandparent caregivers and the effects that each may have upon the development of their grandchild. We also know little about the effects of differences in the ages of children when they come to live with their grandparents. These differences may have implications for both the caregiver and the children.

Research is only beginning to establish how children living with their grandparents fare in both the short and long term. There are many developmental aspects that merit additional research. In addition, more research is needed to examine the behavioral difficulties of grandchildren in grandparent care as compared to children in parental care.

Information is also needed in regard to what coping strategies and resources are most effective and helpful for individuals, families, and communities. This information can then be applied to the development of public policy. Grandparents at this point are left to navigate the resources which leave them frustrated and confused as they are not readily available and are often not available at all.

Finally, an area of future research that may be beneficial is an exploration of how the age of both the grandparent and the grandchild may affect their relationship. Very little is known about the differences between younger and older grandparent caregivers and the effects that each may have upon the development of their grandchild.

REFERENCES

- Bell, W., & Garner, J. (1996). Kinship care. *Journal of Gerontological Social Work*, 25, 11-20.
- Blustein, J., Chan S., & Guanais, F. C., (2004). Elevated depressive symptoms among care giving grandparents. *Health Service Research*, 39(6) 1671-1689.
- Brown-Standridge, M. D., & Floyd, C. W. (2000). Healing bittersweet legacies: revisiting contextual family therapy for grandparents raising grandchildren in crisis. *Journal of Marital Family Therapy*, 26(2) 185-197.
- Bryson, K., & Casper, L. M. (1999). *Coresident grandparents and grandchildren*. Washington, DC: Current Population Reports, Special Studies, U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census.
- Burnette D. (1999) Physical and emotional well-being of custodial grandparents in Latino families. *American Journal of Orthopsychiatry*, 69, 305–318.
- Burton L.M. (1992) Black grandparents rearing children of drug addicted parents: stressors, outcomes, and social service needs. *The Gerontologist*, 32, 744–751.
- Burton, L., Dilworth-Anderson, P., & Merriwether-de-Vries, C. (1995). Context of surrogate parenting among contemporary grandparents. *Marriage and Family Review*, 20, 349-366.
- Butler, F. R., & Zakari, N., (2005). Grandparents parenting grandchildren: assessing health status, parental stress, and social supports. *Journal of Gerontological Nursing*, 31(3) 43-54.

- Dowdell, E. B. (2004). Grandmother caregivers and caregiver burden. *American Journal of Maternal Child Nursing, 29*(5), 299-304.
- Erickson's Stages of Development. (2002). Retrieved April 27, 2008 from <http://www.learningplaceonline.com/stages/organize/Erikson.htm>
- Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age*. New York: W. W. Norton & Co.
- Fuller-Thomson, E., & Minkler M. (2001). American grandparents providing extensive child care to their grandchildren: prevalence and profile. *The Gerontologist, 41*(2), 201-209.
- Fuller-Thomson, E., & Minkler, M. (2000). American Indian/Alaskan Native grandparents raising grandchildren: findings from the Census 2000 Supplementary Survey. *50*(2), 131-139.
- Fuller-Thomson, E., & Minkler, M. (2003). Housing issues and realities facing grandparent caregivers who are renters. *Gerontologist, 43*(1), 92-98.
- Giarrusso, R., Feng, D., Silverstein, M., & Marengo, A. (2000). Primary and secondary stressors of grandparents raising grandchildren: Evidence from a national survey. *Journal of Mental Health and Aging, 6*(4), 291-310.
- Glass, J. C., & Huneycutt, T. L. (2002). Grandparents parenting grandchildren: Extent of situation, issues involved, and educational implications. *Educational Gerontology, 28*(2), 139-161.
- Goodman, C.C., & Silverstein, M. (2001). Grandmothers who parent their grandchildren: An exploratory case of close relations across three generations. *Journal of Family Issues, 22*(5), 557-578.

- Goodman, C., & Silverstein, M. (2002). Grandmothers raising grandchildren: family structure and well-being in culturally diverse families. *The Gerontologist*, 42(5), 676-689.
- Grant R. (2000). The special needs of children in kinship care. *Journal of Gerontological Social Work*, 33, 17-33
- Grinstead, L. N., Leder, S., Jensen, S., & Bond, L. (2003). Review of research on the health of caregiving grandparents. *Journal of Advanced Nursing*, 44(3), 318-326.
- Jendrek M.P. (1993) Grandparents who parent their grandchildren: effects on lifestyle. *Journal Marriage and the Family* 55, 609-621.
- Jendrek, M.P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist*, 34(2), 206-216.
- Haglund K. (2000) Parenting a second time around: an ethnography of African-American grandmothers parenting grandchildren due to parental cocaine abuse. *Journal of Family Nursing*, 6, 120-135.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Leder, S., Grinstead, L., Jensen, S., & Bond, L. (2003). Psychotherapeutic treatment outcomes in grandparent raised children. *Journal of Child and Adolescent Psychiatric Nursing*, 16(1), 5-13.
- Lee, S., Colditz, G., Berkman, L., & Kawachi, I. (2003). Caregiving to children and grandchildren and risk of coronary heart disease in women. *American Journal of Public Health*. 93(11), 1939-1944.
- McRae, H. (1998). Managing feelings: Caregiving as emotion work. *Research on*

Aging, 20(1), 137-160.

Minkler M. & Fuller-Thomson E. (1999) The health of grandparents raising grandchildren: results of a national study. *American Journal of Public Health*, 89, 1384–1389.

Minkler, M., Fuller-Thompson, E., Miller, D., & Driver, D. (2000). Grandparent caregiving and depression. In B. Hayslip & R. Goldberg-Glen R (Eds.), *Grandparents raising grandchildren – Theoretical, empirical, and clinical perspectives*. New York: Springer Publishing.

Minkler, M., & Fuller-Thomson, E. (2005). African American grandparents raising grandchildren: a national study using the Census 2000 American Community Survey. *Journal of Gerontology Psychological Science of Social Science*. 60(2), 82-92.

Minkler, M. (1998). 'Intergenerational households headed by grandparents: demographic and sociological contexts.' In Generations United, *Grandparents and Other Relatives Raising Children: Background Papers from Generations United's Expert Symposium*. Washington, D.C.: Generations United 3-18.

Minkler, M., & Roe, K. M. (1993). *Grandmothers as caregivers: Raising children of the crack cocaine epidemic*. Newbury Park, CA: Sage Publications.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Pinson-Millburn, N.M., Fabian, E.S., Schlossberg, N.K., & Pylem M. (1996). Grandparents raising grandchildren. *Journal of Counseling & Development*, 74, 548–554.

- Pruchno, R. (1999). Raising grandchildren: The experiences of black and white grandmothers. *The Gerontologist*, 39(2), 209–221.
- Pruchno, R. A., & McKenney, D. (2002). Psychological well-being of Black and White grandmothers raising grandchildren: examination of a two-factor model. *Journal of Gerontology Psychology Science of Social Science*, 57(5), 444-452.
- Roe, K. M., Minkler, M., Saunders, F., & Thomson, G. E. (1996). Health of grandmothers raising children of the crack cocaine epidemic. *Medical Care Research*. 34(11), 1072-1084.
- Shore, J.R. & Hayslip, B. (1994). Custodial Grandparenting:~ Implications for Children's Development. In A.E. Gottfried, and A.W. Gottfried (Eds.) *Redefining Families:~ Implications for Children's Development*. Plenum Press, New York.
- Silverman D. (1993.) *Interpreting Qualitative Data: Methods For Analysing Talk, Text and Interaction*. London, Sage.
- Smith, D. W. (2005). "Phenomenology". The Stanford Encyclopedia of Philosophy. Edward N. Zalta (ed.). Retrieved April 13, 2008 from <http://plato.stanford.edu/archives/win2005/entries/phenomenology>.
- Solomon, J. C. & Marx, J. (1995). "To grandmother's house we go:~ Health and school adjustment of children raised solely by grandparents. *The Gerontologist*, 35, 386-394.
- Solomon, J., & Marx, J. (2000). The physical, mental and social health of custodial grandparents. In B. Hayslip & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren – Theoretical, empirical, and clinical perspectives*. New York: Springer Publishing.

- Sorrell J. M., & Redmond G. M. (1995). Interviews in qualitative nursing research: differing approaches for ethnographic and phenomenological studies. *Journal of Advance Nursing* 21(6) 1117-1122.
- Strauss, A., & Corbin, J. M. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Thousand Oaks, CA: Sage Publications, Inc.
- Strawbridge W. J., Wallhagen M.I., Shema S.J. & Kaplan G.A. (1997). New burdens or more of the same? Comparing grandparent, spouse, and adult-child caregivers. *The Gerontologist* 37, 505–510.
- Thomas, J. L., Sperry, L., & Yarbrough, M. S. (2000) Grandparents as parents: research findings and policy recommendations. *Child Psychiatry Human Development*, 31(1), 3-22.
- Waldrop, D. (2003). Caregiving issues for grandmothers raising their grandchildren. *Journal of Human Behavior in the Social Environment*, 7(3), 201-223.
- Waldrop D. P. & Weber J. A. (2001). From grandparent to caregiver: the stress and satisfaction of raising grandchildren. *Families in Society*, 82, 461–472.
- White, M., & Epston, D. (1990). Narrative means to therapeutic ends. W. W. Norton & Company.
- Whitley, D. M., & Kelley, S. J., & Sipe T. A. (2001). Grandmothers raising grandchildren: are they at increased risk of health problems? *Health Social Work*. 26(2), 105-14.
- United States Census Bureau. (2002). United States Census 2000. Retrieved February 17, 2008, from <http://www.census.gov/dmd/www/pdf/d02p/>
- United States Bureau. (2000) Table DP-2. Grandparent caregivers in the United States, the 50

states, and the District of Columbia. Retrieved April 5, 2008 from

<http://www.census.gov/dmd/www/pdf/d02p/>

APPENDICES

Appendix A: Demographic Form

What is your age? _____

What is your ethnicity? (Circle one)

African American

Asian

Caucasian

Hispanic

Native American

Pacific Islander

Other:

What is your gender? (Circle one) M F

Number of children you are raising? _____

Age of children?

Gender?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How long have the children been in your care? _____

Appendix B: Interview Protocol

- What circumstances brought the child/children into your care?
- Describe how your roles have changed since the children entered your care, if at all.
- Describe the changes to your relationship with your grandchildren, if any.
- How has this impacted, if at all, your other grandchildren not living in your home?
- Describe the changes to your relationship with your own children, if any.
- Describe the changes to your couple/marital relationship, if any. (If they are single, I will ask how the transition has changed their dating experience, if at all.)
- Describe the changes to your social-life, if any.
- What are your feelings with parenting children at this stage of your life?
- What specifically do you find most challenging? Enjoyful?
- Is there anything else you would like to tell me about the challenges/changes in raising grandchildren that I haven't asked you about?
- In your opinion, would family therapy be helpful for children in similar situations? For grandparents in similar situations? If yes, in what ways?

VITA

Graduate College
University of Nevada, Las Vegas

Deborah Sampson

Home Address:

4443 Roark Ave.
Las Vegas, Nevada 89054

Degrees:

Bachelor of Arts, Psychology, 2006
University of Las Vegas, Nevada

Thesis Title: The Experience of Grandparents Raising Grandchildren: A
Phenomenological Study

Thesis Examination Committee:

Chairperson, Dr. Katherine Hertlein, Ph.D.
Committee Member, Dr. Stephen Fife, Ph.D.
Committee Member, Dr. Gerald Weeks, Ph.D.
Graduate Faculty Representative, Dr. Shannon Smith, Ph.D.