GRANDPARENTS RAISING GRANDCHILDREN:
AN INVESTIGATION OF ROLES AND SUPPORT

Dissertation
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* * * * *

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ABSTRACT

Role theory provided the theoretical basis for this deductive research by offering insight into the complexity of the grandparent caregiver's role of a second-time-around parent. The study described the experience of grandparents as they raise their grandchildren in terms of role-fit, social support, and self-efficacy.

Data were collected from 26 grandparent caregivers using semi-structured, face-to-face interviews. The interview guide included standardized quantitative and open-ended qualitative measures on role fit, role ambiguity, role conflict, social support, social embeddedness, perceived support, enacted support, and self-efficacy.

Results from thematic analysis found that grandparent caregivers expressed a lack of role fit, a lack of role ambiguity, and role conflict. Descriptive analysis revealed small and active support networks for the grandparent caregivers with perceptions of support and self-efficacy. Contrary to expectations, neither role-fit nor social support were a significant predictor of self-efficacy. The grandparent caregivers in this study knew how to enact a parental role, but expressed a lack of role-fit with the parental role enactment as a grandparent. These grandparent caregivers experienced role conflict with not being able to enact a traditional grandparent role.
Dedicated to my grandmother, Baba
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CHAPTER 1

INTRODUCTION

In 1997, approximately 3.9 million children under the age of 18 in the United States, 5.5 percent of all children, lived with grandparents and other relatives (Lugalia, 1998). Using the 1990 U.S. Census Data Database, 5 percent of Ohio grandchildren were found to be living with grandparents. In a 1998 survey, 10 percent of Ohio households with children had grandparents providing or sharing most of the care for a grandchild (Downey, 1998). In 1995, the number of grandchildren living with grandparents in the United States rose to 3,965,000 which represents a 25.7 percent increase during the past five years (AARP, 1997) and a 44 percent increase since 1980 (Jendrek, 1993; Minkler & Roe, 1993).

Little research has been done to investigate how grandparents meet the role demands of being a parental surrogate. There is a need to document the challenges grandparent caregivers face in order to assist grandparent caregivers as they manage conflicting role demands, resources, and sources of support. Most grandparents raise their grandchildren in the absence of the parent of the grandchild, the middle generation. In Ohio, 57 percent of grandparents providing care to their grandchildren reported that the parents of the child do not reside with them (Downey, 1998).
It is estimated that approximately 1.5 million children live with their grandparents where no parent is present (AARP, 1997). These households are often referred to as skipped generation households or two-generation households. In the majority of live-in arrangements, the grandparent becomes the parental surrogate to the grandchild in the absence of the grandchild's parent. Saluter (1992) distinguished extended kinship households for all grandparent-grandchild family structures and concluded that approximately 50 percent had only the mother present, 28 percent had neither parent present, 17 percent had both parents present, and 5 percent had only the father present.

A confounding factor in the demographic reports is the grandchild's custodial relationship and 'who' (e.g., grandparent, parent, state social service agency) counts the grandchild as a household member. For grandchildren in informal custody arrangements, the grandparent often has no legal right to claim the grandchild. Nearly three-fourths of Ohio grandparent caregivers report an informal agreement with a parent to provide care to a grandchild (Downey, 1998). Saluter (1992) reported that in 38 percent of informal adoption cases, neither of the child's parents was in the home, 56 percent had the children's mother present, 2 percent had the children's father, and 4 percent had both parents present. Informal caregiving arrangements may under represent the number of grandparents providing care to grandchildren.

The lifetime incidence of a grandparent providing care to a grandchild is close to 11 percent or “more than one in ten grandparents has raised a grandchild for at least six months” (Fuller-Thomson, Minkler & Driver, 1997, p. 407). Grandparents who assume a parental surrogate role to their grandchildren are becoming more common. Parental
surrogate grandparenting styles have been observed in earlier studies due to mothers entering the work force (Neugarten & Weinstein, 1964). Currently, grandparents assume the parental role when their child is deemed an unfit parent (Apfel & Seitz, 1991; Kivett, 1991). Being an unfit parent has been linked with the following conditions: parental abandonment (Downey, 1998); the AIDS epidemic (deToledo & Brown, 1995); the drug epidemic (Burton, 1992; Minkler & Roe, 1993); the increasing incarceration of women (Dressel & Barnhill, 1994); divorce (Downey, 1998; Cherlin & Furstenberg, 1986; Johnson, 1985) non marital child bearing (Apfel & Seitz, 1991); mental illness (Jendrek, 1993); and the lack of affordable child care (Presser, 1989).

Grandparent Caregiver Characteristics

Current research pertaining to grandparent caregivers has been exploratory, primarily providing demographic information concerning grandparent caregivers. The demographic profile of grandparent caregivers is provided as a foundation for the context of examining the phenomena of grandparents assuming a parental surrogate role and raising their grandchildren.

Gender

Traditionally, the caregiving role has been assigned to women (Abel, 1991). Grandparent caregiving is no different. National estimates range from 60 percent (Chalfie, 1994) to 77 percent (Fuller-Thomson, et al., 1997) of grandparents raising grandchildren being female. Furthermore, 93 percent of all single grandparent caregivers are women (Chalfie, 1994). Almost all of the grandfather caregivers are married, that is,
sharing caregiving with a grandmother (Chalfie, 1994). Grandfathers tend to be considered the secondary caregiver (Fuller-Thomson, et al., 1997).

Women spend a considerable portion of their life providing care. Women are now expected to spend 17 years raising children and 18 years caring for a parent (Kaden & McDaniel, 1990; Foulke, Alford-Cooper, & Butler, 1993). A woman's caregiving of children and elderly parents potentially spans 35 years of a 78-year life expectancy. With the added burden of caring for grandchildren, a growing number of women will spend most of their adult lives in caregiving roles, most often without adequate material and social support.

Age

The chronological age of grandparents has been of concern in terms of life stage and other role responsibilities. Chalfie (1994) reported the median age for grandparents raising grandchildren as 57 with approximately 75 percent of all grandparent caregivers being between the ages of 45 and 64. In a national study of grandparent caregivers, the mean age was 59.4 years (Fuller-Thomson et al., 1997) and a recent statewide survey in Ohio revealed the average age as 55 (Downey, 1998). Many grandparents provide care to a grandchild during their work years and tend to ‘fall through the cracks’ of being too young to qualify for special ‘senior’ support services and too old to qualify for parent support services.

Financial Well-Being

Grandparent caregivers are reported to be the financially poorest of all non-traditional households (Chalfie, 1994). The 1992 median income of grandparent
caregiver households was $18,000, about half that of traditional (e.g., non-extended, nuclear) households (Chalfie, 1994). When compared to non-caring grandparents, grandparent caregivers were more likely to report incomes below the poverty line (Fuller-Thomson et al., 1997).

Providing care for grandchildren drains a family’s resources (Burton, 1992). Most grandparent caregivers report that they are unable to meet their needs on current incomes (Lai & Yuan, 1994; Minkler & Roe, 1993). In Ohio, 63 percent of grandparent caregivers surveyed were concerned about their financial ability to care for their grandchildren, with an even higher number, 67.7 percent, concerned about the financial security of the household (Downey, 1998).

In Burton's (1992) study, 80 percent of grandmothers reported that they needed financial assistance to provide care for their grandchildren compared with 50 percent of the grandfathers in the study. Minkler and Roe (1993) found that prior to assuming care, about one-fourth of the grandmothers in their study were not doing well financially. After assuming care of their grandchildren, 87 percent of the grandmothers in the study reported significant financial difficulty. In a study of grandparent caregivers in which 92 percent of the sample was female, Lai and Yuan (1994) found that 83 percent reported their income to be inadequate.

**Ethnicity**

The role of a grandparent tends to be more salient in minority communities in the United States (Longino & Earle, 1996). Using unpublished data from the March 1992, Current Population Survey, an annual survey conducted by the U.S. Bureau of the Census,
reported that 68 percent (375,714) of the grandparent caregivers are white, 29 percent (157,178) Black, 10 percent (56,820) Hispanic, 2 percent (11,843) Asian/Pacific Islander, and 1 percent (6,289) American Indian (Chalfé, 1994). Yet, Chalfé (1994) stated, “proportionately . . . mid life and older Blacks are nearly twice as likely as whites the same age to be grandparent caregivers: 9% of Blacks versus 5% of whites” (p. 4). African American grandchildren have been found to be three times more likely to live with grandparents than their white counterparts (Giarrusso, Silverstein, & Bengston, 1996).

Using a national demographic profile of households where grandparents are providing care, Fuller-Thomson and colleagues (1997) found that the majority (64%) of caregivers were non-Hispanic, White, 27 percent African American, 10 percent Hispanic, and 1 percent classified as another race or ethnicity. Saluter (1992), using 1991 U.S. Bureau of the Census information, concluded that 12.3 percent of grandchildren are White, 56 percent Black, and 37 percent Hispanic. Billingsely (1992) utilized the U.S. Bureau of the Census Current Population Reports from 1989 and concluded that 1.2 million Black children were informally adopted and lived with grandparents which accounted for 16.5 percent of all Black children.

The gender, age, and financial well-being characteristics indicate that grandparent caregivers are predominately female, in mid-life, and poor. In terms of ethnicity, more whites are grandparent caregivers, yet there is a greater likelihood for Blacks to become a grandparent caregiver. Each characteristic contributes to how a grandparent would interpret and enact the role of parental surrogate. Yet, demographics alone do not reveal the process or adaptation to the grandparent caregiver role.
Statement of Problem

Role theory provides the theoretical basis for this research study by offering insight into the complexity of the grandparent caregiver’s role of a second-time-around parent. Social roles are viewed as a link between the individual and society. Roles represent socially agreed upon behaviors. The circumstance of grandparents raising grandchildren illustrates Neugarten’s (1979) concept of a fluid life cycle. Social roles and developmental tasks have become disconnected from chronological age. The theoretical question that emerges is whether parental role enactment, as a grandparent to a grandchild, creates role conflict and role ambiguity, and the degree to which the conflict and ambiguity detract from social support and efficacy.

To date, research has neglected the degree of role-fit a grandparent caregiver perceives in regard to enacting the grandparent caregiver role. The timing of one’s roles is associated with a sense of fit (Pickett, Greenley, & Greenberg, 1995). The grandparent caregiver role is considered a time-disordered role (Burton & Bengston, 1985; Fuller-Thomson et al., 1997; Jendrek, 1993) with a lack of structure concerning role expectations and low societal consensus concerning role norms.

In other words, role expectations of being a grandparent enacting a grandparent role follow normative behavior patterns according to an individual’s life cycle timing. The normative expectation is for adults from about age 50 to 70 to experience the empty nest stage. The unexpected role gain of being a parental surrogate to a grandchild changes the timing of one’s life course events, such as experiencing retirement. Becoming a parent again requires a return to earlier family development stages (Hill, 1986) that prolongs the
again requires a return to earlier family development stages (Hill, 1986) that prolongs the
time one spends in the parenting stages and the time until one enters the empty nest stage.
These life cycle event changes have the potential to disrupt a grandparent caregiver’s
sense of role fit, social support, and sense of efficacy (Burton & Bengston, 1985; Jendrek,
1994; Minkler & Roe, 1993).

Some studies have indicated that grandparent caregivers experience changes in
their support network (Jendrek, 1993; Minkler, Roe, Robertson-Beckley, 1994). Jendrek
(1993) stated that some grandparents experience a failure in their support networks
because their friends no longer share the role of parent. A sense of social isolation
emerges for many grandparent caregivers (Burton, 1992) from a lack of role-fit which may
make some grandparent caregivers hesitant to ask for support from members of their
support network. Peer support network members are most likely not parenting and have
assumed a traditional, “norm of noninterference” role when enacting the grandparent role.
This enactment typically does not require the active, hands-on child care demanded by the
grandparent caregiver role.

In the dominant, White, Anglo culture, the role expectation associated with
grandparenthood has typically been one of non-interference (Cherlin & Furstenberg,
1986). Grandparents typically do not concern themselves with discipline or other ‘parent-
like’ behaviors when enacting a traditional grandparent role. As a parental surrogate,
many grandparents may experience modifications to their roles and behaviors to resemble
an on-time parent role. The role gain of grandparent ‘caregiver’ may coincide with the
role loss of being a ‘traditional’ grandparent. Role-fit or the congruence between role
expectations and enactment is associated with role clarity or a lack of role ambiguity and a lack of role conflict. Grandparent caregivers enacting a parental surrogate role may not have a sense of role fit.

Role conflict between the enactment of grandparent caregiver role and the desire to have a traditional grandparent role may emerge. Society typically does not reinforce behaviors that do not follow norms, such as a grandparent caregiver. The grandparent caregiver role may be considered a norm-less or ‘role-less’ role, meaning that there are no socially agreed upon behaviors or norms for a grandparent enacting a parent role to one’s grandchildren. Grandparent caregivers may experience a sense of role ambiguity due to a lack of clear expectations. Role theory is used to assist in understanding the parental role enactment as a grandparent by focusing attention on role conflict, role ambiguity, and the relationship of role conflict and ambiguity to a sense of support and self-efficacy.

The majority of grandparent caregiver studies have been atheoretical using a problem-oriented focus based on the middle generation being unfit to parent (Apfel & Seitz, 1991; Burton, 1992; deToledo & Brown, 1995; Dressel & Barnhill, 1994; Johnson, 1985; Kivett, 1991; Minkler & Roe, 1993). In contrast, this research uses role theory as the conceptual framework. A model was explored to determine the relationship between role-fit and the effect of social support on self-efficacy. Self-efficacy is viewed in this model as an adaptive outcome and refers to a sense of competence. The focus of the study was on the relationship of role fit to self-efficacy and the moderating role of social support. The emphasis is on exploring the conditions that sustain efficacy embedded in role-fit and social support.
Definition of Terms

Enacted Support. Instrumental and/or emotional support that is actually received by an individual.

Grandparent. A biological, legal, or surrogate relationship that extends between children and offspring. Includes grandmother, grandfather, and great grandparents.

Grandparent Caregiver. A grandparent who has assumed primary parenting responsibility (e.g., daily supervision, provision of food, clothing, and shelter) for his/her grandchild.

Grandparent-grandchild family structure. Co-residency of a grandparent caregiver and his/her grandchild. Also referred to as a two-generation or skipped generation household.

Middle generation. A grandchild’s biological parent(s). The grandparent’s adult child.

Perceived support. An individual’s perception of availability and adequacy of a social support network.

Role. Socially agreed upon functions and behaviors.

Role ambiguity. A role that has a lack of socially agreed upon functions, norms, and behaviors. No clear guidelines for behavior exist.

Role conflict. Difficulties, tensions, or contradictions associated with enacting or performing a certain role.

Role enactment. Performance of behaviors and functions linked to a specific role, such as a grandparent.
**Role-fit.** Congruence between role expectations and role enactment based on a social clock or socially expected timing of life cycle events.

**Self-efficacy.** A belief in one's competence or mastery in role enactment. A degree of control over one's life and destiny.

**Social embeddedness.** Number of persons in a support network.

**Social support.** Having or feeling a sense of assistance or help.

**Research Expectations**

The primary purpose of the research was to describe how grandparents experience raising their grandchildren in terms of role fit, social support, and self-efficacy using role theory as a framework. A model was explored to determine the relationship of role-fit to self-efficacy and the moderating role of social support. The research design incorporated quantitative and qualitative measures. The research expectations for the study included:

1. Grandparent caregivers will experience a lack of role-fit with the enactment of the grandparent caregiver role.

2. Role-fit will be related to a grandparent caregiver's sense of role ambiguity and role conflict.

3. Grandparent caregivers will experience role conflict between the traditional grandparent role and the grandparent caregiver role.

4. Grandparent caregivers will experience a high level of role ambiguity associated with the grandparent caregiver role.

5. Role-fit, low role ambiguity, and low role conflict will be related to a stronger sense of self-efficacy for grandparent caregivers.
6. Grandparent caregivers will experience low levels of perceived and enacted social support.

7. High social support or high social embeddedness, high perceived support, and high enacted support, will be related to a stronger sense of self-efficacy.

8. Grandparent caregivers with high role-fit and high social support will have a stronger sense of self-efficacy.

This chapter provided an overview of grandparents raising grandchildren, the statement of problem, definition of terms, and research expectations. The next chapter focuses on the current state of the literature pertaining to grandparents raising grandchildren, specifically the concept of roles, social support, and self-efficacy.
CHAPTER 2

LITERATURE REVIEW

This chapter provides an overview of the literature on grandparents raising grandchildren. The review is guided by role theory and the constructs of role-fit, social support, and self-efficacy. Limitations associated with the current literature will also be examined.

Role Theory

Role theory takes into consideration the effect of environment on human development (Biddle, 1986) and has been frequently used in research literature spanning sociological and psychological traditions (Nye & Gecas, 1976) and most recently in gerontological research. An explanation of role theory and its theoretical assumptions will be discussed along with implications for grandparent caregivers.

Roles are socially agreed upon functions and behaviors (Biddle, 1986). An individual’s personality develops through the participation in diverse and complex social roles. Roles may be related to age or social position. As individuals develop across the life span, new roles are encountered and become more complex. The passage of time allows individuals to acquire additional roles and to experience an increase in expectations regarding behavior in current roles.
The term, role was taken from the context of the theater. Individuals resemble actors on a stage. As actors on a stage, individuals follow a script that dictates the norms they are expected to act out appropriate for a given role.

Embedded within roles are sets of actor-other identities. When an individual assumes a role, he or she assumes an ‘identity’ with that role (Marks & MacDermid, 1996). These identities are referred to as social roles (Newman & Newman, 1999). For this study, the focus was on grandparent-grandchild identities. Society establishes the scripts associated with the grandparent and grandchild roles. These scripts become an accepted code of norms prescribing appropriate behavior. Role norms often restrict behavior dictating appropriate or inappropriate conduct. The scripts are dependent upon the sociocultural context and influences how a role will be enacted.

Another concept of role theory is role enactment. Role enactment refers to patterned characteristics of behavior (Biddle, 1986) that are observed when an individual performs a role. The enactment of the role typically follows the script or a consensus among the community as to the appropriateness of behavior. For instance, the grandparent role in dominant, white, Anglo culture has traditionally been viewed as non-parental (Cherlin & Furstenber, 1986) or with spoiling and doing extras for a grandchild. Role enactment varies based on familial, cultural, and historical context or factors that influence societal expectations.

Enactment of the grandparent role has varied with grandparent typologies or styles documented on a continuum of involvement with grandchildren from remote or uninvolved to active and very involved (Cherlin & Furstenberg, 1986; Neugarten &
Weinstein, 1964). Social roles depict the relationship between structural constraints or societal expectations and individual freedom to interpret the grandparent role thus contributing to various styles of grandparenting. There is no one interpretation nor identity associated with the grandparent role. The enactment of a grandparent caregiver role may be problematic as role-based interpretations concerning appropriateness of behavior may be absent (Heiss, 1981).

The grandparent caregiver role can be characterized as ambiguous in terms of enacting the role appropriately due to a lack of consensus involving role norms. This ambiguity may lend itself to more flexible interpretation of how the grandparent caregiver role should be enacted. This study used role theory to explore how grandparents interpret the grandparent caregiver role and if grandparent caregivers could modify the caregiver role to accommodate the convergence of their other roles (i.e., parent, spouse, worker, or friend). Anticipatory socialization (Neugarten, 1979) refers to the need to modify the norm expectations associated with grandparenthood to accommodate the role of grandparent caregiver. The question becomes, can grandparent caregivers achieve a sense of role fit based upon social role identities, role enactment, and role expectations? Or do grandparents modify the grandparent caregiver role based on individual interpretation?

**Role Theory Perspectives**

There are two agreed upon perspectives within the broader role theory framework: structural tradition and interactionist (Marks & MacDermid, 1996). These perspectives differ based on emphasis within the role theory framework. Structural traditionists focus on roles being a cultural prescription based on Ralph Linton's work in the mid 1930's (Nye
& Gecas, 1976). The view proffers that roles are a component of an individual’s social position. In other words, based on societal position or status (i.e., elder), roles prescribe cultural expectations for behavior. The structure of society and family dictate roles and behavior. The family is viewed as a social system, a component of society that adapts to societal influence. From the structural tradition view, the role of grandparent conjures up images of traditionally held expectations of not interfering with parental discipline and visiting with the grandchildren (Cherlin & Furstenberg, 1986).

An interactionist perspective offers a differing emphasis of roles. Roles are viewed as behavioral regularities which emerge from social interactions (Nye & Gecas, 1976). The interactionist view follows George Herbert Mead’s propositions in the mid 1930's. The family is viewed as a unit of interacting persons who determine the scripts for family roles limiting larger societal influences. Interactionists suggest that the grandparent role is based within a family’s context (i.e., culture, values) and interactions rather than societal position or structure.

Structurally, the grandparent role has certain prescribed characteristics that have been traditionally associated with the norm of non-interference. Various styles or typologies of grandparenthood have been proffered (Giarusso et al., 1996; Neugarten & Weinstein, 1964) to suggest that while a social role prescription has been made, role enactment is based on behavior and interactions within a family structure. This study incorporated the intersection or intermingling of the structural and interactionist perspectives of role theory.
For this study, roles are examined in the context of the grandparent-grandchild family structure incorporating the structuralist and interactionist views. The grandparent-grandchild family is relatively unstructured, lacking the formality of organization. According to the structuralist view, family roles are highly structured with parental and child roles. The lack of conformity in anticipated and traditional parent-child roles in the grandparent-grandchild family type may contribute to a sense of ambiguity about role enactment. The interactionist perspective offers a flexibility in interpreting family roles based on interactions among family members rather than basing interpretation of roles solely on family structure and position.

In summary, societal or environmental factors influence a role enactment dictating certain norms that are structurally prescribed based on familial position as well as the interactions based on culture and society contribute to role expectations and enactment. Each perspective within role theory is important as individuals are influenced by their environmental context (Biddle, 1986). For grandparents who raise their grandchildren, behavioral regularities through interactions may redefine their role of grandparent to grandparent caregiver. While the structural tradition prescribes role norms, the interactionist perspective allows the flexibility to modify the norms.

Social Clock and Generational Structure

The age of a grandparent and the timing of when an individual becomes a grandparent are mediating factors in how a grandparent may enact a grandparent caregiver role (Burton & Bengston, 1985). Chronological age is often associated with personal time markers associated with a social clock concept. Personal time markers or a social clock
serve as guides to determine the appropriate or inappropriate time to enter or exit specific roles throughout the life span (Burton, Dilworth-Anderson, & Merriwether-deVries, 1995).

Grandparents who become caregivers or second time around parents are considered to be performing an off-time role (Burton et al., 1995; Jendrek, 1993). The role timing of being a grandparent-parent does not coincide with the developmental tasks associated with grandparenthood nor mid to late adulthood. Individuals anticipate certain life events and have a mental clock telling them whether they are on or off time (Neugarten, 1979). Being a parent when one anticipates being a grandparent is off-time.

The concept of a mental or social clock relates to role theory. Social clock refers to the expectations for orderly and sequential change that occurs with the passage of time as individuals move through the life course (Neugarten, 1979). A social clock is an internal, mental set of developmental milestones based on personal time markers. Inherent in each time marker are internalized societal norms that assist individuals in conforming to an average pattern of behavior. The time markers focus on biological (e.g., physical age), sociocultural (e.g., societal expectations), and historical (e.g., political events) factors. Chronological age, sociocultural beliefs and values, and history of caregiving behavior may contribute to a grandparent caregiver’s feeling of role-fit.

Generational structure is another factor associated with a grandparent’s response to their role (Burton & Bengston, 1985). The grandparent role is a product of generational structure and is not entered into by choice. When a child is born or added to a family system, a ripple effect of new roles begins. Thus, the addition of a new family
member creates an additional layer in the generational structure of a family. This additional layer dictates changes in family structure with the addition and/or deletion of various roles among family members. The grandparent role is obtained through a generational addition despite the grandparent's life stage.

Timing refers to the entrance into the role of grandparent and suggests the importance of an individual's life stage and alludes to the concept of generational structures embedded within families. Generational structure refers to family position. The role of grandparent is not entered into by choice. The generational structure of the family dictates when the role gain of grandparent will occur.

The appropriateness of role transitions based on a social clock impacts the role gain of grandparent. In other words, based on chronological age, role transitions are expected. After one's children become adults and marry, the expectation is the transition into a grandparent role. For individuals in middle to late adulthood, the role gain of being a grandparent may be welcomed. In contrast, an individual in early adulthood may not welcome the grandparent role.

Response to the timing of the role and the generational structure can be related to an individual's sense of role-fit. Role-fit is a congruence between expectations and enactment. When caregiving of a grandchild begins in the empty nest stage, there is a sense of disequilibrium in terms of roles. A grandparent's sense of roles and norms are blurred as stage-specific tasks are not congruent with the role enactment of being a grandparent caregiver. The role expectation of being a traditional grandparent does not fit with the actual role and adjustments are made (Burnette, 1999). Minimal impact on roles
would be expected if caregiving responsibilities start earlier in an individual life cycle, such as early adulthood. Greater impact would be expected when caregiving responsibilities occur later in the life cycle, such as late adulthood.

The role theory framework was used in this study to assist in the explanation of a grandparent’s development in enacting a grandparent caregiver or parental surrogate role in contemporary society. Society exerts expectations concerning various social roles and grandparenthood is not immune. Individuals behave in order to conform to societal role expectations which are learned through interactions. Role theory is used to understand how grandparents adapt to being a grandparent caregiver. In particular, how does the grandparents’ caregiver role converge with the roles of grandparent, parent, spouse, worker, or friend?

Grandparent Roles

The socially agreed upon functions and behaviors associated with the grandparent role often include doing the ‘extras’ such as, spoiling, and playing with the grandchild. These prescribed norms offer a structualist view with behavior on a continuum of grandparenting roles or styles that range from grandparents who are active to grandparents who are remote and distant. The ambiguity associated with the grandparent role permits wide differences in enactment (Newman & Newman, 1997). The continuum permits individual interpretation or modification of role enactment.

Historically, grandparent studies have found various styles or categories of grandparents. Neugarten and Weinstein (1964) found five grandparent styles which have been the foundation for studies pertaining to grandparent-grandchild relations. Using a
sample of 70, white, middle-class couples, the following styles emerged: formal, fun-seeking, parent surrogate, reservoir of family wisdom, and distant figure styles. The formal style characterized those grandparents who did not become too involved in parenting, but did do occasional babysitting or activities. The fun-seeking style were informal grandparents who had playful interactions with their grandchildren. A parental surrogate style did emerged for 14 percent of the grandmothers who assumed caregiving responsibilities usually as a result of the mother working. A reservoir of family wisdom grandparent was characterized as being authoritarian who viewed grandchildren as subordinate to an older authority figure. A distant figure style included those grandparents who had little contact with grandchildren, but did visit on special occasions. When reviewing this study from the mid-1960's, a subset of hands-on grandparents emerges in the surrogate parent style.

A more recent study of grandparents found three types in a national sample of 510 grandparents (Cherlin & Furstenberg, 1986). The remote grandparents (29%) had little contact with grandchildren and were emotionally as well as geographically distant. The companionate grandparents (55%) were more active in their grandchild(ren)'s lives and adhered to the norm of noninterference. The norm of noninterference refers to a grandparent being able to have fun with his/her grandchildren and then send them home without interference in terms of discipline or other child rearing practices. The involved style of grandparenting emerged for 16% of the sample. These involved grandparents had high levels of exchanges in services and resources plus showed high levels of parenting behaviors. This study found a continuum of active to passive grandparents.
In contemporary society, many grandparents provide active, hands-on care. This care ranges from day care to parental surrogate (Jendrek, 1994; Giarrusso, et al., 1996; Presser, 1989). While active care was noted in earlier studies (Neugarten & Weinstein, 1964), the incidence of this type of active role enactment has escalated. The grandparent's behavior is emphasized in the enactment of the parental role.

In review, research has consistently shown that a subset of grandparents have played a very involved role with their grandchildren. There is not one agreed upon style of grandparenting, but many different styles that have emerged. Studies (e.g., Neugarten & Weinstein, 1964; Cherlin & Furstenberg, 1986) have acknowledged the various ways to interpret the grandparent role indicating that there is not a monolithic role to follow. No studies have examined the psychological and social consequences of high levels of parental involvement on the part of grandparents.

**Ethnicity**

The enactment of the grandparent role is influenced by family and cultural background (Longino & Earle, 1996). Sociocultural beliefs influence personal time markers and an individual’s social clock. A grandparent's decision to become a parental surrogate as well as how the grandparent caregiver role will be enacted is dependent upon cultural context.

Caregiving by grandparents is especially prevalent among African Americans (Apfel & Seitz, 1991; Burton, 1992; Burton et al., 1995; Dressel & Barnhill, 1994; Longino & Earle, 1996; Minkler & Roe, 1993; Minkler, Roe & Price, 1992). When it
comes to their grandchildren, African American grandparents are less likely to adopt majority norms of non-interference, and are more likely than their white counterparts to be actively involved (Kennedy, 1991; Longino & Earle, 1996; Pearson, Hunter, Ensminger, & Kellam, 1990).

Within the extended kinship systems, related by blood or consisting of fictive kin (non-blood ‘relatives’ who are granted the status of family member) the informal adoption of grandchildren takes place (Crosbie-Burnett & Lewis, 1993). Informal adoption occurs when the caregiving responsibilities for the child are assumed by another family member without a formal or legal agreement. In older African American households, informal adoption is estimated to account for 40 percent of families (Tate, 1983).

In Hispanic culture, the extended family system is highly valued (Longino & Earle, 1996). Mexican-American families value the ritual of co-parenthood (Vega, Hough, Romero, 1983). The raising of one’s children is extended to a greater number of adults which are used to offer more support to the child. Puerto Rican families have a similar value: hijos de crianza or children of upbringing which is the “cultural practice of accepting responsibility for another’s child without the necessity of blood or even friendship ties” (Mizio, 1983, p. 219).

For Asian Americans, grandparents play an important cultural role in caring for their grandchildren. For many traditional Chinese families, the extended family often lived in the same household or establish a household in very close proximity (Wong, 1988). It is estimated that 55 percent of Vietnamese households consisted of extended families (Tran, 1988). Southeast Asians value strong families and place a priority on filial piety.
(Detzner, 1996). Thus, grandmothers may provide care to grandchildren as part of their norm of obligation.

For Native Americans, the extended family is a source of strength, support, and assists in the socialization of children (Strauss, 1986). These extended family systems often include several households and may include fictive kin (Red Horse, 1980). Many American Indian grandparents assume care of a grandchild as this caregiving is considered the relational behavior of families which includes a phase of "assuming care for" (Red Horse, 1980). The Omaha Nation of northeastern Nebraska tend to have extended family ties in which child care is shared (Abbott, 1994).

The enactment of the grandparent role or the 'type' of grandparent an individual becomes is embedded within the family and cultural context. Ethnicity or an individual's cultural value system influences how an individual would enact a grandparent role and how one interprets the role gain of the presumed off-time role of parental surrogate.

Role Fit

Role-fit is the congruence between role expectations and role enactment. The normative expectation, being a grandparent and enacting a grandparent role, follow sequential behavior patterns related to an individual life cycle timing and family composition (Bengston & Allen, 1993), specifically family development theory. Parenting as a grandparent is not considered normative nor does it follow universal stages prescribed in stage theories (Aldous, 1995; Bengston & Allen, 1993). The unexpected role gain of being a parental surrogate to a grandchild changes the timing of one's life cycle events. A grandparent caregiver's social clock becomes disrupted. Roles rather than chronological
age serve as an appropriate index in which to view normative behavior expectations. Developmental tasks become disconnected from chronological age. Normative behavior using a structural role theory perspective would base behavioral expectations on social position, such as grandparent. If the grandparent is parenting, the their behavioral expectations should coincide with a parent role rather than a ‘grand’ parent role.

The role gain of being a primary parent to a grandchild changes the timing of one’s life cycle events, such as experiencing retirement. Grandparent caregivers’ financial resources are directed towards caregiving tasks rather than on ‘retirement’ activities, such as travel. Individuals in mid-life, plan and rehearse roles congruent with the empty nest stage and often are not prepared financially nor emotionally for the responsibilities associated with a primary parent role. Obtaining an off-time role and the subsequent transition is stressful (Burdette, 1999).

Off-time roles are considered to be roles that are acquired but do not necessarily ‘fit’ into a person’s current life cycle stage. A structural role theory view would associate behavioral expectations or social position to behavior. The grandparent caregiver role is off-time. It’s acquisition is not congruent with middle age developmental tasks nor behaviors of individuals in the empty nest stage (Duvall, 1958). Parental behavior is not associated with the grandparent role nor social position. Lack of congruence requires grandparents to modify their grandparent role to that of parent or caregiver.

Achieving a sense of role-fit can be referred to as a grandparent integrating their many roles (e.g., grandmother, mother, wife, sibling, worker) and developing a sense of congruence among them. The interactionist view of role theory suggests that integration
and modification of an individual’s many roles occurs in order to achieve a sense of personal congruence. Grandparents with role-fit re-organize their roles and life stages to accommodate parenting a second time around an unexpected life stage. Grandparent caregivers seek coherence in their roles which could result in an expanded personality in order to incorporate new roles (Marks & MacDermid, 1996). The coherence in their roles would be a sense of role-fit.

**Grandparent Caregivers: Evidence of Role-Fit**

In the literature, some grandparent caregivers may experience a lack of role-fit or the feeling that being a parent a their particular life stage is incongruent, out of balance (Marks & MacDermid, 1996), or off-time (Burton & Bengston, 1985; Jendrek, 1994; Minkler & Roe, 1993). Other grandparents may experience a sense of role-fit or a sense that it’s okay to parent in mid-to-late adulthood despite being ‘off-time’ with one’s peers.

Minkler and Roe (1993) in their quantitative and qualitative study of 71 African American grandmothers raising at least one grandchild found that off-time grandmothers were in their twenties and thirties and did not welcome the early transition to grandparenthood. The grandmothers who were off-time experienced more resentment and conflict in performing the grandparent role. The role of grandmother did not fit into their current life cycle timing. These off-time grandmothers felt pushed up the generational ladder by entering grandparenthood combined with assuming a parenting role (Minkler & Roe, 1993).

Jendrek (1993; 1994) uses the theoretical framework of time-disordered roles to guide her quantitative and qualitative research of 114, predominantly white grandparents
who are caring for their grandchildren either as day care providers or have established co-residency or legal custody. For grandparents with a custodial relationship, Jendrek (1993; 1994) states that the pattern of family life stages is violated when the grandparent assumes the parenting role for the third generation.

Jendrek (1993) found that grandparents cope with their time disordered relationship because they feel they must for the sake of the grandchild. The sample of custodial grandparents (n = 36) had an age range of 40 to 62. Custodial grandparents function as the grandchild’s parent through a legal relationship as well as serve as the grandchild’s psychological parent. For these grandparents, there is a “disjuncture between the anticipated grandparent role and the custodial grandparent role” (Jendrek, 1993, p. 629). With a custodial relationship, the grandparent is the parental surrogate and must perform the roles and responsibilities of a parent. These grandparents do not get to perform the role of grandparent which creates an incongruence between expectations and role enactment.

Jendrek (1994) found that most of these custodial grandparents did not view themselves as ‘taking the grandchild away’ from the middle generation (e.g., the grandparent’s adult child). These grandparents took legal action to obtain custody only when the family situation for the grandchild became intolerable, such as neglect or unsafe living environment (Jendrek, 1994). There is a distinction between the grandparent’s concern over the grandchild’s well-being and the desire to parent a second time around. Many grandparents want to ‘grand’ parent and do not wish to replace parents. For instance, one grandparent stated in response to her daughter’s question pertaining to
taking the children: “No, I have not taken the children away...I have the children; I have not taken them away from you” (Jendrek, 1994, p. 212). Many grandparents desire the middle generation to get their life together and re-assume parenting responsibilities in order that they may re-assume the traditional grandparent role.

Minkler and Roe’s (1993) findings are similar to Jendrek’s (1994). Grandmother caregivers in their sample preferred a more vague role rather than acquiring the parenting role. Some grandmothers make it very clear that they are not the parent and thus should be called grandmother not mother. These grandparents desire a less involved role rather than an active parenting role.

In Burton’s (1992) two qualitative studies of 60 urban, African American grandparent caregivers, many grandparents expressed concern with the ability to ‘keep up’ with the grandchildren under their care. A related concept to role-fit is one’s chronological age. The median age of grandmothers/great grandmothers in the first study was 52. In the second study, the median age for the grandmothers/great grandmothers was 57 and 63 for the grandfathers. The grandparent caregivers experienced difficulty in keeping up with the active lifestyle and homework of school-age children. Having difficulty keeping up is related to the off-time event of parenting at a later life stage. As reported by a 53-year-old grandmother planning a birthday party for a 10-year-old grandson: “How on earth am I, at this age, gonna be able to control 10 boys at a pizza place for this party. I’m tired already and the party ain’t even happened” (Burton, 1992, p. 749).
Jendrek (1993) also found that 55 percent of her total sample (n = 114) reported feeling more physically tired. The lifestyle change of parenting children requires more physical and emotional energy. For the custodial grandparents, 68.6 percent reported feeling more physically tired and 60 percent reported feeling more emotionally drained compared to 40 percent in the total sample (Jendrek, 1993).

Role Ambiguity

Role-fit is conceptually related to role ambiguity and is the lack of socially agreed upon functions and behaviors associated with a role. In the case of grandparent caregivers, there are no clear guidelines for behavior. Grandparent caregivers face a lack of societal consensus pertaining to the enactment of the grandparent caregiver role. The ambiguity surrounding the grandparent caregiver role may impact their sense of role-fit, support, and self-efficacy. Individuals who acquire roles with high ambiguity may be more likely to feel a general lack of control over their life due to the lack of expectations on how to enact the role. A grandparent caregiver who has a sense of role-fit would be expected to have low role ambiguity and low role conflict. In other words, the expectations an individual has pertaining to the grandparent role are congruent with the enactment of being a grandparent caregiver.

Barusch and Steen (1996) argue that the role of grandparent-parent can be incompatible with the role of grandparent being a ‘kinkeeper’ in terms of culture and family tradition. However, “grandparents who assume custodial responsibilities because they want to pass on cultural beliefs and values redefine the “parenting” role to include” (other) aspects of grandparenthood” (Barusch & Steen, 1996, pp. 51-52). If a
grandparent expects to assume parental responsibilities to a grandchild in addition to other expectations associated with a grandparent role, then there is a likelihood that the grandparent caregiver role and the grandparent role will be compatible.

Errera (1992) states that role ambiguity is based on the inadequacy of information. The clarity of role expectations is defined as the difference between the “optimal amount of information needed about role expectations and the amount actually available to the person” (Sabrin & Allen, 1968, p. 503). Individuals who perceive role ambiguity cope by seeking more information. As a result of seeking more information, individuals increase communication and strengthen support linkages (Errera, 1992). A grandparent caregiver who perceives role ambiguity and seeks more information is more likely to experience an increase in support linkages. The motivation to seek support could be linked to a sense of self-efficacy or desire to seek control over one’s life. A connection can be made in which a grandparent caregiver’s sense of self-efficacy is linked to the probability of the grandparent seeking information in order to clarify his/her role as a caregiver.

The literature pertaining to role ambiguity concerning grandparent caregivers is sparse. Some reference to role ambiguity can be derived from the custodial arrangement between the grandparent caregiver and the grandchild. This literature will be reviewed to offer a context in to which role ambiguity may emerge for a grandparent caregiver.

**Custodial Relationship between Grandparent and Grandchild**

Grandparent caregivers assume a parenting role with their grandchildren with the expectation that they will be able to enact that role. However, grandparent caregivers often lack the parental authority or the ability to enact a parent role due to societal and
policy limitations restricting parental authority. Without a formal, legal custodial relationships, grandparents are often unable to obtain financial, medical, or educational services for the grandchild in their care (Karp, 1996).

The majority of grandparents assuming a parental surrogate role do not have a formal, legal relationship (Downey, 1998). The most common custodial relationship is informal custody which refers to the grandparent having primary parenting responsibilities without legal, parental authority. The custodial relationship between the grandparent and grandchild will be reviewed within the context of formal custodial relationship contributing to role clarity and informal custodial relationships contributing to role ambiguity.

**Informal Relationships**

Within American culture, grandparents and other relatives have no legal responsibility to provide for their grandchildren (Crumbley & Little, 1994) nor do grandparents and other relatives have legal authority for assuming care unless received previously from a court (Hornby, Zeller, & Karraker, 1996). There are no formal guidelines dictating parental responsibility to other family members when a biological parent is unable to assume the parental role. Current laws and policies do not recognize the grandparent-grandchild family structure legally (Chalfie, 1994). The legal definition of family is not broadly defined to incorporate the grandparent being the primary caregiver. In many states, grandparents without legal custody cannot enroll children in day care or school, authorize medical care, or qualify for public benefits (AARP, 1995; Chalfie, 1994; deToledo & Brown, 1995; Karp, 1996; Minkler & Roe, 1993; Mullern, 1996). Without legal authority, grandparents cannot enact a parent role with their grandchild on a societal
level. A grandparent can enact a parent role within the familial environment, but not within the broader societal context without a formal, legal relationship. The contradiction between parental authority within the home and role enactment in the community or with other social organizations may lead to role ambiguity.

For grandparents who do not have custody, "fear and uncertainty are common problems" (deToledo & Brown, 1995, p. 59). Informal caregiving arrangements can give power to the middle generation who, in many cases, are unfit (deToledo & Brown, 1995; Minkler & Roe, 1993). Many adult children use their parental power and the lack of the grandparent’s legal parental authority in informal custodial arrangements to threaten grandparents. The threats usually involve the adult child taking the grandchildren in order to receive money or other material goods. Grandparents often give in to the threats of the adult child in order to protect the grandchildren. As stated by deToledo and Brown (1995), “grandparents are the first to admit that they have bought more drugs than any other class of people by giving into their adult children’s demands in order to protect their grandchildren” (p. 49). This fear and uncertainty contributes to a feeling of powerlessness or lack of self-efficacy.

The role ambiguity a grandparent may experience while parenting a grandchild is influenced by the lack of legal parental authority. Grandparent caregivers with an informal custodial arrangement lack the parental or legal authority to enact a parent role. In an informal caregiving relationship, the grandparent caregiver’s responsibilities (e.g., primary parenting) do not coincide with the legal, parental authority which can lead to role ambiguity.
Formal Relationships

A formal custodial arrangement refers to a legal relationship and defines the grandparent’s caregiving role as custodial (Jendrek, 1993). In a custodial relationship, the grandparent is able to make decisions regarding the grandchild’s medical care, education, and discipline (Jendrek, 1993; Karp, 1996). In other words, a grandparent with a formal custodial arrangement is able to enact a ‘parent’ role outside the family.

There are many ways in which a grandparent can obtain a formal custodial relationship with a grandchild. When examining formal kinship care or grandparents raising grandchildren, the question becomes not whether a child will be placed outside of his or her home due to a parent being unfit, but rather the technical, legal status of the placement type and its position within the ‘system’ (Homby et al., 1996). The following types of formal placement types and processes will be examined: court-based guardianship and placement through a child welfare agency. Each formal placement will be embedded within the context of the formalization of the grandparent caregiver’s role which may contribute to a grandparent caregiver’s role clarity.

Some grandparents obtain a custodial arrangement through the judicial system either through juvenile court or probate court. Through the courts, a grandparent may obtain a custody order, legal guardianship, or adoption (Takas, 1995). Petitioning the courts for custodial rights is costly in terms of time and money (Truly, 1994) and the goal of the juvenile justice system is reunification with birth parents (deToledo & Brown, 1995). The legal actions clearly demarcate the role and responsibility of the grandparent providing a sense of role clarity and efficacy over being able to enact a parental role.
Within the child protection agency context, a grandparent may be granted legal guardianship under the current system of child protection (Schene, 1998). Child welfare agencies intervene on behalf of the grandchildren when the grandchildren are at-risk for being abused or neglected. A child welfare agency intervenes officially with a screening, investigation, assessment, and services which may include out-of-home care placement (Schene, 1998). The juvenile court system would most likely become involved if the grandchild must be removed from the custody of parents to some form of out-of-home care (Barth, 1996). The out-of-home care placement options may consist of foster care, residential care, and kinship care.

Kinship care typically is defined as a grandparent assuming parental responsibilities. In 1994, approximately two-thirds of kinship caregivers in the United States were a child’s grandparents with approximately 3 percent or 2.15 million children living in a kinship care arrangement (U.S. Department of Health & Human Services, 1997). The number of children in kinship care increased 8.4 percent between 1983-85 and 1992-93 (U.S. Department of Health & Human Services, 1997).

The increase may be attributed to an emphasis on permanency planning. Permanency planning was the focus of The Adoption and Safe Families Act, Public Law 105-89 enacted in 1997 which re-authorizes The Family Preservation and Support Initiative, Public Law 103-66 of 1993. The Adoption and Safe Families Act “requires states to move children in foster care more rapidly into permanent homes by terminating parental rights more quickly and by encouraging adoptions” (Schene, 1998, p. 28). The
Act also stated that a ‘least restrictive environment’ and ‘most family-like setting’ should be sought for children which was interpreted by many states to seek kinship care arrangements (U.S. Department of Health & Human Services, 1997). The interpretation of the federal law has resulted in increasing the number of children in kinship care or under a grandparent’s care.

Grandparents may obtain legal guardianship through the child protection agency under a kinship care arrangement with court approval (Schene, 1998). However, grandparents who serve as the out-of-home care placement must realize that the placement is to be time-limited with the goal to be family reunification or permanent placement of the child through adoption (Barth, 1996). For many grandparents, there is an apprehension concerning the termination of parental rights with adoption, by them or someone else, as the final phase in permanency planning (Hornby, et al., 1996; Minkler & Roe, 1993). Grandparents tend to assume caregiving of a grandchild in order to preserve the family (deToledo & Brown, 1995; Hornby et al., 1996; Woodworth, 1996). The irony is that child protection services’ main goal is to preserve families (Schene, 1998), yet the laws and policies run contrary (Hornby et al., 1996).

Adoption and termination of parental rights is the main goal of the Adoption and Safe Families Act of 1997 which is not the goal of grandparents who assume a parenting responsibility to their grandchildren. Grandparents typically yearn for their adult child to assume parenting and for them to assume grandparenting (deToledo & Brown, 1995). A contradiction exists between federal and state policy goals that emphasize permanency, adoption, and termination of parental rights and individual family goals that focus on
family unity. The lack of agreement in the institutional or structural perspective of parental authority and family differs from the interactionist definition. The lack of agreement between the societal and familial level contributes to role ambiguity for the grandparent.

From an interactionist role theory perspective, the grandparent enacts the parental surrogate/caregiver role in order to ‘save’ the family (deToledo & Brown, 1995; Woodworth, 1996). Yet, public policy or the larger societal structure, dictates that if a child’s birth parents are still considered a ‘risk’ in terms of maltreatment, then the parental rights are terminated typically within a four year period (Berrick, 1998). Research has shown that reunification with birth parents takes at least two years longer (e.g., six years) when children are in kinship care placements than in foster care placements (Berrick, 1998; U.S. Department of Health & Human Services, 1997). On average, approximately 40 percent of grandparents have been raising grandchildren for five or more years (Fuller-Thomson et al., 1997) supporting the length of time grandchildren could be in a kinship placement. Yet, children in kinship care have relatively stable placements and have lower reentry rates into the system if they return home (Barth, 1996).

Policy-level contradictions lead to family-level role ambiguity. The ambiguity concerning a grandparent caregiver role is embedded within the societal context focusing on the custodial relationship between grandparent and grandchild. Parental authority encompasses the right to enact a parental role. With or without parental authority or a formal custodial relationship, a grandparent’s role is ambiguous.
Role Conflict

Role conflict is another factor influencing a grandparent caregiver's degree of role-fit. Role conflict refers to the difficulties and tensions associated with the enactment of a role. In this study, the primary focus was the contradiction a grandparent faces: performing a traditional grandparent role versus performing a grandparent caregiver role. Grandparents may have an internal conflict over the role loss of being a traditional grandparent (e.g., norm of non-interference, family historian) and the role gain of being a grandparent caregiver (e.g., parent, disciplinarian).

The two roles may not be compatible and present an internal conflict to grandparents. This internal conflict is compounded by the external pressures of society as contradictions arise based on an individual's role expectations, social clock, and ethnicity. A grandparent chooses to raise his or her grandchild and enact a parental surrogate role, yet society adheres to the traditional definition of parent-child relationship which excludes a grandparent performing a parent role. Many grandparents who assume the parental surrogate role experience a multitude of losses associated with performing the off-time role (Crumbley & Little, 1997). These losses encompass the traditional expectations of being a grandparent.

For instance, grandparent caregivers experience a sense of loss related to not being able to enact a traditional grandparent role which includes behaviors such as spoiling the grandchild and buying non-essential items (Burnette, 1999). Often this loss perpetuates itself as role conflict. The tension between wanting to be an indulgent grandparent versus needing to be a disciplinarian.
As a grandparent caregiver, the grandparent performs a parental role that includes behaviors such as disciplining and buying essential items. The transition from grandparent to parent poses some internal conflict for the grandparent. Grandparents who assume a parental role must accept that they are the disciplinarian, provider, and authority figure in a parent-child relationship (Crumbley & Little, 1997). Accepting the behaviors associated with a parental role transfers into an acceptance that one cannot enact a traditional grandparent role. The resentment, anger, and conflict over not being able to perform an anticipated role of grandparent or enter into an empty nest (e.g., absence of primary parenting responsibilities) may be great (Crumbley & Little, 1997). Conflict between the traditional grandparent role and grandparent caregiver role emerges.

The interactionist perspective in role theory, specifically George Herbert Mead’s nonhierarchical view of multiple selves guides the role conflict discussion. The theoretical proposition is that a hierarchy of selves is inevitable (Marks & MacDermid, 1996) meaning that priorities are placed upon the enactment of the various roles an individual assumes. The resolution of two or more roles in conflict occurs rather than the favoring of one role over the other. The grandparent caregiver may resolve the incongruence between the traditional grandparent role and the grandparent caregiver role. According to Marks and MacDermid (1996), an individual expands oneself to accommodate various roles rather than favoring one role over another role and adaptive coping strategies are employed.
According to this proposition, grandparents would seek to resolve an incongruence or conflict amongst roles by expanding oneself through coping strategies. A coping strategy may include seeking others performing a similar role. The resolution of the traditional grandparent role and the grandparent caregiver role would result in learning to ‘balance’ (Marks & MacDermid, 1996) the two rather than forming a hierarchy in which one role would be favored over another. The balance between these two different roles is difficult, especially if the grandparent caregiver rehearsed a traditional grandparent role. Internal tension and conflict has the potential to impact the grandparent’s sense of role-fit, role ambiguity as well as social support and self-efficacy.

A theory of role balance has been proposed by Marks and MacDermid (1996) which incorporates an individual’s organization of his/her various roles. Role conflict would be seen as a consequence that resulted from a grandparent’s organization of roles. The organization would not be based on hierarchy, but on achieving a sense of balance among the various roles a grandparent has: grandparent, wife, husband, father, sibling, worker. The theory of role balance guided the exploration of how a grandparent caregiver role would converge with other roles a grandparent has. According to Marks and MacDermid (1996), individuals with more balanced role systems (i.e., a congruence among roles or a sense of fit) would experience less conflict and a more positive role-specific experience (i.e., parental efficacy) than individuals with less balanced role systems.

Grandparent Caregivers: Evidence of Role Conflict

Stokes and Greenstone (1981) studied 16 African American parent surrogates who were members of the Chicago Senior Parents’ Group. Group members, who ranged in
age from 46 to 70 shared their struggle concerning “the tension between the desire to be indulgent (grand)parents and the need to take a firm parental stance” (Stokes & Greenstone, 1981, p. 692). Conflict was evident in all the group members concerning the traditional grandparent role versus the parent role. A goal of the group was to help members master the common developmental tasks associated with their age group through sharing life stage and role difficulties. Stokes and Greenstone (1981) state that older parents must reconcile their inclination to be more indulgent with their grandchildren with the disciplinary nature needed of a parent.

Jendrek (1993) when examining lifestyle changes in grandparent caregivers asked her sample of grandparent caregivers if their belief that grandparenting is fun has changed. A decline was reported by 30 percent of the custodial grandparents with only 6.7 percent reporting an increase. By comparison, among grandparents who only provide day care, 11.5 percent reported a decline and 25 percent reported an increase. For grandparents who do not assume primary parenting responsibilities (e.g., day care), their role of still being a traditional grandparent declines very little and in some instances may increase. This does not hold true for the custodial grandparents who assume the primary parenting responsibilities. Their perception or belief that grandparenting is fun has decreased.

Social Support

Social support is a global term and refers to a belief that one is cared for and loved, esteemed and valued, and is a member of a network of communication and mutual obligation (Newman & Newman, 1999). Social support occurs within the context of a social network (Dimond, Lund, & Caserta, 1987) and is embedded within an individual's
social relationships with family, friends, and formal service providers. These social relationships constitute social resources that an individual can call upon in times of need or to gain comfort from their existence (Vaux & Harrison, 1985). Within the relationships, certain interactions can take place, ranging from listening empathetically to loaning money. These interactions are enactment of the perceived support within an individual's support network.

Social support has been associated with buffering the negative impacts of stress (Goodman, 1991; Kraus, 1986; Ward, 1985). According to Errera (1992), social support interacts with stress or strain making the stress-strain connection weaker for individuals with high levels of support. Grandparent caregivers experience stress associated with raising their grandchildren (Burton, 1992; deToldeo & Brown, 1995; Jendrek, 1993; Minkler & Roe, 1993; Woodworth, 1994). The unanticipated role gain of grandparent caregiver is considered off-time and can be considered stressful and produce a crisis (Neugarten, 1979).

A grandparent who assumes the parental surrogate role is likely to experience change in support network (Jendrek, 1993; Minkler et al., 1994), a sense of isolation, and decreased contact with family and friends (Burton, 1992; Crumbley & Little, 1997; Kelley, 1993; Pinsun-Milburn et al., 1996). Many grandparents become reluctant to ask members of their support network, such as friends, for assistance because their friends are no longer in a parenting role (Jendrek, 1994). Not being in the same developmental stage impacts grandparent caregivers' support. The off-timeliness of the grandparent caregiver role impacts support from family as many grandparents do not wish to be a burden on
their children (Minkler et al., 1994). Performing the off-time role of grandparent caregiver contributes to stress and changes social support.

Social support is a term that encompasses three specific domains: social embeddedness, perceived support, and enacted support. Each social support category measures a distinct component of social support (Barrera, 1986). These three categories are used to examine social support and grandparent caregivers.

**Social Embeddedness**

Social embeddedness is defined as the number of persons in a support network. Network refers to the social connections within an individual’s environment (Procidano & Heller, 1983). The emphasis of social embeddedness is the quantification of the number of persons whom a grandparent caregiver can count on in a time of need. The reference is made to “the connections that individuals have to significant others in their social environments” (Barrera, 1986, p. 415). Social embeddedness can often lead to supportive resources that individuals give and receive through their network of support (Minkler, et al., 1994).

An individual who is not socially embedded is considered to be socially isolated or alienated. The alienation is often a result of decreased contact with members in one’s support network. Grandparent caregivers are often categorized as being socially isolated (Minkler & Roe, 1993) and in need of supportive interaction (deToledo & Brown, 1995).

Jenärek (1993) examined the effects of raising a grandchild on a grandparent caregiver’s support system. She found that more than one-third of her sample (n = 114) reported changes in contact with members of their support network as a result of
providing regular care to their grandchild. For custodial grandparents, 55.6 percent reported a decline in contact with friends, 22.2 percent reported a decline in contact with relatives, and 8.3 percent reported a decline in the amount of contact with neighbors. Becoming a grandparent caregiver decreased contact with members of one’s support system which can contributing to a sense of isolation.

Minkler, Roe, and Robertson-Beckley (1994) studied the effects on family and friendship ties using the data from Minkler and Roe’s (1993) study of 71 African American grandmothers who were raising at least one grandchild. In general, Minkler and colleagues (1994) found that despite a high degree of social embeddedness prior to assuming the grandparent caregiver role, many grandparents reported decreased contact with some support members. In terms of family networks, the sample tended to be strongly embedded and gave and received substantial support through these family ties (Minkler et al., 1994). However, when studying friend networks, approximately one-half of grandparent caregivers ceased having contact with a friend over the past year due to caregiving responsibilities associated with raising a grandchild. High levels of familial embeddedness and low level of friend embeddedness were found for this sample of grandparent caregivers.

**Social Embeddedness and Support Groups**

Support group membership can provide grandparent caregivers with a support network which differs from their support network prior to assuming care of their grandchild. Grandparents often feel they have lost their personal support group because their friends are not involved in ‘parenting’, but in the pleasure of playing with
grandchildren (Woodworth, 1996). In a support group, there can be a wide range of chronological age. The similarity within the group is that members are engaged in the same family development tasks and are trying to cope with off-time parenting. Support groups potentially transcend chronological age-graded expectations. This transcending supports the fluid life cycle concept ad the perspective that roles rather than chronological age be used as a life index. Members of support groups typically are at the same developmental stage thus focus on support for tasks to be completed at the developmental stage rather than the concern of performing off-time tasks. Support groups can increase a grandparent’s social embeddedness by increasing the number of persons in their support networks.

Support groups have become a popular intervention strategy for grandparents raising grandchildren (AARP, 1996; deToledo & Brown, 1995; Minkler & Roe, 1993). One hundred and twenty-four community intervention and service programs for grandparent caregivers were identified in a national survey in which the most common type of community intervention was support groups (Minkler, Driver, Roe, & Bedeian, 1993). In 1996, the American Association of Retired Persons (AARP) estimated that there were over 400 support groups nationwide. During the first year the AARP Grandparent Information Center was operational, 55 percent of individuals calling requested support group information (Woodworth, 1996).

Minkler and Roe (1993) examined the effectiveness of support groups for thirteen of the 71 African American grandmothers in their sample. Quantitative and qualitative results indicated that the support group was viewed as a valuable resource in raising a
grandchild in terms of emotional and instrumental assistance. Grandmother caregivers were able to relieve stress and put their situation in perspective when they were with other grandmother caregivers who had similar problems. These grandmothers also received instrumental support (e.g., agency referral and tangible aid) as a product of support group membership. Minkler and Roe’s (1993) findings suggest that becoming a member of a support group can increase one’s social network which can lead to an increase in perceived and enacted support.

Dressel and Barnhill (1994) evaluated the use of a support group with eight African American grandmothers raising a total of 21 grandchildren as a result of their daughter’s incarceration. The qualitative study was part of a 12-month demonstration project in Atlanta, Georgia to address the needs of three-generation families of imprisoned women.

Dressel and Barnhill (1994) found that grandmother caregivers participated regularly and readily in support groups versus other counseling options, such as individual therapy. Grandmothers reported that support group membership was a source of an emergent network of peers in a similar situation, had a positive impact on their lives, and provided practical information. These findings reconfirm that support groups increase network size, perceived support, and enacted support and that support groups are preferred over other types of intervention.

Poe (1992) evaluated the Grandparents as Parents (GAP) support group structure in a qualitative study of 14 African American grandparents who had custody of at least one grandchild. Poe (1992) found that the majority of grandparent caregivers felt
excluded from their current social group. These grandparent caregivers developed an alliance with other support group members resulting in mini-support systems between group members. The support group structure provided needed emotional support and a secure environment to express feelings (Poe, 1992). The increase in social embeddedness through the support group membership negated the social isolation from the current social group of peers and led to an increase in perceived and enacted support.

Smith (1994) examined the effects of a self-help group organized by 16 African American grandmothers collectively responsible for raising 80 grandchildren. The group met weekly and was evaluated by Smith (1994) after a three-year period. Smith (1994) found that through the support group process, the grandmother caregivers developed adaptive coping strategies which enhanced their life course and “enabled them to begin to rear their grandchildren with a more empowered perspective” (p. 22). A relationship is suggested between support and self-efficacy as an adaptive outcome.

Support groups for grandparent caregivers tend to decrease grandparent caregivers’ sense of social isolation (Poe, 1992), increase their network size (Dresel & Barnhill, 1994; Minkler & Roe, 1993) and provide a sense of efficacy of knowing other individuals proceeding through the similar parental tasks (Smith, 1994).

Perceived Support

Perceived support refers to the impact a support network has on an individual (Procidano & Heller, 1983) or an individual’s perception of the availability of support and the adequacy of one’s support network in times of need. This component of support is concerned with the qualitative aspects or the subjective assessment of a support network.
(Barrera, 1986). A grandparent caregiver evaluates his or her situation and the resources available to help cope with the stress of parenting a second time around. A focus is placed on the availability of support rather than the number of persons in a grandparent caregiver’s support network.

The subjective assessment of support availability may be strongly influenced by a grandparent caregiver’s feeling of role fit and social isolation. An individual’s belief that he or she is supported results from relationships and interactions (Vaux & Harrison, 1985). Grandparent caregivers who perceive a lack of role fit and cease interaction with friends and peers feel isolation and most likely have lower perceptions of support.

In Burton’s (1992) study of 60 African American grandparent caregivers, only two grandmothers perceived themselves as receiving consistent and reliable support in their caregiving role despite their membership in an extended kin network. Burton (1992) explained that the lack of perceived support may reflect the social and economic conditions facing African American families which challenge family members’ ability at providing support. This finding also provides evidence for the need to examine more than just a grandparent caregiver’s support network as the number of persons in a network does not equate to a sense of perceived support.

Jendrek (1994) found that for her sample of primarily white grandmothers (n = 114) seeking assistance from friends was difficult. Grandparent caregivers felt uncomfortable seeking support because their friends were no longer in the parenting role. The grandparent caregivers were off-time in their role of parenting a second time around, thus were hesitant about receiving and/or seeking assistance. For instance, a grandparent
caregiver may not accept a dinner invitation from a friend because the grandchild would also have to go and the friend’s house is not conducive for a child to play (e.g., not child proofed, lots of breakables). This attitudinal barrier contributes to a grandparent caregiver’s perception of support from friends.

Lai and Yuan (1994) examined perception of support in a quantitative and qualitative study of 88 grandparent caregivers. Using the Multidimensional Scale of Perceived Support (Zimet, Dahlem, Zimet, & Farley, 1988), over half of the sample indicated moderately high levels of perceived support among family and friends. However, the grandparent caregivers reporting high levels of perceived support also identified a high number of instrumental service needs. Lai and Yuan (1994) caution that the amount of support perceived may not reflect the actual support received.

In studying social support, one must go beyond support networks and examine the attributions of the networks, specifically does the grandparent caregiver believe that members in the network would provide assistance in a time of need (Vaux & Harrison, 1985). A large social network may not indicate high perceived or enacted support (Burton, 1992). Likewise, perceived support may not indicate a large support network or high enacted support (Lai & Yuan, 1994). The need to examine perceived support in addition to network size and actual support received within the context of one’s perceived role provides a more holistic context in which to examine grandparent caregivers.

**Enacted Support**

Enacted support refers to support actually received by a grandparent caregiver rather than a perception of support or numbers of individuals in a support network.
Enacted support can be defined as supportive interactions (Vaux & Harrison, 1985). Supportive interactions would include physical comforting, receiving advice, or receiving financial help. Enacted support consists of instrumental and emotional assistance received from various individuals within a support network.

In the older adult, caregiving literature enacted support has been viewed within social network and social role position. Specifically, Canter’s (1979) Hierarchical Compensatory Model is based on social network position and expectations associated with an individual in that position. The hierarchy of individuals providing care to an older adult begins with a spouse, proceeds to adult daughter, then to family, friends, and other formal care arrangements. Individual roles based on support network position and the expectations of those roles dictate who will actually provide support.

For grandparent caregivers, this hierarchical model of enacted support is altered. Grandparent caregivers are performing an off-time role (Burton et al., 1995; Jendrek, 1994) altering their social role position, support network, and perception of support.

Burton (1992) found that 97 percent of the grandparent caregivers in her study received little to no familial support in their role as grandparent caregiver. This is in contrast to the finding that many of these grandparent caregivers classified themselves as being members of a large support network. Burton (1992) identified the instrumental and emotional social service needs of the grandparent caregivers in her sample. In terms of instrumental support, grandparent caregivers identified many services, but the top two were financial assistance (77%) to help take care of their grandchild and respite services (63%). Emotional support needed was categorized as emotional support from peers and
counseling for depression, anxiety, alcoholism, and smoking which were identified as the stressful outcomes associated with raising a grandchild.

Lai and Yuan (1994) examined types of support actually received by grandparent caregivers in a sample of 88 ethnically diverse grandparents raising grandchildren. They found that the majority of grandparents utilized formal services and programs as well as family and friends. The formal services most frequently cited included: food, medical, clothing, housing, church-related activities, and transportation. Each of the support services were received by grandparent caregivers through an organization and/or agency. Enacted support by family and friends was not measured.

Minkler, Roe, and Robertson-Beckley’s (1994) found that their sample of 71 African American grandmothers raising grandchildren did receive emotional and instrumental assistance through a variety of sources. A social support index and open-ended questioning on family and friendship ties was used to measure the assistance grandmothers received. Minkler and colleagues (1994) found that the majority of grandmothers in the sample were members of a dense support network which was related to high amounts of enacted support, both emotionally and instrumentally. For this sample, social embeddedness was related to enacted support.

Social support encompasses three main domains in order to holistically determine if grandparent caregivers have or feel a sense of assistance. Social embeddedness or network size refers to the ‘people’ resources a grandparent may have. Perceived support is a grandparent caregiver’s belief that assistance would be received from an individual within his or support network. Enacted support is the actual act of supporting. Enacted
support reinforces an individual’s membership in support network and may increase a 
grandparent caregiver’s perception of support.

Self-Efficacy

Self-efficacy is an individual’s belief that he or she can perform the behavior 
associated with a specific role or situation (Bandura, 1989). This conviction refers to the 
ability to control the outcomes of behavior. The control refers to a feeling of power 
(Bandura, 1986) or the perception in one’s effectiveness in dealing with prospective tasks 
or situations that may be ambiguous, demanding, or stressful (King & Elder, 1998).

The judgement of one’s self-efficacy is based on four sources of information: 
enactive attainments, vicarious experiences, verbal persuasion, and physical state 
(Bandura, 1977; 1982). The performance accomplishments or enactive attainments are 
previous experiences or mastery in specific tasks. For grandparent caregivers, this would 
include previous parenting experience. Vicarious experiences are those gained by 
watching others perform similar tasks or behaviors. Verbal persuasion incorporates verbal 
support or encouragement while physical state implies an internal monitoring of one’s 
belief in being able to complete various tasks. These sources focus on an individual’s 
ability to produce and regulate life events (Bandura, 1982) with an emphasis on the 
judgements an individual makes, not necessarily the skills, such as parenting (Bandura, 
1986).

Efficacy “involves a generative capability in which component cognitive, social, 
and behavioral skills must be organized into integrated courses of action to serve 
innumerable purposes” (Bandura, 1982, p. 122). The generative capability of individuals
requires implementation. Without implementation, one cannot execute appropriate courses of action to deal with life events, such as raising one’s grandchild. Individuals who perceive a sense of efficacy, approach difficult tasks as challenges to be mastered and establish goals and maintain strong commitments to attain them even in the face of difficulties (King & Elder, 1998). The generative capability involves an individual’s skills which are integrated into actions or behaviors (Bandura, 1982). Grandparent caregivers in a desire to nurture or be generative to their grandchild integrate their parenting skills and take action by raising their grandchild. Pulling individual strengths and resources together to adequately enact the parental surrogate role indicates an internal drive or self-motivation to accomplish parenting tasks.

Self-efficacy has been linked to various outcome behaviors, such as goal setting, self-motivation, career choice, fear reduction, and community involvement (Bandura, 1982; 1986). Perceived self-efficacy has been found to be a predictor of behavior toward unfamiliar tasks and performance mastery on stressful tasks (Bandura, 1977; 1982). To date, few studies have examined the role of self-efficacy in family relationships (King & Elder, 1998).

For grandparent caregivers, the focus of self-efficacy is on the belief in one’s ability to enact a parental surrogate role. If a grandparent caregiver is able to regulate the transition from traditional grandparent to grandparent caregiver and feel in control during this process, then the grandparent caregiver would have a sense of efficacy (Crumbley & Little, 1997). Grandparent caregivers make a judgement about their capability to parent
the grandchild versus the adult child’s capability to parent. This judgement occurs during
the role transition from traditional grandparent to grandparent caregiver.

Bandura (1982) states that appraisals of self-efficacy determine how much effort
an individual will expend and for what length of time on accomplishing goals in the face of
obstacles and barriers. Grandparent caregivers expend considerable effort and time in
order to raise a grandchild. Grandparent caregivers appraise their capabilities to parent a
second time around. A grandparent caregiver’s self-efficacy relates to the belief that as a
grandparent, he or she is more competent to raise the grandchild than the middle
generation or another type of care arrangement, such as foster care despite the obstacles
related to role-fit and support. Grandparents strive for a sense of control over their
destiny and the destiny of their grandchild’s life in order to ensure that the grandchild is
safe and raised in a secure and stable environment.

Self-efficacy is associated with a feeling of self-worth which can be considered at a
global or context-specific level. Grandparent caregivers’ belief in their competence to
direct their life is considered a global sense of self-efficacy. Self-efficacy measured from a
global perspective takes into account the various roles of an individual. Taking into
consideration all of one’s roles, grandparent caregivers determine how much control they
can exert over their life. If a grandparent caregiver perceives a strong sense of self-
efficacy, then that grandparent may view all roles as salient and working together to
achieve a destiny that the grandparent caregiver envisions. Grandparent caregivers
envision themselves as their grandchild’s psychological parent (deToledo & Brown, 1995;
Minkler & Roe, 1993).
More specifically, self-efficacy can be examined focusing on a parent role. Parental efficacy refers to one’s competence in parenting. The context-specificity of parental efficacy evokes a more structure traditionalist view of roles. For grandparents parenting a second time around, parental efficacy takes on a more interactionist perspective. For grandparent caregivers, there is a sense of confidence in certain child rearing behaviors (e.g., feeding) and the need for information about how to be a parent in contemporary society.

**Grandparent Caregivers: Evidence of Self-Efficacy**

To date, only one study has specifically examined self-efficacy and family relationships, specifically grandparenting. The King and Elder (1998) study incorporated perceived self-efficacy (e.g., questions pertaining to degree of influence over a grandchild) to predict grandparent involvement with grandchildren. Involvement precluded the parental surrogate role. They found in their sample of 883 grandparents that those grandparents who had strong self-efficacious beliefs played a more active role with their grandchildren. The strongest family characteristic associated with self-efficacy was quality of the grandparent-parent/adult child bond. For grandparent caregivers, the grandparent-parent/adult child bond is most likely dysfunctional as the adult child was deemed an unfit parent by the grandparent.

Burton (1992) found in her sample of 60 African American grandparents raising grandchildren that the majority expressed a strong commitment to raising their grandchildren. This commitment overshadowed the obstacles of high stress levels and low levels of support evoking a sense of perceived efficacy in approaching the difficult
task of raising a grandchild. Burton (1992) noted that the grandparent caregivers considered themselves a valuable resource in their families and saw it as ‘their duty’ to raise their grandchildren. The notion of someone else outside family raising the grandchild was not considered an option. A generative capability emerged that involved these grandparents’ parenting skills.

Jendrek (1994) reported that the majority of custodial grandparents in her study provided care to a grandchild in an attempt to bring a sense of security to the grandchild’s life. The analysis of quantitative data revealed that grandparents provided care mainly because the grandchild’s mother was having emotional, mental, and drug-related problems and the grandparent did not want the grandchild placed in foster care. This finding suggests that the grandparent perceived themselves more competent in the parent role than the adult child.

The qualitative data supported this suggestion. Grandparents provided care not so much as a result of the unfitness of the middle generation, but as an expression of a concern that the grandchild’s family was dysfunctional and neglected the grandchild’s well-being (Jendrek, 1994). This generative concern about the quality of life of the grandchild led the grandparents to believe that they could provide a better environment and more effective parenting. The appraisal of parental competence led to considerable effort and persistence in the enactment of the parental surrogate role.

Minkler, Roe, and Price (1992) found that their sample of 71 African American grandmothers had an “intense desire to protect the children...by downplaying their own health problems” (p. 759). These grandmothers chose to create and regulate their life
events in terms of health in order to continue to provide care to their grandchildren. The
grandmothers when faced with health problems exhibited a sense of efficacy and self-
motivation to continue in a parent role. For many grandmother caregivers, the fear of the
grandchild being placed in foster care overshadowed their poor, objective health ratings
(Minkler et al., 1992) as evidenced in the contradictions found in the quantitative and
qualitative data regarding health. For instance, a grandmother caregiver quantitatively
gave a very low, health rating, but stated she was in good health during an open-ended
portion of the interview. The grandmothers in this sample revealed a sense of competence
that they could raise their grandchild more appropriately than another care arrangement
prompted more positive health responses on qualitative measures.

Summary and Conclusions

The literature on grandparents raising grandchildren is still in its infancy. As such,
the majority of studies reviewed are considered exploratory in nature indicating the need
for future research. The basic demographic profile of grandparent caregivers has been
provided. The integration of theory into the research and practice is lacking.

In terms of samples, a diverse sample of grandparent caregivers across ethnicity,
gender, age, and income is needed as the assumption of becoming a grandparent caregiver
cuts across these lines (Chalfie, 1994; Fuller-Thomson et al., 1997; Minkler & Roe, 1993).
Sample diversity would enhance the findings. Currently, samples focus on a particular
ethnic group, such as African American (Apfel & Seitz, 1991; Burton, 1992; Dressel &
Barnhill, 1992; Minkler & Roe, 1993) or white (Jendrek, 1993, 1994). Research on other
ethnic groups, such as Hispanics, Native Americans, and Asian Americans is almost non-
existent with the recent exception of Burnette’s (1999) study of Latino grandparent
caregivers.

The majority of studies also focus exclusively on grandmothers raising
grandchildren often leaving the role of grandfathers out of the family structure (Fuller-
Thomson et al., 1997). There are a few studies that incorporate grandfathers (Burton,
1992; Jendrek, 1993, 1994). Sampling of grandfather caregivers is needed to determine if
grandfathers are assuming the primary caregiving role. If they are not assuming a primary
role, then do they assume a secondary caregiving role in support of the grandmother or do
they disrupt the role enactment of the grandmother caregiver? Roles within the family
determine how the family functions and family dynamics.

The generational structure of families is becoming more diverse. On average,
individuals obtain the grandparent role at about age 45 (Kivett, 1990). Grandparent
caregivers cover a wide age range (Burton, 1992; Fuller-Thomson et al., 1997; Jendrek,
1993; Minkler & Roe, 1993). Age as a factor is becoming less and less salient as roles
become more dominant in developmental tasks and the family life stages.

Grandparenthood is not a time period devoted to senior citizens with ample disposable
income and leisure time. Many grandparents are still working in the midst of their careers.
Obtaining a role traditionally viewed as being acquired during later life impacts role-fit.

The options available to grandparent caregivers in terms of employment and child
care arrangements often hinges on financial status. If one is financially stable, then quality
child care may be an option as well as continuing on one’s career path. If one is not
financially stable, then child care may not be affordable, especially if raising more than one
grandchild, and one's career may be put on hold or abandoned in lieu of fulfilling the caregiver role. Samples need to depict the range of incomes in order to be representative of all grandparent caregivers. Fuller-Thomson, Minkler, and Driver (1997) suggest that the number of grandparent caregivers in poverty is really an intersection of gender, ethnicity, and age rather than the actual poverty status. The inclusion of grandparent caregivers across diverse income brackets as well as other demographic variables would assist in determining if the needs of grandparent caregivers are universal.

The increasing number of grandparents assuming a parenting role with their grandchildren calls for the need to examine the relationship of role-fit to a sense of efficacy with examination of the moderating role of social support. Few studies link the conditions of role enactment to evidence of caregiver well-being (e.g., health, low depression, self-efficacy). Some evidence has been found to indicate that caregiver well-being contributes to more sensitive, age-appropriate parenting. Conditions that sustain efficacy have not been the focus (King & Elder, 1998). Social support as a moderating factor should be considered as a condition that can sustain a sense of parental efficacy contributing to a grandparent caregiver's well-being.

The use of role theory as a theoretical framework promises to make an important contribution to the literature. To date, studies have been conducted with a problem-oriented focus, such as adolescent pregnancy, the crack cocaine epidemic, and incarceration. Theoretical frameworks have not been utilized with any consistency. The exceptions are Jendrek (1993; 1994) who explicitly cited a theoretical model of time-disordered roles, Burnette (1999) who uses a role theory framework, and Minkler, Roe,
and Robertson-Beckley (1994) who refer to a stress buffering hypothesis as a means to explain research findings rather than to guide the research.

By using role theory as a guiding framework, researchers can begin to understand the nature of role timing and its impact on personal time markers and generational structures, the degree of conflict between the grandparent and grandparent caregiver role, and the nature of role conflict on self-efficacy. Specific questions would include: is the parent role disruptive to other aspects of an adult’s role enactment? How much ambiguity do grandparent caregiver’s experience?
CHAPTER 3

METHODOLOGY

The focus of this chapter is on the sample and procedures, specifically the methodology, data collection, instrumentation, and data analysis used in the study. The goal of the study was to describe how a sample of grandparents experienced raising their grandchildren in terms of role-fit, social support, and self-efficacy. The overall research design included quantitative and qualitative measures obtained through face-to-face, semi-structured interviews with twenty-six grandparent caregiver participants. The use of quantitative and qualitative measures was appropriate given the multifaceted nature of the family structure being examined (Gilgun, Daly, & Handel, 1992).

Sample

The sample was selected from the central Ohio area. For participation in the study, grandparents had to meet the following criteria: 1) the grandparent is primarily (e.g., daily supervision) responsible for raising a grandchild, 2) the grandchild co-resides with the grandparent, and 3) the middle generation or the grandchild’s parent(s) do not reside in the same household. The inclusion criteria were translated into three screening questions which were asked during a preliminary phone screening interview (See Appendix A).
The objective was to obtain a sample of 50 grandparents who provided the primary ‘parenting’ responsibilities in a co-residency situation. The absence of the middle generation was sought in order to explore how grandparents enact a parental role by limiting the mediating effects of the adult child/biological parent in the home. The focus on roles guided the sample inclusion criteria. These criteria excluded grandparent caregivers in three-generation households or where the adult child/biological parent is present.

The original sampling plan was to collaborate with the Grandparents Caregiving Research Project sponsored by the Franklin County Office on Aging who has a contractual agreement with The Ohio State University, School of Allied Medical Professions. However, the Project had an age limit of 60 or older for the intended sample and specific requirements, such as residency within Franklin County, Ohio. These restrictions did not coincide with goals of this research study.

Joint sample recruitment was initially conducted using fliers and recruitment letters to agencies. For grandparents who were over age 60, a referral was made to the Project after those grandparents were interviewed for this study. A total of five grandparent caregivers was referred.

Sample recruitment by the author consisted of contacting the local grandparent caregiver support group and local parenting organizations, working with Franklin County Head Start programs, and requesting faculty to announce the study in appropriate classes. Recruitment letters (See Appendix B) were distributed and contact made to local senior citizen groups, university-sponsored child care facilities, government subsidized housing
organizations, and various shelters in the Franklin County area. The sample reflects
grandparents who volunteered through these recruitment methods. The sample
recruitment process identified 58 grandparents during December 1996 and May 1997.

Of the 58 grandparent caregivers, eleven were unable to be screened for
participation due to the lack of correct contact information (i.e., lack of an
address/phone). Out of the 47 who were screened for participation in the study, nine were
ineligible to participate because they did not meet the established screening criteria and
three were not interested in participating. A total of 35 grandparent caregivers were
considered eligible to participate. Nine of the 35 grandparents were not included in the
final sample as seven were not interested in participating after the initial contact or did not
wish to participate any longer due to a variety of reasons (e.g., time) and two had recently
participated in a similar survey and did not care to be interviewed. The remaining 26
grandparents agreed to participate in the study.

The final sample size of 26 reflects the difficulty in locating grandparent caregivers
through variety of recruitment techniques in the central Ohio area. Attempts were made
to locate additional grandparents, but were unsuccessful. Given the descriptive and
exploratory nature of the study and the known difficulties of identifying and recruiting
grandparent caregiver participants (see Minkler & Roe, 1993), a purposive sampling
strategy was used (Miles & Huberman, 1992).

The goal of the study was to describe the experience of grandparents raising
grandchildren and to explore a relationship model among the three constructs: role-fit,
support, and self-efficacy. The use of qualitative and quantitative measures permitted the
analysis of the study’s goal. The sample was large enough to carry out exploratory statistical relationships among the three study variables and small enough to provide in-depth analysis of the conceptual patterns embedded in the sample.

Sample Characteristics

As indicated in Table 3.1, grandparent caregivers participating in the research study were predominantly female (96.2%) with 53.8 percent being married at the time of the interview. The average age was 53.2 (SD = 4.98) with a range of 43 to 66 years. Approximately 73 percent were currently employed. In terms of ethnicity, the sample was fairly diverse with 65.4 percent being White, 30.8 percent African American, and 3.8 percent Asian American. Approximately one-fourth of the sample did not complete high school and the majority of study participants (69.2%) assessed their health as being good or excellent.
<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 - 50</td>
<td>23.1</td>
<td>6</td>
</tr>
<tr>
<td>51 - 57</td>
<td>57.7</td>
<td>15</td>
</tr>
<tr>
<td>58 - 66</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>96.2</td>
<td>25</td>
</tr>
<tr>
<td>Male</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>53.8</td>
<td>14</td>
</tr>
<tr>
<td>Divorced</td>
<td>23.1</td>
<td>6</td>
</tr>
<tr>
<td>Single</td>
<td>15.4</td>
<td>4</td>
</tr>
<tr>
<td>Widowed</td>
<td>7.7</td>
<td>2</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>65.4</td>
<td>17</td>
</tr>
<tr>
<td>African American</td>
<td>30.8</td>
<td>8</td>
</tr>
<tr>
<td>Asian American</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Monthly Household Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $400</td>
<td>11.5</td>
<td>3</td>
</tr>
<tr>
<td>$400 - $799</td>
<td>34.6</td>
<td>9</td>
</tr>
<tr>
<td>$800 - $1,199</td>
<td>26.9</td>
<td>7</td>
</tr>
<tr>
<td>$1,200 - $1,599</td>
<td>23.1</td>
<td>6</td>
</tr>
<tr>
<td>$1,600 - $1,999</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Employed</strong></td>
<td>73.1</td>
<td>19</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 11 or less</td>
<td>26.9</td>
<td>7</td>
</tr>
<tr>
<td>Grade 12 or higher</td>
<td>73.1</td>
<td>19</td>
</tr>
<tr>
<td><strong>Current Health Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>15.4</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>53.8</td>
<td>14</td>
</tr>
<tr>
<td>Fair</td>
<td>26.9</td>
<td>7</td>
</tr>
<tr>
<td>Poor</td>
<td>3.8</td>
<td>1</td>
</tr>
</tbody>
</table>
A grandparent caregiver's perception of support may be mediated by their sense of financial well-being. Close to half (46.1%) of the grandparent caregivers in the study had incomes below $800 per month and a little over half had incomes between $800 and $1,599 per month. The monthly household income of the grandparents participating in the study ranged from less than $400 per month up to $1,999 per month.

These monthly incomes are impacted by the number of individuals living in the grandparent-grandchild household. Grandparents in the study provided care for an average of 1.7 grandchildren. For over half (n = 14) of the grandparents in this study, a spouse was present.

A weakness of the present study was the absence of a direct question aimed at total household size. Rather, inquiries focusing on co-residency were made and inferences to household size were made. The majority of grandparent caregiver participants did not feel that their household income was adequate to support the members of the household. As with the present sample, grandparent caregivers have inadequate incomes to support grandchildren (Burton, 1992; Chalfie, 1994; Fuller-Thomson, et al., 1997; Lai & Yuan, 1994, Minkler & Roe, 1993).

During the interview, grandparent participants listed their monthly sources of household income. On average, participants reported 5.8 sources of income. These sources can be classified as public (e.g., social welfare) or private (e.g., earned). A significant number of the income sources were classified as public sources: slightly more than 73 percent of grandparent caregiver households received Aid to Families with Dependent Children (AFDC), 19.2 percent received SSI (Supplemental Security Income).
benefits, 15.4 percent received Social Security, 11.5 percent Food Stamps, and 3.8 percent disability benefits.

Private sources of income were also documented. With the average age of grandparent caregiver participants being 53.2, it is not surprising that 88.5 percent of the participants cited wages/salary as an income source. Other private sources include savings (15%) and gifts (11.5%).

With the majority of the sample being female, employment was explored in terms of support for the grandparent-grandchild families. As with caregiving of elderly relatives, alterations in work were made to accommodate caregiving responsibilities (Abel, 1990; Brody et al., 1994). Four grandparent participants quit their job to provide care and 19 altered their work hours. Alterations included reducing the number of hours, changing shifts, or working at home. The economic consequences of altering work hours and quitting are great for women who are mid-age (Barusch, 1994) as it is at this life stage when retirement savings are invested. The impact of caregiving at mid-life greatly influences the financial well-being of women in later life (Barusch, 1994).

A profile of the nature of the grandparent caregiver role is provided in Table 3.2. The grandparent caregivers in the study had been raising an average of 1.7 grandchildren $(SD = 1.13)$ for an average of four years $(SD = 2.52)$. The majority (61.5%) of grandparent caregivers in the study were raising one grandchild with one grandmother raising six.
Through the qualitative data, it was discerned that the majority of grandparents were maternal grandmothers (54%) with 15 percent being paternal grandmothers. The remaining grandparents (31%) had an adoptive relationship (e.g., non-biological) with their adult child/grandchild.

The sociodemographic profile found with the grandparent caregiver sample for this study was similar to profiles found in other national studies (Baydar & Brooks-Gunn, 1998; Chalfie, 1994; Fuller-Thomson et al., 1997) and Ohio-based studies (Downey, 1998; Jendrek, 1993; Lai & Yuan, 1994). The similarity in samples indicates the ability of the current study to add to the growing body of literature about grandparent caregivers, specifically to grandparent caregivers whom has a custodial relationship and are low-income. The generalizability or external validity of this study was considered to the extent to which the findings can be generalized to other settings (e.g., outside of central Ohio) and other grandparent caregivers (Cozby, Worden, & Kee, 1989).

General caution must be made in terms of generalizations with such a small sample size ($N = 26$), despite the similarities in sociodemographic information with other grandparent caregiver samples. The sample used in this study consisted of grandparents providing primary parenting of a grandchild whom lived with them and with the adult child/biological parent not sharing residency with the grandparent and grandchild. Generalizations can be made to these other types of grandparent caregivers.
Table 3.2
Profile of Nature of Grandparent Caregiver Role ($N = 26$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Grandchildren Raising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>61.5</td>
<td>16</td>
</tr>
<tr>
<td>Two</td>
<td>23.1</td>
<td>6</td>
</tr>
<tr>
<td>Three</td>
<td>11.5</td>
<td>3</td>
</tr>
<tr>
<td>Six</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td>Duration of Caregiving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One year or less</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td>Three to Five years</td>
<td>61.5</td>
<td>16</td>
</tr>
<tr>
<td>Six to Ten years</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td>Legal Relationship to Grandchild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal Arrangement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Formal Arrangement</td>
<td>100.0</td>
<td>26</td>
</tr>
</tbody>
</table>

Procedure

The source of data for this study was face-to-face, semi-structured interviews with 26 grandparents raising grandchildren in the central Ohio area. Participants were contacted initially by telephone and asked the following screening questions: 1) Are you primarily (e.g., daily supervision) responsible for raising a grandchild? 2) Does the grandchild co-reside or live with you? and 3) Does the middle generation or the grandchild’s parent(s) reside in a different household? Grandparents who answered yes to all three questions, were asked if they would be willing to participate in an interview. The author called the grandparent caregivers after receiving their name from another grandparent caregiver or an agency; grandparent caregivers did not call the author to...
express an interest in participating in the study. Forty-seven grandparent caregivers were screened with 26 grandparent caregivers agreeing to participate. Arrangements were made during the phone screening interview for a face-to-face interview.

The interviews were conducted from December 1996 through July 1997 in a variety of locations, such as the grandparent’s home, local library, or local coffee shop. The majority of interviews were conducted by the author, a white female. Another white, female with experience in social work and grandparents raising grandchildren completed ten interviews. The interviews with the grandparent caregivers lasted between one and two hours with the majority of interviews lasting about 75 minutes.

The following efforts were made to reduce interviewer bias (Crozby et al., 1989). First, training was conducted with the other interviewer in order to ensure that the administration of the interview schedule was consistent with the author’s approach. Second, several mock interviews were conducted in order for the author and additional interviewer to achieve consistency during the interview process.

In accordance with the recommendations from The Ohio State University, Human Subjects Committee, participants were assured confidentiality prior, during, and after the interview. Each participant gave written, informed consent to the interviewer. (See Appendix C for consent form.) At that time, grandparent caregiver participants were also asked if portions of their interview could be audio taped for transcription purposes only.

Only three participants did not agree to be audio taped. During these three interviews, detailed, handwritten field notes were taken by the interviewer. These notes were transcribed within 24 hours to ensure accuracy.
Use of Quantitative and Qualitative Measures

A combination of quantitative and qualitative measures were used to describe patterns of experiences of grandparent caregivers pertaining to role-fit, social support, and self-efficacy. Grandparents raising grandchildren are multifaceted, and the research measures should match (Gilgun et al., 1992).

The rationale for selecting qualitative and quantitative measures was twofold. First, corroboration between the qualitative and quantitative measures was sought. The use of qualitative measures can assist during analysis by "validating, interpreting, clarifying, and illustrating quantitative findings" (Miles & Huberman, 1994, p. 41). For instance, Minkler, Roe, and Price (1993) found a contradiction between qualitative and quantitative findings in the health perceptions by the grandparent caregiver. On quantitative measures, grandparent caregivers rated their health as poor, but in qualitative measures, grandparent caregivers said their health was fine. This type of contradiction provides evidence for the need to combine qualitative and quantitative measures in order to develop a more accurate understanding of the various concepts. Minkler, Roe, and Price (1993) conclude that grandparent caregivers sought to provide socially desirable responses, so that care should be taken in obtaining more multi-faceted measures.

Second, the use of qualitative data was seen as providing context and detail absent in exclusively quantitative approaches. In order to more accurately describe experiences, quantitative data need to be coordinated with qualitative themes. Minkler and Roe (1993) have reported that statistics are stories with the tears washed off. The goal was to combine statistics with stories in order to learn about grandparent caregiver experiences.
Each of the primary variables (role-fit, support, and self-efficacy) was measured qualitatively and quantitatively. Qualitative data were collected from the open-ended questions and analysis techniques used in order to elicit the grandparent caregivers' descriptions of their experiences (Sandelowski, Holditch-Davis, & Harris, 1992). The grandparent caregiver participants were encouraged to elaborate on responses with an opportunity to add other information that may not have been covered during the interview at the conclusion of the interview. The descriptive transcripts were transferred into summaries of themes to comprise the findings of the study.

Quantitative measures were also used in the form of standardized instruments. Descriptive and inferential statistical methods were employed to analyze the data obtained. With the majority of grandparent caregiver research being exploratory, the majority of studies to date have included qualitative measures and designs (e.g., Jendrek, 1993, 1994; Lai & Yuan, 1994; Minkler & Roe, 1993). This study was largely descriptive, yet had some confirmatory components. The research goal was to continue to explore the experience of grandparent caregivers and to confirm aspects surrounding a grandparent caregiver's role.

Data Collection

The first part of the interview had the purpose of establishing a rapport with the participants. A short narrative about the research study was read emphasizing confidentiality. The participant was asked to sign a consent form indicating 1) willingness to participate in the interview, 2) confidentiality on behalf of the interviewer,
3) willingness to be taped for some parts of the interview, and 4) a copy of a summary of research results. The interviewer signed the consent form at the same time as the grandparent caregiver participant.

During the interview, responses to close-ended questions were recorded on the interview guide by the interviewer. Responses to open-ended questions were tape recorded (when consent was given) and notes were taken by the interviewer to assist with the transcription process. Tape recording is more advantageous in terms of greater accuracy, but practical questions (i.e., location of the recorder for best sound and a supply of batteries) were noted and logistical procedure established (Wallace, 1994). These procedures, such as flipping the cassette tape were incorporated in order to not be intrusive and interrupt the flow of the interview.

At the conclusion of the interview, participants were given the opportunity to provide names of other grandparent caregivers who may be interested in participating in the study. Each participant received a ‘thank you’ bag which included grandparent caregiver information, resources, and a discount coupon to a child’s clothing store. A thank you note was sent to each participant approximately a week after the interview by the interviewer who interviewed that particular grandparent caregiver. (See Appendix D for Thank You Letter.)

Instrumentation

An interview guide was developed to explore the research themes and general expectations (Kaufman, 1994) and to focus the interview in order to increase the efficiency and power of analysis (Miles & Huberman, 1994). (See Appendix E for
Interview Guide.) The use of qualitative and quantitative measures dictated the use of an interview guide in order to ensure consistency of approach. Role theory was used in designing the interview guide in order to assist in determining if parental role enactment as a grandparent caregiver creates lack of role fit and the degree to which this may impact social support and efficacy. The three primary variables (role-fit, social support, and self-efficacy) were defined prior to the development of the interview guide using role theory. Grandparent caregivers were asked during the interview about their role in terms of fit, social support, and efficacy as it relates to perceptions of mastery. The use of an interview guide was seen as a means "to build theory, to improve explanations or predictions, and to make recommendations about practice" (Miles & Huberman, 1994, p. 35).

Role-fit was measured as a general construct. The quantitative measure was a 4-item, Role Timing Scale adapted from the Achievement Ability Subscale of the Lifetime Questionnaire developed by Cook and Staudinger (1986). Although the name of the scale refers to timing, it was used in this study to assess the broader notion of role-fit. The subscale originally referred to an ill adult child's ability to achieve normative, developmental tasks compared to same-age peers and was used by Pickett, Greenley, and Greenberg (1995) to examine off-timedness as a contributing factor to subjective burden for parents of children with severe mental illness. Grandparent caregivers used a likert scale ranging from strongly disagree (1) to strongly agree (5) to measure a grandparent caregiver's perceived ability to achieve normative tasks compared to their same-age peers. The original subscale had an alpha reliability coefficient of .74 (Pickett, Greenley, & Greenberg, 1995). The reliability alpha for this study was a .58. The qualitative measure
was for the grandparent caregiver to describe changes in lifestyle as a result of assuming care of a grandchild.

Role ambiguity was measured qualitatively by asking if the grandparent was comfortable with the relationship with the grandchild, specifically the legal or informal custody arrangement. A single, quantitative question was then developed in order to determine how clear a grandparent thought the expectations and responsibilities were as a grandparent caregiver. Role ambiguity was incorporated into the interview guide as role enactment is dependent upon clear expectations.

Role conflict was measured by having the grandparent caregiver talk about the expectations he or she had about being a grandparent and the realities of being a grandparent caregiver. Similar to role ambiguity, a single, quantitative question was developed and grandparents were asked to indicate how much conflict was experienced between being a grandparent and a grandparent caregiver.

Social support was measured by an overall support satisfaction item and items related to the constructs of social embeddedness, perceived support, and enacted support. This research used social embeddedness, perceived support, and enacted support in order to clarify the more global term of social support. Social embeddedness is defined as the number of individuals in a grandparent caregiver's support network. Perceived support is based on a grandparent caregiver's perception of availability and adequacy of his or her support network. Enacted support is defined as the actual support a grandparent caregiver receives. Each concept is distinct, yet related to provide a global measure of a grandparent caregiver's support.
Social embeddedness or network size was measured by asking how many individuals the grandparent could rely on and if they belonged to a support group for grandparent caregivers. Lai and Yuan (1994) state that social embeddedness must be measured in order to accurately determine a grandparent caregiver's level of support.

Perceived support followed up on network size by allowing the grandparent caregiver to describe ways in which he or she had counted on people. The 12-item, Multidimensional Scale of Perceived Support developed by Zimet, Dahlem, Zimet, and Farley (1988) was used as a quantitative measure. The Scale was designed to measure support from family, friends, and a significant other using a likert scale and has an excellent internal consistency with an alpha of .91 (Zimet et al., 1988). Lai and Yuan (1994) utilized the Scale in their study of grandparent caregivers and reported a high internal consistency of .90. For this study, the MPSS had an alpha of .9591, slightly higher than the reported internal consistency (Zimet et al., 1988) and for a sample of grandparent caregivers (Lai & Yuan, 1994).

Enacted support was measured by asking grandparent caregivers what services they have used, what services they need, and how persons in their support network have provided (i.e., enacted) support.

Self-efficacy referred to a grandparent caregiver's belief in his or her competence to parent a second time around. The term implies a sense of empowerment that a grandparent caregiver may obtain through regulating life events and achieving a sense of mastery concerning parenting skills. Grandparent caregivers take action by using their skills and abilities to raise their grandchildren in a stable and secure environment.
Self-efficacy was measured using the Self-Efficacy Scale developed by Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, and Rogers (1982) to learn about the grandparent caregiver’s belief in his or her competence in enacting the grandparent role. The original scale was modified to delete the seven filler items to include only 23-items. An internal consistency of .86 and good criterion and construct validity was reported by Sherer et al. (1982). The SES in the current study had an alpha of .78. The SES measured general self-efficacy rather than parental efficacy. It was used to learn more about the context of a grandparent caregiver’s sense of efficacy.

Qualitatively, grandparent caregivers were asked a hypothetical situation: if you had the option of having someone else, such as a foster parent raise your grandchild, would you take it? Grandparent caregivers were also asked to indicate which caregiving responsibilities they do well and feel confident about and which caregiving responsibility they have doubts if they are doing a good job. These qualitative questions are targeted more specifically at learning the degree of a grandparent caregiver’s sense of parental efficacy.

The interview guide was piloted on a grandparent caregiver and reviewed by several researchers familiar with grandparent caregivers prior to use in the study. Following the pilot and review, the interview guide was revised in accordance with difficulties identified in the pilot process and suggestions made by fellow researchers. The interview guide can be considered semi-structured because it is organized by topics (e.g., role-fit, social support, self-efficacy) that were to be addressed during the interview (Berg, 1989).
Qualitative Data Analysis Procedure

The procedure used to analyze the qualitative data obtained in this research study focused on the content analysis of the interview narratives or transcripts which were the responses to the open-ended questions in the interview guide. In order to analyze qualitative data, it must be arranged in some ordered fashion (Berg, 1989). The goal of the qualitative data analysis was consistently and systematically to code themes and sub-themes (Berg, 1989; Miles & Huberman, 1994) related to role-fit, social support, and efficacy. Themes were defined as ‘chunks’ of data or simple sentences, phrases, or paragraphs (Berg, 1989) that focused on the study variables. From the coded themes and sub-themes, a series of indices emerged in which specific frequencies concerning role-fit, support, and efficacy were developed. The data analysis procedure was a process or series of steps.

The initial step occurred upon completion of each interview. The consent form and other identifying information were separated from the completed interview guide (i.e., data) to assure confidentiality of responses and the context of the audio-taped interviews were transcribed verbatim (i.e., inclusion of um, you-know, and other utterances as well as repetitive material) using a computer word processor program. In the three cases in which the participant did not wish to be audio taped, the interviewer took thorough notes and transcribed the interview within 24 hours to ensure accuracy. Audio tapes and notes were reviewed to ensure that the transcriptions were accurate. Transcription has been noted as a time-consuming task (Berg, 1989; Wallace, 1994) and for this study, each hour of taped interview took approximately two and a half hours to transcribe. The transcriptions were

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demarcated according to the interview guide or the questions relating to the three primary variables of role-fit, support, and self-efficacy as a preliminary coding step. As stated by Miles and Huberman (1994), coding should not be put off until the end of a research project, but be an ongoing process.

Second, a content analysis strategy was employed to develop a summary of the qualitative data. The goal was to develop themes and categories surrounding the grandparent raising grandchildren experience. The process began with the identification and categorization of the primary data patterns or the coding of data patterns (Berg, 1989).

Next, themes were identified (Lubrosky, 1994) to describe the experience of grandparents raising grandchildren in terms of role-fit, social support, and self-efficacy. Role theory was used to guide the analysis. The concept of role-fit was the primary focus of the analysis as the majority of the narratives dealt with a grandparent caregiver’s role and the primary focus of the study is on a grandparent caregiver’s role.

The overall qualitative data analysis process refers to data reduction or the “selecting, focusing, simplifying, abstracting, and transforming data that appears” in the interview transcripts (Miles & Huberman, 1994, p. 10). Data reduction was a step in data analysis for this study. Specifically, data reduction referred to the coding process that identified themes.

Coding

Due to the volume of the data, the first phase was to determine the major themes or stories of each interview transcript (Sandelowski, et al., 1992). A coding process was
devised according to the three primary variables of role-fit, support, and self-efficacy. For this study, codes were attached to ‘chunks’ of data (Miles & Huberman, 1994) to illustrate the variable being analyzed.

To obtain a consistent and systematic approach, each interview transcript was printed out in its entirety. Index cards, highlighting the research expectations and operational definitions of variables, were used in order to consistently apply the study’s original goal, expectations, and definitions to all transcripts. Each interview transcript was reviewed in its entirety and coded by the author for ‘chunks’ or phrases/topics relating to the themes of role-fit, support, and self-efficacy. Upon identification of the content relating to the variables, the excerpt was coded according to variable (i.e., role-fit = RF), grandparent caregiver participant case number, and location in the transcript (i.e., question number).

The next step in the content analysis of the narratives was to identify key themes under each variable. Transcripts were coded into more specific and theoretically focused themes (Allen & Walker, 1992) using role theory and the study’s research expectations as a guide. A strategy was employed to match each excerpt with a particular variable as well as to identify the theme that particular excerpt exemplified. Hence, a series of indices or a ‘standardized category’ emerged in which specific frequencies could be counted to determine a pattern saturation point and the validity of responses. Thematic analysis was employed as the identification of themes allows the preservation of the richness of detail as well as allows a standardized category to be counted (Lubrosky, 1994).
The next step in the process was to take the coded chunks of data from each interview narrative pertaining to each of the themes. The data chunks were separated from the interview transcript, but were labeled with the identification code associated with the grandparent caregiver participant. For each interview transcript, a ‘cut and paste’ technique was used. For instance, when a code for role-fit appeared in the interview transcript it was labeled with the grandparent caregiver participant code number, copied, and pasted into another word processing document. Each interview then had the original transcript in addition to a word processing file/document with the coded chunks of data pertaining to each of the study variables and subsequent themes.

Upon completion of this round of thematic analysis, the chunks of data were reviewed to determine if they ‘fit’ into the identified categories. This third round was a check as well as a means to summarize the various themes emerging under each concept. As Lubrosky (1994) states, by summarizing themes, a researcher is able to standardize qualitative data, thus allowing the data to take on quantitative characteristics. This process was done in order to develop frequency tables surrounding the identified themes.

Validity

The interview narratives are the symbolic representation of a grandparent caregiver’s primary experience (Riessman, 1993). Qualitative measures rely on the participant’s construction of reality checked against other participants’ responses (Ambert, Adler, Adler, & Detzner, 1995). The process of theme identification of the study variables indicated that pattern saturation was achieved among the grandparent caregivers participating in the study - hence, a comparison of participant responses. Pattern
saturation occurs when "patterns become repetitive and materials are thematically saturated" (Rubinstein, 1994). It was determined through interviews and rereading the interview narratives, no further or new topics were emerging that focused on the study's primary variables (Lubrosky, 1994). In other words, the narratives concerning the study variables (role-fit, support, and self-efficacy) were repetitive indicating that common themes emerged which were valid for this particular sample of grandparent caregivers. The use of multiple participants responding to the same questions and the multiple methods for gathering the data serve as a check for the interpretation of results.

Reliability

The use of some form of a reliability check is recommended (Ambert et al., 1995). Inter observer reliability was sought pertaining to the identification of themes relating to roles and themes relating to the reasons for providing care to a grandchild. These two separate themes were selected in order to provide a broader measure of the reliability. These audits were conducted by the author and two other individuals familiar with qualitative analysis and the research process.

In terms of the identification of themes under the broad category of roles, an audit was conducted with the author and another individual using two transcripts selected at random. Two transcripts were selected due to the complexity in the identification of the many role concept themes. The results indicated agreement in the identification of the role-fit themes. In other words, the author and the other individual agreed with the categorization of data chunks under the themes of role-fit, role ambiguity, and role conflict.
The interviews with the grandparents (N = 26) who assume the primary care of their grandchild(ren) were analyzed. The coding process involved two raters (the author and a trained undergraduate research assistant), each of whom read the entire transcripts of all sample participants identifying the reasons why a grandparent became a primary caregiver to his/her grandchild. The inter-rater observers’ reliability for coding the reasons contributing to a grandparent becoming the primary caregiver was 92.31 percent. In only two of the cases were the raters in non-agreement. In these cases, the raters re-reviewed the transcripts in question and reached a mutual agreement as to identification of reasons.

Quantitative Data Analysis Procedure

Preliminary analyses used descriptive statistics to explore each variable. Next, correlational analyses were conducted to identify linear associations between variables and to determine which variables to include in subsequent analysis. A correlational approach was used to assess the magnitude and direction of linear relationships between the variables in the study. If no linear association was present, scatter plots were examined to develop a graphic understanding of the nature of the relationship between two variables (Hopkins, Hopkins, & Glass, 1996). If a nonlinear relationship was detected using the scatter plots, additional analyses, such as cross-tabulations were conducted in an effort to describe the nature of the relationship between the variables. For the three scales incorporated into the study (e.g.,. Role Timing, MPSS, SES), reliability was determined using Cronbach’s alpha.
A relationship model between role-fit and the effect of social support on self-efficacy was explored with self-efficacy being viewed as an adaptive outcome. Determination of the appropriate analytic tool was made in stages. With a sample size of 26, caution was taken as the power of statistical procedures is reduced with smaller sample sizes and violations regarding statistical assumptions and levels of measurement can be made. Statistical procedures were identified that coincided with the overall goal of the study: to describe the experience of grandparents raising grandchildren in terms of role fit, social support, and efficacy.

Correlational results for each variable were examined to determine if statistically significant linear associations between variables existed. Based on these findings, nonlinear relationships were explored to determine if interrelationships among variables were present. Regression was not explored as an analytic technique due to the lack of linear association between the variables in the relationship model. Structural equation modeling and path analysis were not considered given the small sample size.

Procedurally, a code book was developed from the interview guide for each quantitative measure. Each measure was considered a variable and labeled according to its level of measure and entered into a computer using a standardized statistical software program (SPSS). Data input was done with data entries checked in order to ensure accuracy by the author.

Prior to any statistical procedures being conducted, the data set was checked again for any mis-keyed information and missing values. A component of this process was to run frequency tables and scatter plots on variables to be used in subsequent analysis.
Limitations: Qualitative and Quantitative Analysis

Using face-to-face, semi-structured interviews within a role theory framework with a sample of grandparent caregivers whom have a custodial relationship with their grandchildren, this study contributes valuable information to the current literature. The study does have several limitations despite its potential to address several gaps within the current state of the literature.

First, role theory was used to guide the research. While this theoretical perspective makes heuristic sense, it may be that different results would have been garnered given the use of a different theoretical perspective, such as social exchange or psychosocial theory.

Next, the sample was limited in terms of a custodial relationship. The custodial arrangement with the grandchild was a formal agreement for all grandparent caregiver participants which is unique given state and national demographics. The formal custodial relationship allows more focus on this specific experience, but limits generalizability to all grandparent caregivers, especially those grandparents with an informal relationship. It is not possible with a sample size of 26 to state that the experiences of these grandparents are typical of the broader population of grandparent caregivers.

The relatively small sample \((N = 26)\) reduced the capability to fully analyze a relationship model of role-fit, social support, and self-efficacy. Analytic tools, such as regression, path analysis, and structural equation modeling require a fairly large number of participants per variable. With the exploratory and descriptive nature of the study, the
intent was to examine and to determine the feasibility of studying a relationship model.

Results pertaining to the relationship model and analytic tools can be found in chapter five.

This study fills conceptual gaps regarding grandparent caregivers. The use of thematic analysis in the narrative responses to the qualitative measures allows for a direct representation of the grandparent caregiver’s experience (Luboroksy, 1994). The use of narrative data indicates the desire to describe the experiences of grandparent caregivers. The goal to incorporate role theory allows for the generation of theoretical insight which is relevant to grandparent-grandchild families.
CHAPTER 4

DETERMINING THE DEGREE OF ROLE-FIT:
GRANDPARENTS' ACCOUNTS OF THE RE-PARENTING EXPERIENCE

In this chapter, the grandparent's experience of becoming a grandparent caregiver and its effects on his/her roles are examined. The chapter focuses on the qualitative data analyzed in terms of a grandparent caregiver's sense of role-fit. Using a descriptive focus, the chapter presents the major themes surrounding the concept of role-fit that emerged from the participants' interviews. First, the antecedents or reasons contributing to a grandparent assuming a parent surrogate role are examined to provide a context for the grandparent caregiver role. Themes surrounding the construct of role-fit are reviewed followed by themes relating to the supporting variables of role conflict and role ambiguity. Then, the relationship among the dimensions of role-fit, role conflict, and role ambiguity is discussed as it impacts grandparent caregivers. The data analyzed for this chapter consisted of the interview transcripts with the support of descriptive statistics from the quantitative measures. Role theory was used to guide the thematic analysis.

Assumption of Caregiving

A grandparent's assumption or acquisition of the role of primary caregiver will impact his/her perception of role-fit regardless of the reasons the grandparent became the primary caregiver. It is important to note that the grandparents in this study made the
'choice' to re-parent again. Not all grandparents make this choice. Grandparents nor other relatives have no absolute obligation to care for an adult child’s or another relative’s children (Berrick, 1998). The grandparents in this study who chose to rear their grandchildren often have much anger and resentment toward the ‘other’ set of grandparents’ and their noninvolvement in parenting:

I see the other [grandmother], my daughter-in-law’s mother. She blocked the whole thing out and she acted like she did not know anything. And she said to me, ‘Oh my gosh, [grandmother’s name], this is a nightmare!’ and I said, ‘well, welcome to my nightmare. I have been living this, where have you been?’ And she refused to take the kids...And they (other grandmother and grandfather) come around and take the kids out for pizza and I resent it. You know. I resent it. Because here they are taking them to [pizza]...That is what I resent. That was my part. That was my grandparently part. And they (other grandmother and grandfather) seldom come around...they don’t want the responsibility of it (raising the grandchildren). (#101)

In terms of choosing to raise a grandchild, some grandparent participants knew their limits in terms of assuming a caregiver role. Some grandparent participants (n = 3) were fearful of getting to know other grandchildren birthed by the same adult child or the siblings of the grandchild in their care. The fear was that they would become attached and be raising more than the current grandchild or grandchildren in their care:

I was determined not to get attached to this baby. I knew she (the adult daughter) would be leaving again. I had a feeling she would be gone. (#003)

And then there’s this new one [grandson]. I’ve met a few times, but I would never hold him, I wouldn’t. She used to say to me, ‘why don’t you hold him mother?’ I’m protecting myself before something else happens. I’d be taking another one in. Then there’d be 4...When I say I’m protecting myself, I’m afraid of forming an attachment, then I would raise them all. (#002)
Based on their cultural and personal value system some grandparents may feel that there was no choice in becoming the primary caregiver of their grandchild. Becoming their grandchild's caregiver or parent was an automatic action:

For me there wasn't a choice. You know, it was either that [stay with my unfit daughter] or let her [granddaughter] go to foster care. For me, there was no choice there. It was a pretty obvious decision. (#011)

For some grandparent participants, the decision to provide care to a grandchild was embedded in their familial value system:

Children should be with a family member. Whether it's mom or dad or whoever. It should be family raising family. It shouldn't be strangers raising your kid. (#101)

Most grandparents in the study framed their narrative descriptions of their role as grandparent caregiver in terms of how they came to acquire this role. In all but one case, the grandparents participating in the study perceived themselves as having 'saved' their grandchild from an unfit environment. One grandmother (#108) raising three grandchildren ages, 8, 7, and 5 stated simply, their “mother is a crack addict and I took the children from her.” Another grandmother (#109) was more expressive as to how she came to provide care to her 4-year-old granddaughter:

They [parents] were beating her. They weren't taking care of her. They were abusive to her. And my husband and I talked about it and it became the fact that if we didn't take her, she wasn't going to live to see a year old. So we took her and that's basically how it happened.

The fear of something happening to the grandchild is overwhelming to the grandparents participating in this study. Some grandparent caregivers note a critical turning point:
I couldn’t take the way they were treated and she was leaving them alone, or with different people or not alone, but with people I didn’t care for. And, uh, I was just afraid they would get molested or something. (#015)

To fully understand the degree of role-fit in a grandparent’s life, the context in which the assumption of the caregiving responsibility occurred is examined. Grandparents assume the primary caregiver role as a result of their adult child being an unfit parent (Apfel & Seitz, 1991; Kivett, 1991; deToledo & Brown, 1995). Being an unfit parent has been linked with the following conditions in the literature: the drug epidemic (Burton, 1991; Minkler & Roe 1993); the increasing incarceration of women (Dressel & Barnhill, 1994); divorce (Cherlin & Furstenberg, 1986; Johnson, 1985), non-marital child bearing (Apfel & Seitz, 1991); mental illness and emotional problems (Jendrek, 1994); and lack of affordable child care (Presser, 1989). The context or the conditions under which a grandparent assumes the caregiving role is important to consider as it impacts how the grandparent perceives his or her role.

The grandparents in this study (N = 26) were asked to describe how they became the primary caregiver of their grandchild. This open-ended question allowed the grandparents to describe the complexity of their situation. In some instances, the grandparent caregiver did not disclose all of the reasons contributing to becoming the major caregiver of their grandchild until later in the interview. The later disclosure was probably due in part to achieving a higher comfort level later with the interviewer which may have lead to the grandparent overcoming the desire to produce socially desirable responses. The entire interview transcripts were coded and analyzed in order to identify the reasons the grandparents who participated in the study became a primary caregiver.
Study results indicated that the reasons for becoming a grandchild's primary caregiver are complex and multifaceted. Twelve reasons were found, each differing qualitatively, meaning each was found to be distinct and independent. Participants often named more than one reason for assuming the caregiver role, but all had the same underlying reason, the adult child is unfit:

Whether it's drugs, alcohol, or mental illness. It's basically the same. This child of yours is not capable of looking after their child. (#002)

The reasons for becoming the primary caregiver of a grandchild are represented in Table 4.1 with the corresponding frequencies.
Table 4.1

Reasons Grandparents Assume Caregiver Role ($N = 26$)

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
<th>$N$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment/Neglect/Abuse</td>
<td>84.6</td>
<td>22</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>53.8</td>
<td>14</td>
</tr>
<tr>
<td>No Foster Care</td>
<td>34.6</td>
<td>9</td>
</tr>
<tr>
<td>Incarceration - Parent(s)</td>
<td>26.9</td>
<td>7</td>
</tr>
<tr>
<td>Financial Insecurity - Parent(s)</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td>Emotional Turmoil - Parent(s)</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td>Parents Unmarried/Divorce/Separated</td>
<td>19.2</td>
<td>5</td>
</tr>
<tr>
<td>Homelessness - Parent(s)</td>
<td>15.4</td>
<td>4</td>
</tr>
<tr>
<td>Promiscuity - Parent(s)</td>
<td>15.4</td>
<td>4</td>
</tr>
<tr>
<td>Parental Death (murder/AIDS)</td>
<td>7.7</td>
<td>2</td>
</tr>
<tr>
<td>Parent Raped</td>
<td>3.8</td>
<td>1</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>3.8</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Participants could cite more than one reason.

Two reasons were noted for being most salient or highest in frequency: 1) abandonment/neglect/abuse of the grandchild and 2) the adult child/parent having substance abuse problems. Often these two reasons were cited by the same grandparent as it seems parental substance abuse is related to grandchild neglect (Minkler & Roe, 1993).
Each caregiving situation was unique, but common themes were evident in each
grandparent caregiver story, such as this grandmother (#101), raising five grandchildren
from two sets of parents, ranging in age from one to eleven:

   Mom was on crystal meth at that time and pretty out of it...[she] took off and went
out to a crack house and then my son called and said she was gone and he wanted
me to keep the [3] kids...I had taken them [two, other grandchildren who belonged
to her daughter] at the same time because she [the mother/her daughter] was with
my daughter-in-law, who disappeared, so I took the two little ones.

The complexity of the situation becomes evident in this abbreviated story. In other
situations, the process of caregiving assumption is more simplistic in the grandparent’s
mind:

   Well, their mother and father refused to take care of them. Because of their own
problems. (#009)

Or, as in many abandonment situations noted in this study and the literature (deToledo &
Brown, 1995; Minkler & Roe, 1993), the parents of the child just ‘disappear’:

   Well, my daughter was staying at my house and she left one night and didn’t come
back. (#106)

   Inherent with maltreatment/abandonment and substance abuse problems were
safety issues for the grandchild. Grandparents wanted their grandchildren in a safe
environment where their needs were being met. An increase in child abuse and neglect has
contributed to more grandparents assuming a parental role (Kelly, Yorker, & Whitely,
1997). Many grandparents in the study were fearful of the grandchild’s living
environment, such as sanitation and neighborhood dangers:

   They were living in a house that if the Board of Health ever came in, they would
have lost the children. Lots of drinking was going on. There was drugs. It was
just a bad environment. (#025)
Another grandmother (#102) raising three grandchildren simply explained the environmental conditions and the grandchildren’s needs not being met in this way:

I took my daughter to court, because she was not taking care of the children. She was not clothing them or feeding them properly.

In 1994, state child protection agencies received and referred for investigation an estimated two million reports alleging maltreatment of 2.9 million children (Wilson & Chipungu, 1996). Children found in unsafe environments, such as those environments which the grandparents in this study described, are placed in out-of-home care. Wilson and Chipungu (1996) report that approximately 500,000 children were in foster care in 1996. For approximately 30% of these children, relatives assume the role as primary caregiver (Wilson & Chipungu, 1996). In many instances, relative is synonymous with grandparent taking over the primary parent role.

Over one-third of the grandparents ($N = 9$ or 34.6%) in the study cited that they did not want their grandchild in out-of-home foster care or other non-kin placements as a reason for assuming care. Later in the interview, when grandparents were asked if they would place the grandchildren in their care in a foster care placement, all participants replied, no - they would not put their grandchild in foster care. In other words, grandparents in this study did not want strangers raising a family member:

No, no, [to foster care] because she is my blood. I want to see that she is raised right and properly, you know? (#105)

Another grandmother (#106) resonated this opinion:

No. That’s my child. I don’t mean my child. I mean that’s part of me. That’s my family. Nobody else is going to take care of them. That’s why I took her to begin with.
Family taking care of family was a recurring theme in the transcripts. There was a familial value base that family should raise family and strangers wouldn’t love or give the grandchildren a secure base:

No. The reason why - Number one - I feel like we can take care of [her granddaughter]. It is kinda hard, then you hear a lot of horror stories about foster parents. (#104)

From the thematic analysis, it became evident that the majority of reasons associated with becoming a primary caregiver were due to the adult child being unfit to parent. These reasons coincide with those found in previous studies (deToledo & Brown, 1995; Jendrek, 1993; Minkler & Roe, 1993).

When comparing the study sample to other samples in Ohio, similarities were found. Jendrek (1993) using a sample of 36 custodial grandparents (e.g., primary caregiver) from Butler County, Ohio found the top five reasons for providing care included: grandchild’s mother was having emotional problems (72.7%), grandparent did not want child in foster home (53.1%), grandchild’s mother was having a drug problem (52.8%), grandchild’s mother was having a mental problem (48.3%), and grandchild’s mother was having an alcohol problem (44.1%). Lai and Yuan (1994) in a sample of 88 grandparent caregivers from Cuyahoga County, Ohio, found the top five reasons for providing care were as follows: parent suffering from alcohol/drug problems (53.4%), child neglected by parent(s) (35.2%), emotional abuse (26.1%), child abandoned by parents (22.7%), and parent incarcerated (15.9%).
These Ohio county comparisons note the similarities among grandparents for becoming a primary caregiver to their grandchild. These reasons have also been the catalysts in the study of the grandparent-grandchild family structure. The majority of studies have been problem-focused, concentrating on one or more of the reasons (Apfel & Seitz, 1991; Burton, 1992; Dressel & Barnhill, 1994; Jendrek, 1994; Minkler & Roe, 1993). For example, Minkler and Roe (1993) used a sample of grandmothers who are raising children of the crack cocaine epidemic. Dressel and Barnhill (1994) used a sample of grandmothers raising grandchildren as a result of their daughters being incarcerated. Johnson (1985) and Cherlin and Furstenberg (1985) referred to divorce.

Understanding the context of assuming the grandparent caregiver role using a sample that was not selected based on a 'problem' is important. As found with the grandparent participants in this study, most did not want to become a parent a second time, but did so because the adult child was unfit and wanted the child to be raised in a safe and secure environment. With this context in mind, the next focus of this chapter is on the grandparent caregiver's sense of role-fit.

**Role-Fit and the Grandparent Caregiver Role**

Using the interview transcripts from the 26 grandparent caregivers participating in this study, a thematic analysis topic summary was conducted on role-fit. Role-fit is defined as the congruence between expectations associated with one's role and the actual enactment of the role. Because the grandparent caregiver role occurs at a life stage that is unexpected, most grandparents experience a lack of role congruence with their same-age peers. This social clock (Neugarten, 1979) references or lack of congruence of
developmental tasks at a life stage was a recurring theme. The concept of role-timing relates to role-fit. For the purpose of this study, role timing refers more specifically to the congruence between one’s chronological age or individual developmental stage and the developmental tasks associated with that age or stage.

The research expectation for this study was that grandparent caregivers would not experience a sense of role-fit because they are enacting an ‘off-time’ role that is being a second-time-around parent during a life stage in which one would expect to be free of primary child-rearing responsibilities. The qualitative data supported this research expectation. When asked to describe any changes that have occurred in their life as a result of assuming care for their grandchild, the vast majority of grandparent caregivers in the study, roughly 81 percent ($N = 21$) responded that they were performing an off-time role. Table 4.2 summarizes the percentages and frequencies.

<table>
<thead>
<tr>
<th>Themes</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing an Off-Time Role</td>
<td>80.77</td>
<td>21</td>
</tr>
<tr>
<td>Social Clock-Role Timing Issues</td>
<td>61.54</td>
<td>16</td>
</tr>
<tr>
<td>Recycling the Parent Role</td>
<td>50.00</td>
<td>13</td>
</tr>
<tr>
<td>Lack of Fit with Family and Friends</td>
<td>30.78</td>
<td>10</td>
</tr>
<tr>
<td>Role Congruence - Presence of Role Fit</td>
<td>7.70</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 4.2

Role-Fit Thematic Analysis ($N = 26$)
Grandparent participants were most expressive in their comments surrounding issues of role-fit. The majority expressed feelings of differentiation from their same-age peers resulting from being a parent again:

We are in a totally different age group. If people [our age] are sharing anything, it’s grandkids for a couple of days or something like that. We can’t. We got people, like in church, who are raising the same age children, but are in a totally different world than we are, social wise, and all that...We are kinda like in limbo or almost in a self-defined island, you know? Our friends are changing. (#013B)

Interestingly, two grandparents in the sample felt that they had achieved a sense of role-fit. These grandparents indicated that the role of grandparent caregiver was congruent with their cultural and/or familial expectations. One grandmother (#106) explained cultural values and role congruence this way:

There is a tradition, or there has been in the African American race, that the family takes care of family. If possible. If I had not been able to take her or not wanted to take her, there were other people who would have. She would have stayed in the family.

For the grandparents who felt a sense of role-fit, there was a perception that fulfilling the caregiving role was a continuation of the caregiving they were already providing or an acceptance of the role in which they ‘re-framed’ their life course. For instance, in describing how she re-framed her role from a grandparent to a grandparent caregiver of her four-year-old grandson, this grandmother (#016) advocated that other grandparent caregivers do the same by questioning them:

Can you accept the fact that your daughter is not a mother? Can you accept the fact that your son is not a good provider for your grandson? Can you not like it, but just live with it? And get around it?....I don’t like it anymore than the rest of them, but, it’s life and I’ve accepted it. And now I live with it.
Although a minority, the grandparent participants expressing a sense of role-fit, gives voice to those grandparents who felt that their relationship with their grandchild was congruent with their life stage expectations or they had re-configured their life stage expectations to take into account the re-parenting phase.

Regardless of the relative perception of role expectations, the majority of grandparents in the sample sensed that they no longer were on the same life path as their peers. Over half (57.7%) of the grandparent caregivers in the study expressed sentiments that related to feelings of incongruence with role expectations and role enactment. Several themes identified from the interview transcripts related to the incongruence or lack of role fit will be described.

**Social Clock - Role Timing**

A social clock or role timing theme was found in the majority of grandparent caregiver interview transcripts. This theme relates to a grandparent caregiver’s chronological or perceived age and the expectations associated with the corresponding life stage. Neugarten (1979) suggests that individuals rehearse roles based on expected life events. Grandparents rehearse roles free of parenting (Cherlin & Furstenberg, 1986) and expect to experience developmental tasks associated with the empty nest family life stage (Duvall, 1958). The developmental tasks at the empty nest stage involve a renegotiation of marital system as a dyad and the adjustment to a home life without the daily presence of children. As a result of these ‘normative’ expectations, many grandparent participants (61.54%, N = 16) expressed a lack of fit with the grandparent caregiver role based on one’s social clock or sense of role timing.
Comments frequently focused on the grandparent caregiver’s sense of an age and life stage. The feeling that the grandparent was ‘too old’ to be a parent again due to a decrease in energy level was expressed by several grandparent participants. A 58-year-old grandmother (#020) commented about the frustration level in terms of her age:

“Sometimes I think I’m too old to have a kid. I’m too young to feel this old.”

Feeling too old, led one grandparent caregiver in the study to advocate for different expectations for ‘older’ parents. She (#100) explained the situation of trying to get her grandson on the school bus for child care in the morning at her age and the expectations of schools being based on ‘younger’ parents, not on ‘older’ parents.

I have gone around and around with some of the staff. They are not as compassionate. They feel grandparents should always follow the same rules... You are considered late if your child doesn’t arrive within a 15 minute time slot in the morning: 7:45-8:00 a.m. If you are late three times, they don’t let [you] come back the next day without a parent conference. I am late...I tell them that it is just that I don’t move as fast as I used to.

Continuing with this is her example of the bus runs:

The rule is that you walk the kids to the bus and you walk back out when it comes back. My problem is that somebody who is as old as I am, should be made some accommodations. I don’t think you have to bend all of the rules. But, I think there are some extenuating circumstances.

Other comments by grandparent caregiver participants about ‘being too young’ were made. This grandmother’s (#025) comments were directed at not qualifying for assistance through the aging network:

I feel there should be a program for grandparents. I’m not able to work at this point. And unless I’m over age 60, I don’t get services. I’m in a hole, a vacuum.
While this grandmother (#108) explains the context of her age in terms of not having an
opportunity to rehearse the grandmother role:

I never envisioned being a grandparent because I had a child when I was eighteen.
I started having grandkids when my oldest daughter was fifteen, so they were
always there. I never had a chance to envision [the grandparent role] at all.

The average age of grandparent caregivers participating in this study was 53.2 with a
range of 43 to 66. Nationally, the average age of grandparent caregivers is 59.4 (Fuller-
Thomson et al., 1997).

Some grandparent caregivers in this study admitted to not being ready for the
grandparent role. One 56-year-old grandmother (#009) plainly stated, “I didn’t want to be
a grandparent, really.” Due to the generational structure, adults become grandparents
with no choice of when this role will occur (Burton et al., 1995). A 52-year-old
grandmother (#021) explained this process well:

I don’t know how I envisioned it [being a grandmother]. I mean. I really didn’t
envision it. It just kinda happened, you know? They start being born. I never
thought of myself as a grandmother before.

Kivett (1991) notes that the average age of grandparenthood in the United States is 45.
The timing or sequencing of role transitions (e.g., parent to grandparent) impacts an
individual’s sense of fit (Burton et al., 1995). Normative time tables suggest parenthood,
then grandparenthood with no child rearing. These time tables dictate which role
transitions are appropriate or inappropriate based on an individual’s life course timing
(Burton et al., 1995). For young grandparents, the transition to the grandparent role
could be unwelcome and when combined with becoming a grandparent caregiver, feeling
off-time could be compounded:
My daughter and I were pregnant at the same time. My one son and grandson are a month apart in age. [My other grandson] and son are only a day apart in age. It’s hard having a household with so many small kids. My own kids have a hard time with the grandkids. (#001)

Coinciding with age perception was the overall concern expressed by some grandparent participants that their future is shorter, death is nearer. As individuals progress through the life span, the ability to face death without fear or achieve a sense of integrity becomes a developmental task (Erikson, Erikson, & Kivnick, 1986). For the grandparent caregivers participating in the study, the fear of death was present. Parents anticipate and expect that they will live long enough to raise their children. When faced with raising grandchildren later in life, many grandparents in the study began questioning, what would happen to the grandchildren in their care upon their death. There was an uncertainty of who would provide care for the grandchildren. One grandmother (#101) just found out the week prior to the interview that she has a heart condition. Her response is typical of other grandparent caregivers in the study:

And, I think I went through this panic stage. When I die, what is going to happen to these kids?

Or as this grandmother (#013A) projected:

It will come to a point where it will be more difficult for us to work and as we get older that will happen, especially with the physical work that we do.

The timing associated with acquiring the grandparent caregiver role occurs at an unexpected life stage. When faced with the child rearing tasks, grandparents become fearful because their expected lifespan and anticipated later life tasks do no coincide with parenting children.
**Off-Time Role**

Fulfilling an off-time role dictates changes that a grandparent may make in order to accommodate an ‘unrehearsed’ or unexpected role. These accommodations were articulated into the areas of physical environment, lack of freedom/leisure time, and inability to retire. These various areas are grouped under the off-time role theme. Approximately 81 percent (N = 21) of the grandparent caregiver in the study made these types of remarks.

Physical environment changes within the home environment occurred as a result of a grandparent being a parent again. Statements concerning the need for the home to be child-proofed, again, the home being full of ‘kid stuff’, the home not clean like anticipated once children were launched from the nest were stated consistently. These nuances became a focal point to grandparent caregivers as it was a visible sign that they were fulfilling an off-time role. The daily reminder, waking up - going to sleep, amidst toys and ‘children’s stuff’ was symbolic of the role the grandparent caregiver lost. As illustrated by one grandmother (#003) raising her granddaughter:

I don’t get to keep things neat in order like I use to and that bothers me. I was used to living by myself. Not used to stuff being all over the floor. That’s a real adjustment. Kids play on the floor. Their stuff and toys are all over the place and no room for anything. I had dogs and they’re easier cause they are confined to an area! I can’t do that with her...I like to have nice things.

Another grandmother (#021) expressed a similar frustration having just moved into a new home with her husband to settle into the empty nest stage of life:
Everybody would say...it’s [the house] perfect; it’s quaint; it’s darling...And now it’s got kid stuff all over it. Little toys and stuff. Which is, you know, it took me a little while. It takes me awhile to get used to that, even now. I am spending - I can’t tell you - how much time, organizing things, putting them back, getting more, putting them back. It’s a natural thing for children...And these kids are good kids. They even put things away. But anything put away is still there...My physical surroundings have changed. It’s a big deal to me.

The physical environment represents the stage or context in which grandparents enact their roles. In the grandparent raising grandchild situation, the stage is not congruent to what the grandparent rehearsed as a role - empty nest, no kids, no toys. The result is a feeling of being off-time within one’s physical environment.

On a more individual developmental level, some grandparents expressed a lack of freedom, specifically the inability to have leisure time or to travel. The grandparent caregiver participants noted that leisure travel plans (i.e., vacations) had to be changed or deleted due to parenting obligations to the grandchild:

Our vacations? My husband and I used to go on cruises, but this year we have the four grandchildren, so we are going to Disney World. (#104)

As this grandmother (#010) lamented the absence of any leisure time with her spouse:

[my husband] and I ...three or four years now, I mean five years now, except for those few weekends that they took her [respite]. We’ve never been away. We’ve never gone anywhere together. We don’t have any time to ourselves. (#010)

Some grandparents in the study expressed a sense of mourning for the loss of freedom and leisure associated with an empty nestRETIREMENT stage:

I got cheated of my time that I was going to - this wonderful time. I had all these things planned that I was going to do, you know? So, sometimes I detect a little selfishness there, you know? Of what I lost, now what we all lost. We all lost. (#020)
Other grandparents participating in the study found that they were unable to participate in senior activities, such as those at a senior center:

The only thing that I don’t do that I always wanted to do. At least I think I always wanted to do, is be involved with activities in the Senior Citizen Center...But I have not been able to do that. (#108)

The lack of freedom or the presence of constraints on a grandparent’s role is unanticipated for many grandparents, evoking a feeling of being off-time:

Before [my granddaughter], me and my friend were planning on a cruise or something. I really can’t do that. I could if I really wanted to, but your whole sense of priorities have changed. All sorts of priorities have changed. (#011)

During parenting years, these constraints on priorities and individual freedom were expected with the anticipation that when parenting responsibilities ceased, resumption of individual activities could resume. Overall, grandparent caregivers in the study found constraints representing an imposition of their anticipated, traditional, grandparent role.

The ‘freedom’ to retire is hindered by the acquired parenting responsibilities for grandparent caregivers in the study. The anticipated and normative role is that once ‘you put your time in at work’, you should be able to retire and enjoy leisure pursuits.

Retirement and its associated freedoms are no longer an option for many of the grandparent caregivers in the study:

I don’t have the freedom that I would normally have. Ummm. I don’t get to do the things that I like to do. (#009)

What used to be an anticipated goal, retirement, is now put aside and not considered due to the economics involved in raising a child:

I can’t plan for retirement. I mean there’s no such thing for a while. (#009)
I can’t see us retiring when we wanted to because we are going to have to keep working. Because with my husband being a truck driver, my job keeps the insurance going and our medical - mine and his. That is something we can’t let go. (#101)

Some grandparents still anticipated retirement, but recognize the need to obtain another job or start another career:

I spent 21 years in the workforce, nine more til retirement. Better believe I’m counting til retirement....[but] I won’t be retiring. I’ll be retiring from this current job in about nine years. I’ll get full retirement, but I’ll have to get another job instead of actually retiring. That’s okay. I’ll be wearing a paper hat, ‘would you like fries with that?’ I’m practicing. (#003)

Due to additional financial obligations associated with raising a child, financial insecurities have emerged restricting resources, restricting freedoms:

Financially, things have changed tremendously. Money at this point that I would be investing, or for the past few years, I would have been investing, I have spent on day care....Money that I might have spent on a new car, I spent on swing sets and P.C.s and learning games. (#011)

Close to half (46.2%) of grandparent caregivers in the study had incomes under $9,395 a year. This finding reinforces that many grandparent caregivers are among the poorest of the poor (Chalfie, 1994; Fuller-Thomson et al., 1997). Not being able to retire, when a retirement role is anticipated, creates a feeling of being off-time as one’s peers retire.

**Peer and Family Comparisons**

The grandparent caregivers participating in the study made comparisons to their peers in terms of role-fit. The concept of role-fit inherently contains the notion that roles are social or have socially agreed upon behaviors. A comparison based on societal norms regarding their peers is natural for grandparent caregivers as they are determining the functions associated with a grandparent caregiver role. For the grandparent caregiver
participants, their primary peer group consists of their same-age or same-stage (e.g.,
empty nest) friends and associates:

One of the problems is...our friends are not in these situations [raising 
grandchildren]. (#020)

Almost one-third \((N = 10)\) of grandparent participants perceived a lack of role-fit 
when compared to the grandparent caregiver’s peers or individuals of their same age or at 
the same stage. Research has shown that the role changes accompanying the grandparent 
caregiver role are significant and contribute to a grandparent caregiver’s sense of isolation 
upon being a parent to one’s grandchild (Jendrek, 1993; Minkler & Roe, 1993). For 
grandparent participants, the loss of friends was significant in terms of them not feeling a 
sense of role-fit:

There’s no networking there. My friends do not have children nine years old. 
They have grandchildren and they are not in their home. Now, all of that is a loss. 
(#20)

And yet another grandmother (#009) discussed the impact of her plight as well as other 
grandparent caregivers she knows:

People don’t realize that we take our grandchildren - that you lose your friends. 
You don’t lose them permanently or anything like that. But, you do lose friends. 
Because they don’t have to put up with the same things you do [raising a child].

Some grandparents noted that many of their friends are still working or in the midst of 
their career and the workplace was a source of friend and peer support for them. With 
raising a grandchild, four grandparents in the study were forced to quit and nineteen 
altered work hours. The alterations in work contributed to the grandparent participants 
not feeling in sync with their previous circle of friends. For instance, a grandmother
(#004) explained that she no longer socializes with her work-peers:

A lot of my friends are from when I worked full time, so you know, they are pretty career oriented type people not having the time nor patience of a single grandmother raising a granddaughter. Raising a grandchild is a change. It’s not meeting people after work for a drink.

Due to the differences in roles and life stages, many grandparent participants were reluctant to socialize with members of their peer group. The reluctance was due to being off-time, raising a child again and peers not performing parenting tasks. A grandmother (#009) explained it this way:

You just don’t take two, particularly two ADHD children to their [friends’ and family’s] homes. Because their homes are not equipped to handle them [children].

Another grandmother (#020) explained her reluctance and changes in peers this way:

I have a couple of friends. A couple, couples that I feel very comfortable, that if they invite us, we could take [my grandson]. But, I don’t always feel comfortable. They have moved beyond that [children/parenting] and it’s just not likely. Sometimes, they mean come over without any kids. So, basically, everything changes.

Many grandparent caregivers participating in the study compared themselves to their younger, on-time, parent counterparts in an effort to distinguish the differences between parenting the first time and parenting the second time. This distinguishing effort is an attempt to redefine the parent role as a grandparent or an attempt to define a role that society has not recognized - an attempt to ‘fit’ into society. The result for many grandparent caregivers in the study, was an off-time feeling often expressed as being uncomfortable.
A specific example cited by several grandparents in the study was the process of seeking and obtaining play dates with the grandchild’s same-age peers. The process of asking an on-time parents if a grandchild could play with another child as an off-time, grandparent evoked the perceived age-distance and created a lack of comfort:

When you are 50-something years old, you don’t get palsy-walsy with your kid’s friend’s mother. You’re in your 50’s and 60’s. (#010)

Grandparent caregivers in the study explained how the process of obtaining play dates for children should be or was when they were an on-time parent recognizing the difference now as an off-time parent:

People my age, our friends, are not in these situations [raising grandchildren]. So, I don’t have, like I was younger, you say, I’ll take your kid - you take mine. Or, I’ll drive - and you can. I don’t have that. That has never been established. (#020)

A grandfather (#013B) elaborated on this concept by stating:

When we were raising our first children, we were chumming around with people who were raising their first children. When you got in a bind, we wouldn’t think too much of saying, ‘gee, we got a problem, can we bring the kids over?’ Or vice-versa. You could share that kind of stuff.

Family and friends contribute to one’s sense of ‘fit’ with a role. When grandparent participants compared themselves to other individuals performing a parent role like themselves, they did not perceive a fit as these individuals were at a different life stage.

Recycling the Parent Role

Grandparents have been parents in the past. The parental role is not a new role for them. Study participants expressed frustration that there was no societal recognition that the parent role was not new to grandparent caregivers:
Respect [the grandparent’s] position. They have been parents...we don’t need to be taught the basics, I guess. Respect their knowledge. Okay? There is nothing more sickening than to hear somebody quote verse and text from some page in a book like Dr. Spock that they just read. (#013B)

The role of parent is being recycled (Furstenberg, 1979):

I has changed from what I was doing back to what I was doing before. It’s just doing what you do when you have children. (#004)

Recycling the parent role or going back to performing a role that you no longer had to perform due to a change in the family’s generational structure. For half of the grandparent caregivers participating in the study, they had a desire to be recognized that the parenting role was not a new role for them, but one that they were in for a second time.

Respecting the grandparent caregiver’s knowledge about the parenting basics is recognizing the parental role that grandparent caregivers are in is qualitatively different than being a parent for the first time. With this in mind, many grandparent caregivers noted that parenting in the 1990’s was different from when they were parents:

I’d say, one of the biggest things that grandparents have to learn is that times have changed. We can’t do it the same way we did it before. Some of the things are very different. We have to learn and adjust that some of those changes are okay. We have to get out of our old mold. (#013A)

Relearning of bringing up a child ‘cause methods have changed so much - had two daughters. Now I have the concerns of a younger parent, such as this business of physical aggression has worried me to death it has. You are parenting all over again, you are. (#018)

I feel like some of them [grandparents] need parenting skills because when they had theirs they were rearing one way and now these kids are not the kids from the last generation and I have encountered this myself...[my one grandson is] very stubborn, very strong willed and you know the person wants to snatch him and spank him and that does not work anymore. (#100)
I raised my own, but this is different. For instance, the past two nights he wouldn’t do his homework. He just looked at me and said, ‘I ain’t doin’ it.’ You know, and I felt like, what do I do? Here I stand, at 58 years old, looking at this little snit. What am I going to do? (#015)

Rather than receive basic parenting information, grandparent caregivers in the study expressed a need for information to be a good parent to their grandchild. As one grandmother (#025) raising her daughter’s son stated:

While I feel secure in my discipline techniques, but I am also insecure about what may happen later on as a teenager and raising a boy. Because, I’ve never done that you know.

Summary: Role-Fit

Grandparent participants assumed the caregiver role due to their adult child being an unfit parent. The reasons or antecedents contributing to the adult child being unfit were multi-faceted and complex, but mostly indicated a family crisis or a stressful life event. The grandparent chose to become their grandchild’s primary parent. By assuming a parental role, grandparents lacked congruence with role expectations associated with a later life stage. Rather than be free of parenting responsibilities, similar to their same age peers, these grandparents enacted a role in which the primary focus is parenting. For the majority of grandparent participants, the enactment of the grandparent caregiver role was related to a lack of role-fit, an incongruence to what roles and behaviors they expected to be enacting and the role and behaviors they are enacting.

Role Conflict

The interview transcripts from the 26 grandparent caregivers participants were used to develop a thematic analysis topic summary for the concept of role conflict as it
related to a grandparent caregiver’s sense of role-fit. Inherent in the grandparent caregivers’ interview transcripts concerning role-fit were feelings of internal conflict surrounding the traditional role of grandparent.

Role conflict refers to the difficulties, tensions, and contradictions that are associated with the enactment of a role. Specific to this study, role conflict was the tension between expecting to enact a traditional grandparent role and the reality of enacting a grandparent caregiver role. This internal conflict is often compounded by the external pressures of society. American society for the most part adheres to a traditional albeit minority family definition of a biological mother, biological father, and biological children. The grandparent-grandchild family structure is often not recognized which may contribute to a grandparent caregiver’s conflict concerning role enactment.

Role theory from a symbolic interactionist tradition, professes a nonhierarchical view of multiple selves (Marks & MacDermid, 1996). This assumption within role theory suggests a resolution between two or more roles in conflict rather than favoring one role over another role. The conflict between traditional grandparent and grandparent caregiver role is resolved by the grandparent expanding their roles to incorporate both rather than forming a hierarchy or favoring one role over another role. When reviewing the grandparent caregivers’ interview transcripts, this assumption was crystallized through their perception of their role as a caregiver to their grandchild(ren):

And now being mommy and grandparent, sometimes the other grandchildren ask, why does he call you mommy? I sit and explain to them. Some of them don’t understand and would ask, where is his mommy and daddy? I’d explain to them. Up to this day, they no longer ask. They’ve accepted it. (#005)
This theoretical proposition of expanding one's sense of self as a result of enacting multiple roles (Marks & MacDermid, 1996) is applicable to grandparents raising grandchildren when examining role conflict in connection with role-fit. A grandparent caregiver would seek to resolve incongruence between two roles in conflict. The subsequent resolution of the two or more roles in conflict would be an internal congruency among a grandparent caregiver's roles - hence, a lack of role conflict.

The research expectation concerning role conflict was that grandparent caregivers will experience role conflict between the traditional grandparent role and the grandparent caregiver role. The qualitative data supported this research expectation (see Table 4.3). While an expansion of roles to resolve the internal conflict was in process for many of the grandparent caregiver participants, a sense of loss of the traditional grandparent role was present for over 80 percent ($N = 21$) of the grandparent caregivers when asked about their expectations about being a grandparent and the reality of being a grandparent caregiver. The need to expand oneself to perform two roles: traditional grandparent and grandparent caregiver was expressed, but the majority of grandparents in this study were resentful that they could not exclusively enact the on-time, traditional grandparent role. The degree of role conflict for many of the grandparent caregivers participating in thus study was:

Terrible! Terrible! Terrible! Awful sometimes. (#016)

The difficulties and tensions of having to perform a parent role while really having a grandparent role was exemplified in this grandmother's (#101) words:
My biggest story is I can’t be a grandparent. You know what I am saying? I really, truly, can not be a grandparent to my grandkids. I have to be Mom, Dad, disciplinarian, teacher, counselor. I mean all these things that - and - I can’t just be grandma. I can’t take them out for a good time. And you know, there is too many (raising six grandchildren), and I can’t be grandma.

The inability to expand oneself and to balance the traditional grandparent role and the grandparent caregiver role was at the heart of the conflict for many of the grandparent caregivers in this study.

Table 4.3

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<td>21</td>
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<tr>
<td>Accepted Role Conflict</td>
<td>11.54</td>
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NOTE: Frequencies do not add to 26, some transcripts did not contain role conflict data ‘chunks’.

Many grandparents expressed difficulty being a grandparent and parent:

I feel guilty for not feeling like a grandmother. The typical grandmother thoughts aren’t what I have. I think I’m not being a good grandma. The kind that makes you feel good - like a big lap, smile, a bun n the back of your head. (#001)

The traditional expectations and stereotypes ebbed out in the words of this grandmother. Societal expectations ‘visualize’ grandparents as being older, in a rocking chair, and baking cookies. These traditional societal expectations echoed by the grandparent caregivers in this study were similar to those found by other researchers (Cherlin & Furstenberg, 1986).
The norm of non-interference associated with the traditional grandparent role was upheld by the grandparent caregivers participating in this study. Over 60 percent (n=16) concurred with the grandparenting approach in which grandparents did the extras and did not interfere with primary parenting responsibilities, such as discipline (Cherlin & Furstenberg, 1986). The traditional grandparent role was the role they expected to play:

I had envisioned being a grandparent. Going down to get him and taking his back home...(or) going down for the weekend and spending time with him. Taking him to places where grandparents usually take. (#100)

Many of the grandparents in the study expressed the sentiment that they wanted to enjoy their grandchildren, spoil them, then send the grandchildren back home to the parents whose main responsibility was discipline and meeting the grandchild’s basic needs:

Would be nice to spoil the kids and have some fun time, and send them home. Pay for the extras instead of everything. (#003)

I wanted to be the kind of grandparent that I could take them individually. I could do things with them. Call them up and have them when I wanted them. Taking them home when I was tired of them. Or when I was too tired to deal with them anymore. (#009)

The realities of being a grandparent caregiver were compared by the grandparents in this study to ‘what used to be’ or what was expected in terms of the grandparent role:

I didn’t have no problem being a grandmother. But I wanted to be a grandmother that goes to visit the kids, spend time with them, and they go home and I go home. I wanted to be that kind of grandmother. (#024)

Some of the grandparents participating in the study relish the ‘grandparent’ times with their grandchildren, pre-caregiving. This grandmother (#021) who is raising her daughter’s three children along with her husband explained:
When I use to pick up these children (the three grandchildren) from their home, we took them out to [a local restaurant] every Friday night. I let them have - I was their grandmother then - I let them have their ice cream sundaes first. Before they ate! Honey, they ate it all. It doesn’t matter which order you eat in. It doesn’t matter. But it’s a grandmother’s right to do that.

Life raising grandchildren is different for this grandmother now. She continued to explain how she as well as her grandchildren know the difference and feel the conflict and loss:

Okay, now what happens is, I will give you a good example of this [difference between being a grandmother and grandmother/parent]. It comes straight out of the children. Not long ago, the middle one, I think, said, ‘grandma, do you remember when we use to come here [grandparent’s home] and it use to be so much fun?’ You see! I was a grandmother. I played with them. I had them while they were on weekends. I didn’t have them when they were washing and stuff. I didn’t. We didn’t have to do dinners. We took them out to dinner. We did fun stuff... A grandmother will give herself, her whole, because she doesn’t have to do all the crap. She can be what your mother cannot give you in some ways.

A predominant theme evident in the interview transcripts of the grandparent participants was the concept of loss and being cheated out of the traditional grandparent role. As this grandmother (#015) noted, “I’m very upset. I feel like something has been taken from me.” She continued by explaining:

I’m not a grandmother anymore. I used to pick them up for the show or we’d go out to dinner. I used to do that a lot. And they liked it. We got along good. Now, I’m nothin’ but the mean ole witch in their life. So, it’s hard. I’m not really a grandmother anymore.

Another grandmother (#025) explained, “I’m angry about that [loss of being a grandparent]. Sometimes, I feel robbed.” Most of the grandparents in the study expressed this sense of loss and conflict, but at the same time empathize with their grandchildren.
The grandparent caregivers in the study made references concerning the grandchildren they were raising and their other grandchildren whom they were not raising. The grandparent caregivers in the sample had an average of 6.2 grandchildren ($SD = 6.58$) with a range of one to 22 and three grandparent caregivers had great grandchildren. Statements were made about the grandchildren whom the grandparents were not raising reflecting a feeling of loss and being cheated out of a traditional grandparent:

The sad part is that is all I wanted to be (a traditional grandparent). The saddest part is that [my grandson] is missing out on parents and a grandmother! I’m sure he must wonder why I treat my other two grandchildren differently. (#002)

Grandparent caregivers often are unable to be a traditional grandparent to the other grandchildren due to the stressors and challenges of raising a grandchild:

I’ve heard my son say, a couple of times, you know, our kids got cheated of their grandmother...which is true to some degree. (#020)

Not only can I not be that (traditional grandma) with these children (the ones she’s raising), but I can’t with the others. Because my time and energy are taken up with these two. (#009)

The comments of another grandparent participant (#001) provided another illustration of a sense of conflict for herself and an empathy for her grandchildren:

I feel resentment and bitterness. Then I feel guilty, because the kids are just babies and it’s not their fault.

Some of the grandparent caregivers in this study had the tendency to express resentment over the loss of the traditional grandparent role and their frustration with the middle generation (e.g., their adult child) not assuming the parenting role. For some grandparent caregivers in the study, there was a hope of losing the grandparent caregiver role and assuming the traditional grandparent role when their adult child was able to parent again:
I'm looking forward to being a grandmother again. My daughter and I have been talking. She's talking of coming home. Getting herself together and getting the babies back. She's always said that. That's her goal, too. And I hope she keeps her goal. I want my goal - just to be a grandma. (#024)

Although hopeful, this grandmother was leery of her incarcerated daughter's promise of raising her two children. The grandmother is realistic that her daughter may be making goals while incarcerated, but these goals could change once 'out and about' with friends:

I worry if my daughter is for real, or is she just saying these things because she's incarcerated... I hope she is for real about getting herself together, getting the kids, and getting her place.

The hope to return to the traditional grandparent role was ever present for the grandparents in this study. This hope was sprinkled with the reality that it may never happen:

It's a temporary custody arrangement, but probably will be permanent. I know in my mind, mom and dad won't be in a position in two years. The temporary goes every two years. They [the parents] can't get it together. The case worker is even thinking permanent. I'm thinking permanent. I don't see them [the grandchildren] going anywhere. This would not have been my choice. My choice would have been mom and dad be good providers. (#025)

The hope versus reality perpetuated the internal role conflict that grandparent caregivers have. The grandparent participants hoped to return to their normative roles once their adult children returned to their normative role. These grandparents accepted the parent/caregiver role, but long for the traditional grandparent role.

On average, the grandparents in this study have been raising their grandchildren for four years with a range of 3 months to 10 years. Reunification of children with birth parents is a generalized goal of the child welfare system in the United States. Some grandparent caregiver participants desired reunification as well. Reunifications occur
more slowly in kinship care situations - in most cases six years due to the children being with family rather than stranger (Berrick, 1998). The kinship situation allows the transition to reunification occur more slowly and is less likely to result in the children being placed outside of the biological parent's care again (Berrick, 1998).

Accepted Role Conflict

Some grandparents did not perceive themselves as having any conflict. These grandparent caregivers in the study accepted the role of grandparent caregiver as a task which needed to be completed:

I’ve gotten used to them now. They’ve fit into my life since they’ve been here. (#009)

There was an awareness that they were not performing a traditional grandparent role. Using role balance theory (Marks & MacDermid, 1996), these grandparent caregivers may have sought to resolve incongruence between the traditional grandparent role and the grandparent caregiver role by expanding themselves. An internal congruency among a grandparent caregiver’s roles was achieved or ‘accepted’. A lack of role conflict emerged for this small number of grandparents. These grandparent caregivers in the study repressed their internal conflict as they considered themselves no longer a grandparent to the grandchild whom they were raising. They considered themselves a parent - an expansion of roles to multiples selves. For those grandparent caregivers in the study who were resolved to being in a re-parenting role, an acceptance of the internal conflict was present:
Well, it never really entered my mind I guess [being a traditional grandparent]. You just are. And that’s all there is to it...You just accept the fact that is what it is... (#107)

For other grandparents, there was a familial value base of what is expected and often it precludes the traditional grandparent role:

Once the first one was born, I knew it wasn’t going to be like that [being a traditional grandparent]. Actually, I think I knew before then, because my mother was not that kind of grandparent...So you know, you take them [grandchildren] from them [parents] and they [parents] come back and get them [grandchildren]. You do what you can and they do what they can and pray for the rest. (#106)

This familial tradition prepared this grandmother for her caregiver role. According to Neugarten (1979), she had rehearsed the parent role which may have contributed to an acceptance of the role conflict.

Summary: Role Conflict

Grandparent participants seemed to want to expand themselves to incorporate the traditional grandparent role and the grandparent caregiver role. Grandparents want to be the traditional grandparent only if their grandchild can be raised competently by their adult child. If reunification with the adult child is not possible, then grandparents face the reality of enacting the grandparent caregiver role and balancing the conflict over losing the traditional grandparent role. Many of the grandparent caregivers anticipated the traditional role, but accepted the non-traditional, grandparent caregiver role. A sense of role conflict emerged as feeling a loss over not enacting a traditional grandparent role. The grandparent caregivers’ stories contained a sense of process, a coming to terms with the conflict or expanding one’s self to accommodate the caregiver role.
Role Ambiguity

Role ambiguity referred to the lack of structure concerning the grandparent caregiver role. The term denotes a continuum of how unclear versus how identifiable expectations are surrounding a role. There are no socially agreed upon functions or norms prescribed to the role of grandparent caregiver:

There are no written laws about how to do this [raising a grandchild]. I mean, I'm stumbling through. (#020)

Role expectations include the right and privileges of an individual occupying a social position (Sabrin & Allen, 1968). In the case of grandparent caregivers, the social position is ambiguous leading to unclear role expectations. According to Sabrin and Allen (1968), if “role expectations are unclear and ambiguous, behavior will be less readily predictable, resulting in ineffective and dissatisfying interaction” (p. 503). As Neugarten (1979) contends, if individuals are unable to rehearse a role, there’s a lack of fit with the role in terms of timing. Taken a step further, if the role is unrehearsed, the expectations are not familiar nor anticipated leading to ambiguous expectations.

With the grandparent caregiver role, there is a lack of societal consensus in terms of how the role should be enacted. The result was a negativity toward grandparent caregivers as expressed by this grandmother (#109):

People need to change their attitudes towards grandparent caregivers. People can be so cruel. They need to be aware of our situations.

The cruelty referred to lack of societal acceptance for grandparents raising grandchildren. The lack of consensus was partly derived from the audience: grandparent, grandchild in a grandparent’s care, adult children, other family members, and child protection agencies.
These entities form the basis of a grandparent caregiver’s community which dictates role expectations. If there is a lack of consensus, then a grandparent caregiver becomes unclear about who is responsible for what aspects of rearing the grandchild. Depending upon the audience, the expectations differ. Grandparents want the traditional role, grandchildren may be confused concerning parental figures, adult children refuse to enact a parent role, and child protection agencies strive for reunification between biological parent and child. This grandmother (#011) expressed her concern about the societal expectation of reunification between ‘biological’ parent and child and how it contributes to her sense of ambiguity:

The key issue is that I want to change the rules of society. The reunification of parent and child should not always be the goal. We need to look at the child’s right versus the biological parent’s right. What is best for the child. More consideration needs to be given for the child. An emphasis should be on permanency and consistency.

The permanency and consistency would help grandparent caregivers achieve more clarity in their role enactment.

In order to enact roles comfortably, there needs to be clarity among the audiences concerning the behaviors that a role is to display. A consensus or structure surrounding the role is required. Clarification concerning being a grandparent versus a grandparent caregiver emerges as an issue for participants in this study. Role theory suggests the importance of focusing theoretical attention on social roles and societal expectations concerning role enactment. Some grandparents expand themselves in order to accommodate additional roles (Marks & MacDermid, 1996) of grandparent, parent, and grandparent caregiver. The expansion, yet delineation of oneself to incorporate roles is
explained by this grandfather raising his 10 year old granddaughter (#013B):

I could walk up to a kid and cuddle up and hold him and everything - and know in effect I am playing the grandparent role with that child. And I could talk to him, you know, playfully talk to him and say, 'I'll be your grandpa for the day'. And that to me would totally fit the situation. But when [my granddaughter] walks into the room, I am her parent.

For this grandfather, the expectations associated with the role of parent and grandparent were clear, yet he must enact the roles based on his context - raising a grandchild:

I would define it (the situation) as a grandparent who is totally assuming the parent role and is the parent not the grandparent. I mean, I don’t even think about the grandparent part.

The overall research expectation for this study was that grandparent caregivers would experience role ambiguity due to the grandparent caregiver role being unstructured or lacking consensus about behavior expectations. Grandparent caregivers were asked to describe their comfort level in performing the grandparent caregiver role and about their custodial relationship with the grandchild. A lack of clear expectations associated with being a grandparent parent or grandparent caregiver to a grandchild is associated with unclear responsibilities for the grandparent caregiver. As one grandmother (#107) pondered ‘who’ is responsible to carry insurance or provide medical care for the grandchildren:

Their mother was on welfare before she got into all these drugs and...So actually their medical cards are through what she has on welfare. But, at some point in time, I know that is going to end. And it is either going to be my responsibility or hers to make sure they have insurance...I think it is something that the court or someone should see to it that the parent does...the way I feel is that is you can go out and spend $300-400 on crack in one night, you can afford insurance for your kids.
The ambiguity associated with who is actually, primarily, and ultimately responsible for the children’s health needs points to the lack of clear guidelines and structure with the grandparent caregiver role.

The topic themes identified and described in this section, support this research expectation that the grandparent caregivers in this study experience role ambiguity. (See Table 4.4) The degree of role ambiguity was often associated with the custodial relationship a grandparent has with a grandchild. The custodial relationship appeared to dictate the structure and comfort level a grandparent caregiver has with enacting parental behaviors, such as discipline or daily supervision. Other topics discussed include normalcy seeking or a type of role clarification strategy as well as defining the role of the middle generation.

Table 4.4
Role Ambiguity Thematic Analysis (N = 26)

<table>
<thead>
<tr>
<th>Themes</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodial Relationship</td>
<td>84.62</td>
<td>22</td>
</tr>
<tr>
<td>Normalcy Seeking</td>
<td>76.92</td>
<td>20</td>
</tr>
<tr>
<td>Taking ‘ownership’ of grandchild</td>
<td>50.00</td>
<td>13</td>
</tr>
<tr>
<td>Changing titles</td>
<td>30.77</td>
<td>8</td>
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<tr>
<td>Middle Generation</td>
<td>53.85</td>
<td>20</td>
</tr>
</tbody>
</table>
Custodial Arrangement with Grandchild

The custodial relationship between the grandparent caregiver and the grandchild was a topic that a vast number of grandparents in the study discussed. Over 80 percent (N = 21) gave voice to the notion that their role as grandparent caregiver was linked to the custodial relationship they had with their grandchild. All of the grandparents who participated in this study had a formal custodial relationship with their grandchildren. The type of formal custody relationship varied from legal custody to adoption.

Given previous research (see Downey, 1998 and Fuller-Thomson et al., 1997), it was surprising that all grandparent caregivers in this study had a formal custody relationship. Generalizations concerning custody type should be made with caution. Themes surrounding role ambiguity were similar for the grandparent caregivers participating in this study and those found in other research studies (e.g., Minkler & Roe, 1993; Jendrek, 1994; Kelly et al., 1997).

A lack of structure is associated with role ambiguity. A vagueness or uncertainty surrounds the issue of ‘parenting’ a grandchild. Who’s job actually is it? Or as more bluntly stated by this grandmother (#002) raising her grandson:

You live lives of hell until it comes up - the custody of the grandchild.

Custody of the grandchild seems to solidify the relationship. Questions still remain concerning parenting responsibility despite a formal custodial arrangement, but the degree of clarity and structure did seem to increase once a formal custodial arrangement is reached:
I go to school. I’m the one that registers my granddaughter now. She’s mine. I’m her guardian. And she’s mine. (#004)

A formal custody arrangement inferred more structured roles or greater role clarity. For some grandparents, formal custody permitted a feeling of empowerment or control over the parenting situation:

I used to walk on eggs. Now I could tell every one of them to go to hell. That’s how I feel about it since I got custody of these children. I just don’t care [what my adult child does or wants]. (#015)

Before custody, grandparents felt threatened that the adult child (the grandchild’s parents) would take the children without warning. This grandmother’s (#015) situation indicated the difference formal custody made in structuring or clarifying her role as grandparent caregiver:

I just had this threat over my head. It was terrible before I got custody.

She further explained:

Having a piece of a paper means a lot. I’d be a basket case without it. I would have no legal stand. I mean, if my daughter came over here and she wanted them. You know, I would have no legal...I’ve come so far. I mean, you’d have to know what it was like in the beginning. You’re scared. You’re scared to do anything. You’re scared to say anything. And now, if my daughter were to come over and say, ‘I’m taking these kids and their my children and I’m gonna take ‘em’, I can tell her to get outa here.

Being clear on the rights and privileges associated with a formal custody arrangement makes a difference in how a grandparent enacts his/her role. Structure was added to the grandparent caregiver role via a legal piece of paper allowing a grandparent clearer expectations on parental actions and authority.
Without a formal relationship, grandparent caregivers were often unable to obtain needed services for a grandchild:

Custody issues is one of the biggest obstacles. You can’t get any of these services unless you have custody. You are taking care of this child, but have no legal rights to put them in school. When I went to get [my granddaughter] her shots, I was honest and told them I was her grandparent, and I couldn’t get the shots. People [grandparents] are trying to do the right thing and provide health care for these children and we can’t get it. (#013A)

Grandparents tried to enact the parent role, such as provide immunizations, health care, school enrollment, and are not permitted because the grandparent caregiver role does not grant them this right without a legal structure. Yet, the grandparent has the primary parent role, the task of daily supervision and care in the absence of the biological parent. Without a formal custodial relationship, this grandmother further explained:

I wouldn’t be as comfortable. I would be deceiving and everything else, to do what I would have to do to care for [my granddaughter]. (#013A)

Being in a parental role and not being able to perform that role (i.e., school enrollment, medical care) added uncertainty and ambiguity:

It’s really clarified a lot of things in my mind. That’s been the biggest thing. Plus just registering for school or going to the doctor. There’s no explanation about where mom is. (#004)

The ambiguity was evident: grandparents were parenting their grandchild yet were not permitted at a societal level (i.e., public policy) to enact parental expectations. The grandparent-grandchild family structure is not recognized at various system levels (e.g., local, state, federal) contributing to a grandparent caregiver’s sense of role ambiguity.
For some grandparents the acquisition of a formal custody relationship with their
grandchild eased anxiety and more clearly demarcated their caregiver role. The relief
associated with the acquisition of a formal relationship was illustrated through this
grandmother's (#004) story:

Since I've done it [obtained custody], actually the day I came home, I cooked
steaks and opened a bottle of champagne left over from New Year’s Eve and we
celebrated. I popped the cork. That’s kind of a birthday type thing. Not so much
for [my granddaughter]. She doesn’t realize that, but for me, it’s a thing. For a
long time, I thought I wasn’t stepping up. She [the granddaughter] needs to
belong somewhere. I mean she was here all the time, but... I didn’t realize that I
wasn’t taking ownership of her. And her mom wasn’t. Nobody was. She was
well cared for and loved. I don’t think ownership of a person is a correct thing.
There was just this fine line. I was walking down the hallway one day and I
thought - ‘you just got to get off the fence’. Somehow this legal guardianship was
like getting married. It was a legal piece of paper.

The need to ‘officially’ belong or belong to a family unit which is legally recognized is an
aspect of role ambiguity. The legal recognition provided boundaries and structures the
grandparent caregiver role:

It’s security. A tremendous relief when you know that they are alright. That
they’re safe. They’re taken care of. And they have a chance. (#020)

A security knowing that as the legally recognized, grandparent caregiver, there are certain
rights associated with that role. Those rights allow the grandparent a security that they
can fully parent the grandchild in their care. In other words, expectations associated with
a parental role were able to be implemented.

Custodial relationships can change over time which can contribute to ambiguity.

Grandparent caregiver participants were clearly concerned that no formal custodial
relationship was permanent creating an aura of uncertainty: “I don’t care if you have

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custody or whatever, these kids never feel secure” (#013B). The aspect of not knowing what the ‘state’ or child protection agency has in mind or the motives of the parent/adult child in terms of resuming parenting responsibilities can contribute to unclear expectations and distress. Despite a formal custodial relationship, some participants tended to view their caregiver status as temporary:

These [grandkids] can never feel secure. I mean they are scared. [My granddaughter] is very aware that [her mother] could take her back. She asks, where would I be? What would happen? (#013A)

The biological parent continued to have rights regarding the grandchild in their care:

That legality, that she is the birth mother, gives her still extreme power. For somebody not involved with the child. (#013A)

The need to provide a permanent structure surrounding the parenting of a grandchild became paramount to many grandparents in the study:

For [my granddaughter]. So someone can’t come in here and say, ‘well, I’m ticked at you, so hey, guess what, we are taking her’- what is not going to happen. (#109)

Feeling secure contributed to a sense of permanence which was related to clarity in role expectations which decreased uncertainty and ambiguity.

Adoption, which severs the ties with biological parents (Berrick, 1998) is the only legal recourse grandparent caregivers currently have to obtain a solid structure concerning their role as parent to their grandchild:

I’m “not comfortable with the current custody arrangement (e.g., permanent), because at any time someone can take me to court and apply for parenthood again and simply have to prove the court on a short term basis that they were able to handle things. I think that’s possible for somebody to do...I would like to legally adopt. I would try to have [my daughter] sign the adoption papers...I would reason that this is more stable for [my granddaughter]. (#003)
This permanency and formal structure was what many grandparent participants sought in order to lessen the ambiguity surrounding their role:

I know a lot of people don’t want to adopt their grandchildren. It is not an option. For me, I needed closure one way or another. I needed it to be this way or that way. I really hate having it in between. (#011)

Being ‘in between’ made the expectations associated with being a grandparent caregiver unclear for some of the grandparent participants. Uncertainty undermined the structure of the grandparent caregiver role creating a sense of uneasiness.

Despite the uneasiness, many grandparents participating in the study were hesitant to take the step toward adoption:

I cannot think. I cannot think. I don’t think in terms of permanent. (#021)

The desire and hope for the middle generation to resume their parenting responsibilities was present. For other grandparent participants, hope was pushed aside:

I always hoped that if I thought [my daughter] would be ready, that I would be able to say, you know, ‘here’s your daughter back’. But as it turned out, [my daughter] actually asked me to adopt her. (#011)

Some grandparents hesitated due to the types of benefits that would or would not be available to the grandchildren if there was an adoptive relationship. For this grandmother (#009) who’s husband died within three weeks of the interview, the adoption process took a different perspective:

We were in the process of trying to get legal services to get them adopted, so they could collect social security. Now I won’t try unless I could some how go back (reference to go back prior to husband’s death). And I’ve been told at the Social Security Office that I can’t do that. The main thing was (purpose for adopting) in the event of his death, I could collect some social security for them. (Legal guardianship does not count.) It should, because I’m doing everything for them.
For this grandmother caregiver, a legal custodial arrangement was in place, but the legal
custody did not grant the children the legal benefits an adoption would have provided.

For some grandparents in this study, adoption was the only means in which they
could provide for their grandchild upon a potential disability or death. These
grandparents' desire was to give their grandchildren the rights that their children would
have. They wanted the parenting relationship with their grandchild recognized by the state
in order to provide for the grandchild upon disability or death:

> If something happened to me, there is no safety net for [my granddaughter]. I
> have no legal rights other than putting my wishes in a trust for her. I can only
> suggest things...there is nothing in this (adoption) for me. There is a lot at stake
> for [my granddaughter] and that's my reason” to pursue adoption. (#003)

Right now, if anything happens to us, all [my granddaughter] would get would be
a legal battle. We got it set-up in our wills and people in positions to do things.
But she would have to go to court. And there is nothing guaranteed. We’ve
named guardians. We’ve named why. We have spelled all that out in the will.
And we know our children would go to battle for us. But, there is that concern
that our wishes will be ignored. If the mother, our daughter show up here and
makes a good enough case, she could get [our granddaughter] and end up
destroying her. And we know, the way the law is written right now, we cannot
adopt her [the granddaughter]. (#013B)

The process of adopting a child is the same for grandparents as it would be for anyone
wanting to adopt a child. The birth parents or legally recognized parents of the child must
voluntarily relinquish custody which is often translated into signing adoption papers
(Kelly, Yorker, Whitley, 1997). If this does not occur, then the termination of parental
rights must occur which is often slow moving and involves the grandparent testifying that
their adult child is unfit (deToledo & Brown, 1995; Kelly et al., 1997). Unless parental
rights are terminated through adoption, “parents can reappear after many years of absence

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from their children and regain custody” (Kelly et al., 1997, p. 18). As explained further by this grandfather (#013B):

    Our daughter keeps sticking her nose into the situation just enough to not make even possible (adoption) unless she will agree to it.

Or as stated by this grandmother (#003):

    I would try to have [my daughter] sign the adoption papers. Wouldn’t press her because she might decide she didn’t want to. I would reason with her that this is more stable for [my granddaughter].

Viewed as a group, the majority of grandparents in the study expressed role ambiguity relating to the type of legal relationship they had with their grandchild and the lack of permanency thereof.

Normalcy Seeking

An attempt to clarify or define the role of grandparent caregiver was made by close to 77 percent (N = 20) of grandparent participants. The desire to be like other families or to portray that perception was important to many of the grandparent participants, especially with their grandchildren:

    [I want him] to try to see his life as much like other kids as possible. (#020)

As a result of the incongruity between a grandparent-parent role, participants used clarification strategies in order to clearly demarcate their role, rights, and responsibilities.

This grandmother (#109) suggested:

    Maybe activities for both the grandparent and the grandchildren. For the families to be able to get together to relate to one another. Because I think the kids know that they are not with their parents. And kids that are with their parents don’t understand these kids.
Unclear role expectations are similar to role conflict in that the grandparent caregiver was conflicted *internally* between the grandparent caregiver role and the traditional grandparent role. However, with role ambiguity, the lack of clarity in role expectations is associated with the grandparent caregiver’s expectations of their parental role to their grandchild and the role expectations held from various audiences (Sabrin & Allen, 1968). In other words, role ambiguity is associated with the lack of congruence between societal expectations and expectations by the grandparent enacting the role.

The need to conform to normative roles, such as the stereotyped, two-parent, family was found to be a clarification strategy. There was a tendency by the grandparent caregivers to put emphasis on conformity and less emphasis on independence or the uniqueness of the grandparent-grandchild family structure:

> I live in [a neighborhood] with the most normal families I have ever run into. They have two sets of grandparents that come and visit, and they visit them. Each of the families have a father and a mother. Ozzie and Harriet [neighborhood] or something. It’s nice that it’s so solid and family-oriented, but it’s hard on [my granddaughter] because she sees the daddy and the grandparents and she misses that. She says I want him to be my grandpa - she’ll pick somebody. It’s hard. (#003)

The desire to become normal or to conform reached beyond the grandparent-grandchild family structure to extended family:

> My husband’s “whole family won’t have anything to do with us because we are not the normal family we used to be. It has effected every aspect of our life. (#001)

Sabrin and Allen (1968) note that emphasis on conformity often occurs when unclear role expectations are present. Grandchildren raised by their grandparents are not immune to the societal pressures of normative family life and the desire to conform. One
grandmother (#015) explained the contrast between the definition of family between the
granddaughter and grandson in her care:

We drew pictures at the grandparent meeting. AARP did a (contest) for children. 
And she (the granddaughter) drew this picture of the house, picket fence, sun was 
shinin’, there was flowers, and some stick people. See, she lives in this little 
dream world. There’s nothin’ wrong with that. She knows there’s something 
wrong, but she puts it away. Him, he (the grandson) drew a picture. It was a 
dark picture. It had a stick person of me, him, and her...then in the door of this 
house, which was all black, you could just make out a green figure in the door, 
and that was his mother. I mean, he knows. He resents what she’s done to him. 
I suppose that’s why we are seeing the psychologist again.

The desire for the stereotyped family life was a strong presence throughout the interview 
transcripts. Societal norms dictate role behavior. The contrast between these sibling’s 
perceptions of family life was striking, indicating that individual perception plays a part in 
how roles are defined and labeled.

Another normalcy seeking or clarification strategy was title switching or placing 
‘labels’ on significant others. In other words, grandparent caregivers would refer to the 
grandchild in their care as their ‘child’. Grandchildren would refer to the grandparent 
caregiver as their ‘parent’. Half of the grandparent participants took ‘ownership’ of their 
grandchild as their child. For the grandparent participants, the ownership or attachment to 
the grandchild in their care was often translated to an attachment they would feel toward 
their children:

She’s our child. She’s just like another child to us...I don’t title myself as a 
grandparent caregiver. I’m a parent. Okay? It is very clear to me what my job is. 
(#013A)

Even though we are not his biological parents, I feel that I am his mommy. (#005) 
I’ve had him for over three years. I look at him as more of my child now.
Although I didn't give birth to him. I've known him since he was twenty minutes old. So, he's mine now. That's the wrong terminology, but you know what I mean. I'm parenting him, I am. (#002)

These strong attachments indicated the bonding that has taken place between a child and a caregiver. This strong bond often resulted in titles being switched by the grandparent indicating that they are really the parents to the grandchild in their care. The desire to conform and be a family - a family per societal expectations influenced labels given to significant others. Once again, the desire for conformity took precedent over the uniqueness of the grandparent-grandchild family structure.

The influence of societal expectations on role enactment was present for the grandparent participants. There is an evaluative influence. In other words, society evaluates and determines the appropriateness of parental behaviors. This grandmother (#004) noted this evaluative nature:

I think a lot of people see what I do and think that I'm being a grandmother. And I have evaluated it and have decided that is the kind of mother I'm being to [my granddaughter] which is giving her more room. More to be herself.

Through this passage, the role expectations for a parent and grandparent are delineated. This grandmother resisted the temptation to conform and maps her own path as a grandparent caregiver.

The grandchildren under the care of grandparents also strive to conform to normative roles and behaviors. According to the stories of the grandparent participants, approximately 30 percent reported that the grandchild under their care had changed their title from grandparent to that of parent:
She (the granddaughter) has changed all of our titles knowingly. I’m mommy. He’s daddy. Her two aunts are her sisters. That has been her choice. If someone says, we are grandma and grandpa, she says, they are not. (#013A)

With [my grandson], we have tried to tell him we are grandma and grandpa, but from day one he has bonded with us. He calls us mommy and daddy. And someday I will have to sit down and have that conversation with him. (#005)

There are some teachers who have problems with [my granddaughter] calling me mama. I did talk to her psychologist about it early on and she said that [my granddaughter] should call you whatever she wants. And she needs a mama, but be honest, ‘I’m your grandmother who you call mama’. She chooses to call me mama because it’s more comfortable for her because she gets a lot of questions. (#003)

The need to ‘fit-in’ to normative role expectations appeared to be great for the grandchildren, especially as told by the grandparent caregivers in this study. Normalcy seeking through title switching indicated the need to clarify roles amongst members of the grandparent-grandchild family.

Relationship with Adult Children

In describing the assumption and implementation of the caregiving role, over half of the grandparent participants (N = 14) explained their relationship with their adult child, the grandchild's parents. The interview transcripts provided evidence that the adult child often contributed to the degree of role ambiguity the grandparent felt. The lack of stability, similar to what was found with custodial relationships, surrounded many comments:

I don’t care if you have custody or whatever, these kids can never feel secure. (#013B)
Most grandparent participants had contact or knew the whereabouts of at least one of the grandchild's parents and yearned for their adult child to assume the parent role:

I want [my grandson] to go back with both parents. (#001)

Some grandparent caregivers used various approaches to develop a parent-child bond:

We brought [my daughter] and baby [granddaughter] back. Put the baby in [my daughter’s] room. I wanted to make sure she knew she was the mother. Taking care of the baby, waking up... (#003)

This grandmother (#011) recognized the importance of the parent-child bond, but was unsure that her daughter would be up to the task:

I guess, I guess I am really. I don’t know. I guess I am real careful about [my granddaughters] emotions. I am trying real hard, not to destroy the relationship between her and her mother. Or at least to let it, let it blossom, if it can.

The adult child plays a mediating role in the grandparent-grandchild relationship (Cherlin & Furstenberg, 1986; King & Elder, 1998). The adult child or middle generation determines the degree of involvement and type of relationship between grandparent and grandchild. If the relationship between grandparent and adult child is poor, the adult child is most likely not to negotiate a good relationship between the grandparent and grandchild.

A significant number of grandparents in the study indicated that their adult child was adopted. This adoptive relationship raises some interesting issues surrounding family dynamics and attachment. One never-married grandmother (#003) adopted her daughter at age 13. She described her frustration with her adopted daughter who was once again in a juvenile detention center for drug use:
Last time that she had been picked up...I had pretty much decided...I had adopted her when she was thirteen, so I'm not even a blood relative. When I went to visit [my adopted daughter], I pretty much decided I was going to sever the adoption. It had taken me pretty much forever to get the approval. She wanted to go back to her birth parents who had abused her...So, when I went down there, she told me she was pregnant. That changed everything.

An unborn child changed the generational structure marking the role transition from mother into grandmother. This grandmother ended up providing care for her infant granddaughter, a parental task that she had not encountered.

The themes relating to the middle generation incorporated the concept that this middle generation initiates role transitions in the generational structure of a family. The grandparent caregiver participants wanted their adult child to enact a parent role, to bond with the child as per normative, family, role transitions. Many of the grandparents told of their efforts:

We [my husband and I] were asked at that point [by Children's Services], would we take the baby? And we said, no. We wanted to give [my daughter] a chance to try to handle this baby on her own, in her apartment. I said I would be sure to watch over them and help them. So for two days after they came home, I went to the house...[I spent all of my time there.] And so, she, I asked her if she wanted to come here. Instead of me spending my whole time out there, I said, just bring the baby here too my home for a week or so til you get on your feet. Well, a week turned into months and...[it's been five years]. (#010)

As per the reasons grandparents became the primary caregiver of their grandchildren (see to Table 4.1), the middle generation did not fulfill their parental obligations. Despite the lack of initial parental role enactment, many of the grandparent participants encouraged parental bonding and were hesitant to place boundaries on the adult child visiting the grandchildren:
My daughter “has always had unlimited privileges to see her children. All of the kids. If I have their kids, they can see them when they want to. If I do feel that maybe things isn’t right within their own personal life at the time, I maybe a little more skeptical about them visiting or taking them with them. (#108)

At the same time, this grandmother was not ready to relinquish custody of her grandchildren to her daughter. There was apprehension:

I was going to let [my daughter] take the kids this summer. But I don’t want them living in that housing...I feel she is too stressed to take care of them and I don’t want her stress passing through them. And then, I decided, they are her kids and maybe while she is doing good, she maybe should be allowed to raise them. So when I go to court, I plan to ask them to let me keep them until January, because in January, her baby be a year old. And she will have been clean for a whole year after the birth of her child...I will not protest her getting them then.

This grandmother put parameters or conditions of when her daughter would be able to meet the expectations associated with parenting. These parameters were similar to the expectations one would have of a parent. This grandmother’s story was similar to other grandparent participants. There was a tendency by the participants to quantify how, when, and under what conditions an adult child could regain custody or visit a child. The lack of fulfilling parental obligations over time was frustrating to grandparent participants:

During this three year time, [the parents] never made any advances toward these children. Like a job, getting a place, saving money... I don’t see [the grandchildren] going anywhere. This would not have been my choice. My choice would have been mom and dad be good providers. (#025)

Providing the basics to children is what grandparents want. Societal expectations dictate that the adult child or parent should assume these primary parenting responsibilities.

When the middle generation is unable to meet basic child rearing needs, a role reversal can take place if visitation is permitted between the adult child and grandchild under the grandparent’s care. Grandparent caregivers often reported a reversal in roles:
birth parents of the grandchild enact a traditional grandparent role of visits, gifts, then departing; grandparents enact the parent role of daily supervision and providing necessities (Kelly et al., 1997). The role reversal is related to role ambiguity in terms of the relationship with the middle generation, but also with taking ownership of the grandchild. By taking ownership of the grandchild, a role reversal was permitted to take place:

I’m their parent. I’m not their grandparent. anything they need, I have to give it. With a grandchild, they go back to mom and dad. I feel like these are my children. I have to be the one that says to mom and dad, no you can’t take them here or there. (#025)

The preference for this grandmother would be having the parents decide where she can and cannot take the grandchildren. This preference indicated the role reversal and the desire of this grandmother to be in the traditional grandparent role.

Role ambiguity emerged when a role reversal occurs, but also when the grandparent defined how the middle generation should parent. Putting parameters and conditions on the adult child indicated that familial roles were unclear. The parameters were set to clarify the unclear roles. For half of the grandparent caregivers in the study, the relationship with the middle generation led to a sense of role ambiguity. And for most grandparent caregivers participating in the study there was a hope:

I am hoping that some day things will change and [mom and dad] will take them (the grandchildren/their children) back. (#101)

And for other grandparents, there was a worry:

When I go home, I think should I still try to keep [my grandson]? I’m not convinced that the mother won’t go back to doing drugs. Will he be fed? Will he be safe? (#001)
Relationship: Role-Fit, Role Conflict, Role Ambiguity

Grandparent caregivers perform an off-time role (Burnette, 1999; Burton & Bengston, 1985; Jendrek, 1993, 1994; Minkler & Roe, 1993). An individual’s social clock anticipates orderly and sequential change throughout one’s life course (Burton et al., 1995). Grandparent caregivers’ developmental tasks become disconnected from chronological age contributing to a lack of role-fit. This lack of role fit leads grandparent caregivers to clarify the roles they are enacting.

Examination of one’s roles led grandparent caregivers to define each of their roles. By defining or engaging in clarification strategies, many study participants noted a lack of congruence with the grandparent role they had expected to perform or the role they most likely rehearsed and the grandparent caregiver role. The comparison between the anticipated, traditional, grandparent role and the actual, grandparent-parent role created a sense of role conflict.

By further defining role expectations, grandparent caregivers discovered that the grandparent caregiver role was ambiguous. It is not the same as a parent role (i.e., lacks legal rights), yet has many of the same basic tenets, such as daily supervision. The desire to conform to normative roles created a process of clarifying the grandparent caregiver role. The various clarification processes involved the role of the middle generation in terms of defining who should enact the parent role.

The qualitative data examined in the preceding sections overwhelming support the main research expectations. First, grandparent caregivers experienced a lack of role-fit. Second, grandparent caregivers experienced a sense of role conflict between the
traditional grandparent role and enactment of the grandparent caregiver role. Finally, grandparent caregivers experienced a sense of role ambiguity as evidenced by the variety of clarification strategies employed by the study participants.

The grandparent caregivers' narratives in this study pointed to the salience of recognizing social roles and the impact from a societal and individual level. These grandparent caregivers have the added burden of coordinating and balancing an off-time role with the role demands of parenting a child who was separated from his or her unfit parents. The qualitative data highlighted the convergence of family, community, and societal forces that prevent a sense of normalcy for these families. At the same time the convergence illustrated the energy and determination of these grandparents to impose their commitment to family preservation despite many deterrents.
CHAPTER 5

RESULTS: EXPLORATION OF A RELATIONSHIP MODEL

To explore a relationship model between role-fit, social support, and self-efficacy, a combination of descriptive and inferential statistics were used to analyze the data obtained from the quantitative measures. This chapter is organized around the three primary study variables: role-fit, social support, and self-efficacy with a presentation of the descriptive statistics as a means to summarize and organize the data into presentable form (Healey, 1996). Descriptive statistics are presented in Table 5.1. Inferential statistics focusing on the relationships between and among the study variables are presented in Table 5.2. The chapter concludes with a report of the findings from the analyses conducted to explore the relationship model between role-fit, social support, and self-efficacy.
Table 5.1

Descriptive Statistics of Study Variables ($N = 26$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
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<tbody>
<tr>
<td>Role Timing Scale Score</td>
<td>3.34</td>
<td>.87</td>
<td>1.75 - 5</td>
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<tr>
<td>Role Fit - Timing</td>
<td>1.69</td>
<td>1.38</td>
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<tr>
<td>Role Ambiguity - Timing</td>
<td>1.85</td>
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<tr>
<td>Role Ambiguity</td>
<td>2.31</td>
<td>1.67</td>
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<td>Role Conflict - Timing</td>
<td>2.38</td>
<td>1.50</td>
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<tr>
<td>Role Conflict</td>
<td>3.04</td>
<td>1.66</td>
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<tr>
<td>Role Satisfaction</td>
<td>4.15</td>
<td>.83</td>
<td>2 - 5</td>
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<tr>
<td>Social Embeddedness</td>
<td>4.30</td>
<td>3.43</td>
<td>0 - 15</td>
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<tr>
<td>Enacted Support - Month</td>
<td>3.0</td>
<td>2.77</td>
<td>0 - 12</td>
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<tr>
<td>Enacted Support - Year</td>
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<td>3.69</td>
<td>0 - 15</td>
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<tr>
<td>MPSS Score</td>
<td>5.20</td>
<td>1.45</td>
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<tr>
<td>Perceived Support - Family</td>
<td>4.89</td>
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<td>Perceived Support - Friend</td>
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<td>Perceived Support - Significant Other</td>
<td>5.18</td>
<td>1.44</td>
<td>1 - 7</td>
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<tr>
<td>Support Satisfaction</td>
<td>3.58</td>
<td>1.30</td>
<td>1 - 5</td>
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<tr>
<td>Self-Efficacy - Timing</td>
<td>3.92</td>
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<tr>
<td>Self Efficacy Scale Score</td>
<td>3.68</td>
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<td>2.52 - 4.78</td>
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<td>Self-Efficacy Scale - General Score</td>
<td>3.56</td>
<td>.47</td>
<td>2.43 - 4.43</td>
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<td>Self-Efficacy Scale - Social Score</td>
<td>3.31</td>
<td>.81</td>
<td>1.67 - 5.00</td>
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Table 5.2

<table>
<thead>
<tr>
<th>Bivariate Table of Study Variables</th>
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<tbody>
<tr>
<td>1. Role Fit-Timing</td>
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<td>2. Role Amb.-Timing</td>
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<td>3. Role Ambiguity</td>
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<td>4. Role Conflict</td>
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<td>5. Role Conflict</td>
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<td>6. Role Satisfaction</td>
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<td>7. Embeddedness</td>
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<td>8. Enacted-Month</td>
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<td>9. MPSS</td>
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<td>10. Perc'd-Family</td>
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<td>11. Perc'd-Friend</td>
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<td>12. Perc'd-Sign. Other</td>
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<td>13. Support Satisfaction</td>
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<td>14. Self-Efficacy-Timing</td>
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<td>15. Self Efficacy Scale</td>
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* significant at the 0.05 level (2-tailed)  ** significant at the 0.01 level (2-tailed)
Role-Fit

Role fit was measured using a 4-item, Role Timing Scale, a five-point likert scale with a rating of (1) strongly disagree to (5) strongly agree. A composite score for the Role Timing Scale indicated an average score of 2.46 ($SD = 1.04$). For the purpose of further quantitative analysis, the four items within the scale were used. For the role fit timing item, results indicated a majority (84.6%) of grandparent caregivers felt that they were not doing the types of things that other people in their age group were doing ($M = 1.69; SD = 1.38$). Participants scored an average of 1.85 ($SD = 1.08$) on the role ambiguity - timing, an average of 2.38 ($SD = 1.50$) on role conflict - timing and an average score of 3.92 ($SD = 1.20$) on the self efficacy - timing item. A statistically significant relationship was found between the role ambiguity - timing and the role conflict - timing.

Role Ambiguity

Role ambiguity was measured with a 1-item scale with likert scale norms of (1) very clear to (5) very unclear. Using descriptive statistics, over half (65.4%) of grandparent caregivers in the study had a sense of role clarity ($M = 2.31; SD = 1.67$). A correlational analysis found that the role ambiguity was not significantly correlated with the role ambiguity - timing item in the Role Timing Scale despite a similarity in the descriptive statistics. Approximately 77 percent of grandparent caregivers rated themselves as having role clarity on the role ambiguity - timing item. As Pearson product-moment correlation coefficients are designed to detect linear relationships (Cozby et al., 1989), further analysis was conducted to determine if a nonlinear relationship between the role ambiguity variables were present.
Examination of a scatterplot revealed some degree of association. A cross tabulation procedure was used to observe the distribution of the role ambiguity variable and the role ambiguity - timing variable. The variables were divided into two categories, using the mean score, and classified as high role ambiguity or low role ambiguity. Results indicated that there was not a statistically significant relationship between the two measures of role ambiguity ($\chi^2 (1, N = 26) = .170$). Low or high role ambiguity does not appear to be associated with the level of role timing/expectations. Specifically, nine grandparent caregivers were classified as having low role ambiguity using the mean score as a marker, five classified as high role ambiguity with the remaining grandparent caregivers ($N=12$) scoring low in role ambiguity on one measure, then high on the other measure.

Role Conflict

Role conflict was measured using a 1-item measure with a five-point likert scale ranging from (1) no conflict to (5) high levels of conflict. Overall, a majority of grandparent caregivers (73.1%) in the study reported a sense of conflict ($M = 3.04; SD = 1.66$). Only seven grandparent caregiver participants reported no conflict. The role conflict measure was found to be significantly related to the role conflict - timing item and the self-efficacy - timing item.

Role Satisfaction

Role satisfaction was measured using a 1-item measure with a five-point likert scale ranging from (1) being strongly dissatisfied to (5) being strongly satisfied. More
than 80 percent \((N=21)\) of the grandparent caregivers in the study classified themselves as satisfied or very satisfied with their role as caregiver to their grandchild. Grandparent caregivers participating in the study on average, scored 4.15 with little variability \((SD = 0.83)\). Correlational results revealed role satisfaction had a significant relationship to the role conflict-timing item.

**Social Support**

This section is organized according to the social support variables: social embeddedness, perceived support, enacted support, and support satisfaction. Results are presented under each subheading.

**Social Embeddedness**

Network size was used to measure social embeddedness. Grandparent caregivers had an average network size of 4.3 with a range of zero to 15 \((SD = 3.43)\). A little more than two-thirds \((69.2\%)\) of grandparent caregiver participants had support networks of zero to four individuals. Close to 70 percent of the grandparent caregiver participants in this study cited family as members of their support network. Friends were cited by about 35 percent with neighbors at approximately 15 percent. Half \((N = 13)\) of the grandparent caregivers participating in the study were members of a support group. Social embeddedness was found to be significantly related to role conflict-timing and role satisfaction.

**Perceived Support**

Results from the Multidimensional Scale of Perceived Social Support (MPSS) revealed an average score of 5.20 \((SD = 1.45)\) on a six-point likert scale ranging from (1)
strongly disagree to (6) strongly agree. This average score is higher than the 4.21 found in a sample of grandparent caregivers studied by Lai and Yuan (1994). The sub-scale scores revealed a hierarchy of perceived support with significant others receiving the highest rating, followed by friends, and lastly by family.

Examination of the scatterplots between perceived support and network size and perceived support and enacted support revealed possible relationships as high perceived support appeared to be related to small network size and low enacted support. Cross tabulations conducted between perceived support and support network and enacted support to test for nonlinear relationships found no statistically significant associations between the variables. Perceived support, enacted support, and network size were each divided into two categories - high and low - the mean for each variable as the divisor. The observed frequencies in the categories did not differ from the expected frequencies.

**Enacted Support**

Grandparent caregivers were asked to indicate how many individuals provided assistance to them in the past month and in the past year. Grandparent caregiver participants received assistance from an average of three members of their support network in the past month and 4.5 members in the past year. Over half (57.7%) of grandparent caregivers in the study received support from zero to 3 support network members in the past month and 65.4 percent of grandparent caregiver participants received support from zero to 4 support network members in the past year. The range of support network membership was zero to 15. The measure of enacted support in the past month was statistically significant to the measure of enacted support in the past year \( r = \)
.759; \( p < .01 \), 2-tailed). With this significant correlational, enacted support in the past month was used in subsequent analysis. Enacted support was found to be significantly related to support network

**Support Satisfaction**

Support satisfaction was measured using a 1-item measure with a five-point Likert scale ranging from (1) being strongly dissatisfied to (5) being strongly satisfied. Approximately 61 percent \((N = 16)\) of the grandparent caregivers in the study were satisfied or very satisfied with the support received. The average support satisfaction score was 3.58 \((SD = 1.30)\). Support satisfaction was found to be significantly related to perceived family support, role conflict - timing, and role conflict.

**Self-Efficacy**

Grandparent caregivers in the study scored an average of 3.68 \((SD = .4885)\) based on the Likert scale range of (1) strongly disagree to (5) strongly agree on the Self-Efficacy Scale (SES). Examination of a histogram revealed SES scores followed a normal bell curve with a slight negative skew (-.153). Results of a correlation analysis revealed no statistically significant relationships between self-efficacy or any of the other study variables.

**Relationship Model**

A relationship model between role-fit and the effect of social support on self-efficacy was explored with self-efficacy being viewed as an adaptive outcome. To test the relationship model, the first step was to determine which variables to include in the analytic process. Based on previous correlation analyses, a reduction in the number of
variables to include in the relationship model exploration was made based on high
correlations. The role-fit variables included: role-fit - timing, role conflict - timing, and
role ambiguity. The social support variables included: enacted support - month and MPSS
score. The SES score served as the self-efficacy variable.

A relationship between the three primary variables was not found. There was a
lack of a linear relationship among all the variables (see Table 5.2). Other analytic tools
were explored for the most appropriate method to further explore non-linear relationships
for the model of role-fit, social support, and self-efficacy. With a sample size of 26 and six
variables to be used in the relationship model, other statistical procedures were not
appropriate to explore based on statistical assumptions.

In summary, grandparent caregivers in the study experienced a lack of role fit with
the enactment of the grandparent caregiver role, lack of role ambiguity or a role clarity,
and high levels of role conflict. In terms of social support, grandparent caregivers
experienced fairly small and active support networks, an average of 4.3 with an average of
3 support group members providing support in the past month and an average of 4.5
providing support in the past year. Perception of support was highest for a significant
other, followed by friends, with family member perception being last.
CHAPTER 6

DISCUSSION OF RESULTS

The interpretation of the salient qualitative and quantitative results will be discussed. The results are summarized and placed within the context of the research study’s goal and expectations, the current literature, and role theory. The organizational framework for the discussion will be the three primary study variables: role-fit, social support, and self-efficacy. Following the interpretation of the results, the methodology and limitations of the study will be addressed. Finally, implications for practice and future research will be presented.

Role-Fit

Qualitative and quantitative evidence was found to support the research expectation that grandparent caregivers experience a lack of role-fit with the enactment of the grandparent caregiver role. The majority of grandparent caregiver participants indicated that they were not doing the types of activities that their peers were doing. Their chronological age was dissociated from the attendant developmental tasks. The role of grandparent caregiver serves as an index to view developmental tasks and expectations versus the assumption that life events follow through hierarchical and universal stages.
culminating in an empty nest/retirement stage (Aldous, 1995). Grandparent caregivers in the study viewed themselves as not performing the similar tasks as their same age peers.

Interestingly, taking on the primary parenting role made some participants feel older than they thought they should feel. For the role-fit variable, a post-hoc analysis was conducted for the categorization of low role-fit/high role-fit and the age categorization of young grandparent caregivers and old grandparent caregivers. The categorizations were divided using the mean score for each variable. A cross-tabulation procedure revealed no statistically significant relationships. This additional analysis may allude to the fluid life cycle concept proposed by Neugarten (1979) in which chronological age takes on less meaning and perceived age becomes more salient.

Role Ambiguity

Little evidence was found to support the research expectation that grandparent caregivers experience high levels of role ambiguity as a grandparent caregiver. This particular sample was unique given that all participants had a formal, custodial relationship with the grandchild in their care. In the current literature, the vast majority of grandparent caregivers tend to have an informal, custodial relationship (Downey, 1998; Fuller-Thomson et al., 1997). The sample criteria for this study did not include a formal, custodial relationship, but focused on co-residency and absence of the adult child in the residence. Inadvertently, this screening criteria could have produced a sample with only formal custody. The role ambiguity findings may reflect the fact that grandparent caregivers in this study have formal custody. A formal custodial relationship provides a grandparent caregiver with parental authority or the ability to enact a parent role.
The qualitative, role ambiguity themes focused on the custodial relationship between grandparent and grandchild and adaptation strategies used to clarify the grandparent caregiver role (e.g., normalcy seeking, changing titles). The themes from interview transcripts suggested that the efforts to establish more formal custody arrangements grow out of the uncomfortable ambiguity of informal status. With the formal, custodial relationships, grandparent caregivers in the study seemed to be able to more readily adapt or modify their role expectations in order to come to terms with the role loss of the anticipated, traditional grandparent role. The study participants may not have felt ambiguous about how to enact their role, but as evidenced in other themes, especially relationship to adult child, the parental surrogate role continued to be ambiguous.

The adaptation strategies employed by grandparent caregivers and the grandchildren in their care also lend credence to the general lack of role ambiguity found using the quantitative measures. The adaptation strategies employed would suggest that the grandparent caregivers in the study were in the process of achieving role clarity with possibly a first step being the formal custody relationship. The quantitative measures allude to this clarity by indicating low role ambiguity and the qualitative themes suggested the process. This grandmother (#005) described her role identification as the parent to her grandson:

Even though we are not his biological parents, I feel that I am his mommy. We’ve bonded and have been through so much. Years of happiness and playing with him. And they become just like your and you love them like your own.
The role ambiguity findings for this sample make heuristic sense. The grandparent caregivers described through the qualitative measures how they coped with the unexpected role transition to parental surrogate. These coping strategies of normalcy seeking and changing titles must be somewhat effective for this group of grandparent caregivers as their quantitative scores indicated a role clarity pertaining to their expectations on a general, global level as well as on a specific, grandparent caregiver level.

Role Conflict

Qualitative and quantitative evidence was found to support the research expectation that grandparent caregivers experienced role conflict between the traditional grandparent role and the grandparent caregiver role. The study participants experienced incompatibilities between the anticipated grandparent role and the enacted grandparent caregiver role. These findings support the theoretical proposition that anticipatory socialization and subsequent rehearsal of future roles occur (Neugarten, 1979) and could be viewed as a source of conflict when the anticipated role gain of a traditional grandparent does not occur.

Grandparent caregivers in the study expressed role clarity - an indication that they knew what was expected of them as a grandparent caregiver, but they still expressed conflict and displeasure with enacting the parental surrogate role. The acceptance was conveyed through a knowledge of what’s expected in a parent role. The grandparent caregivers were recycling the parent role, so they knew what was expected and sought ways to clarify the parental role as a grandparent.
Little evidence was found to support the expectation that ambiguity would be related to role conflict because the grandparent caregiver participants did not have role ambiguity. Errera (1992) stated that individuals who perceive ambiguity cope by seeking more information. By seeking a formal custodial relationship and using clarifying strategies, grandparent caregivers achieved a sense of clarity. Role conflict was still present and evidenced by the grieving over the loss of the traditional grandparent role, yet expectations were clear.

**Role-Fit and Self-Efficacy**

Using the role theory perspective, the explanation as to the lack of a relationship between the role-fit variables and self-efficacy could be explained by the generational structure of families which dictates roles (Burton & Bengston, 1985). As one ages, the number of roles and role complexity increases. As individuals develop, there emerges a need to nurture future generations (Erikson, Erikson, & Kivett, 1986). Grandparents may seek to fulfill this mid-life need through interaction with a grandchild. When the familial crisis of the adult child being unfit to care for the grandchild emerges, grandparents may assume the parental surrogate role to fulfill their individual development need, the need to be generative by nurturing future generations. The conflict between the two roles, parent and grandparent, are in sharp contrast in terms of societal expectations or are viewed as incompatible (Barusch & Steene, 1996). The psychological mechanisms that evoke the nurturing, parenting behavior stem from the desire to protect and nurture future generations. The lack of role-fit and presence of role conflict may be negated by the clarity in which the grandparent caregiver sees their role as perpetuating the family’s
survival. This concept is referred to as a psychosocial cultural evolution (Erikson et al., 1986) or cultural generativity (Kotre, 1986).

The internal conflict regarding the enactment of two parental roles (grandparent and grandparent caregiver) takes on new meaning when examined in the context of these grandparent caregivers having a sense of role clarity. As expressed by this grandmother:

I know what is expected of me. I don’t like it, but I know.

Expectations are clear: the psychological need to nurture the future generation. The conflict becomes more understandable: grandparents assumed that the enactment of the parent role the first time that their generative desire was achieved. With their generativity at risk (e.g., adult child unfit and grandchild at-risk), the assumption of parenting is assumed in order to continue the cultural evolution or the basic survival of the family.

Within the family, each member is assigned a social position. Typically, elders are assigned or prescribed the role of kinkeepers and family historians (Barusch & Steen, 1996). These generative activities may be what individuals rehearse in the anticipated performance of a grandparent role. When faced with the possibility of not being able to enact that traditional role, the grandparent assumes the parental surrogate role. The incompatibility that emerges is transformed into a redefinition of the behaviors associated with a grandparent caregiver role (Barusch & Steen, 1996; Burnette, 1999). The parental surrogate role may be assumed by grandparent caregivers, not so much as a sense of parental efficacy, but perhaps as a means of family and individual survival. For instance many grandparent caregivers gave voice to the notion that providing care to their grandchild was not a choice, but a given:
She (my granddaughter) is my blood. I want to see that she is raised right and properly, you know. (#105)

Children should be with a family member. Whether it’s mom or dad or whoever. It should be family raising family. It shouldn’t be strangers raising your kids. (#101)

The lack of association between the role-fit concepts and self-efficacy take on new meaning given the psychosocial theoretical perspective. The notion of parental efficacy or competence being an adaptive outcome associated with role-fit and support was not found. Thus, alternative explanations, such as the concept of cultural evolution within psychosocial theory may shed new light on the roles individuals perform throughout the life span.

The grandparent caregiver participants were able to accept and integrate conflicting ideas. This ability is part of adult development. Role theory lends insight into this development by advancing the concept of role fit, the coping and information seeking strategies to achieve role clarity, and the magnitude of conflict between the grandparent and grandparent caregiver role.

Social Support

Based on study results, grandparent caregivers were found to have active support networks. The number of individuals in a grandparent caregiver’s support network was correlated to the amount of tangible or enacted support received. Despite an incongruence with peers or lack of role-fit, grandparent caregivers had small, active support networks. Yet, perception of support was not found to be related to the other social support variables.
The research expectation that social support would be a mediating factor in a grandparent caregiver's sense of self-efficacy could not be tested. The role gain of the grandparent caregiver role is considered a stressful life event or role transition (Burnette, 1999). The use of social support to mediate the lack of role-fit to achieve a sense of efficacy was seen as an adaptive outcome. An assumption in the social support literature is that a support network, perceived support, and enacted support will have a positive impact on psychological well-being and coping (Krause, 1997). The lack of social support having a mediating effect may be partially explained by the lack of congruence among the support variables.

**Social Embeddedness or Support Network**

The research expectation was that grandparent caregivers would have small support networks. The rationale behind the support network expectation was that smaller networks would reflect the lack of role-fit and the sense of isolation grandparent caregivers experience (Jendrek, 1993; Minkler, et al., 1994). Close to two-thirds of grandparent caregivers in the study counted zero to four individuals in their support network. Using these numbers combined with the interpretations from the qualitative measures, overall grandparent caregivers in the study had relatively small support networks. Yet, these networks were active in providing support.

The composition of the support networks may lend an explanatory approach to this finding. Close to 70 percent of the grandparent participants cited family as members of their support network, 35 percent cited friends, and 15 percent cited neighbors. When comparing the make-up of a caregiver's support network, these findings are not
surprising. Typically, a hierarchy of support emerges starting with family, then friends, followed by neighbors (Canter, 1979). What is unique about this sample is that half of the grandparent caregiver participants were members of a support group.

Membership in a support group with other grandparent caregivers may have contributed to more support for this sample. This membership may also help explain why role satisfaction and role conflict were related to social embeddedness. For grandparent caregivers who interacted with other grandparent caregivers through support group, they may experience a validation of role enactment contributing to less role conflict and higher satisfaction in performing a parental surrogate role.

**Perceived Support**

Pillemer and Suitor (1996) suggested that the composition of the support network impacts perceived support, enacted support, and efficacy. Having others who share a similar social status or a role in a support network has a tendency to increase psychological well-being (Pillemer & Suitor, 1996). Given that the grandparent caregivers expressed a lack of role fit or not being of the same social position or social role as others, and their support networks consisted primarily of family members and support groups, it is not surprising that perceived support levels were fairly high.

Of particular significance was the association between perceived family support and support satisfaction. For grandparent caregivers in this study, support satisfaction was significantly related to the perception of family support. Family members were cited most frequently as members of the support network. This may be in part to a sense of familial obligation to provide support. Yet, grandparent caregivers expressed concern
about relying on other adult children for assistance for fear of being a burden (Minkler, et al., 1994):

I did go [on vacation] last year. Had to get the [grand]children to Pittsburgh where my daughter lives. I worried because I had to dump them on her. Not because she couldn’t watch them. I felt guilty. (#025)

Evidence to support this concern may be found by the ranking of family members as the lowest when compared to significant others and friends on the MPSS. Borrowing from social exchange theory, the norms of reciprocity are not met when parents rely on children for parenting support. Thus, the perception of family members providing support could indicate more of an obligatory role than actual received support. Perceived support was not related to other social support variables, aside from the perceived family support and support satisfaction. Krause (1997) argued that a dimension of perceived support is anticipatory support or a belief that someone will provide assistance in the future if the need arises. Many grandparent caregiver participants noted the difference between individuals they can call upon for emotional support and whom they can call upon for instrumental support:

I have my family, my brothers and their wives, we’re very close. I can call. And my son and his wife. And I can call them in a heartbeat. And they’ll listen. Will they come over? No, they will not. They are all doing their thing. (#20)

A sense of perceived support, not anticipatory support emerged. Other grandparent caregivers in the study qualified responses by indicating whom they could call if the situation was dire. This grandmother (#021) raising three grandchildren along with her husband stated:
I actually have a good circle of family and close friends. If I *really*, truly needed help, I probably would have more than two or three I could call. If I *really* needed help, *really*...I mean if I had to have it, if it was an emergency type thing, I could call. And yes, I would have all those people.

This grandmother, like many others participating in the study, had to work hard at convincing themselves that individuals in their network would follow-through with support in a time of need. Many grandparents delineated those whom they use as a source of support on a regular basis and those in an emergency:

> I mean really, really...I have one staff here...she does most of the parenting (when I’m at work)...and, uh, my ex-husband. When I really get desperate, I call him. And he’ll come get her (the grandchild). That’s it. (#018)

These narratives assist in the explanation of the lack of relationship between perceived support and other study variables. If members of the grandparent’s support network do not have a similar social position (Pillemer & Suitor, 1996) and do not have the resources nor capability (Krause, 1997), then the perception of support is likely to be affected. This grandmother (#020) clarified the distinction in this way:

> Everybody offered, but of course most of the people work.

A distinction is made between the offer and the reality of actually receiving support. The qualifier that people work, have their own lives, thus can’t help was expressed in many of the grandparents’ statements.

Jendrek (1994) found that seeking assistance from friends, mostly peers was difficult because of the perception that friends were not performing the same parent role. Similarly, Johnson and Troll (1994) found that age similarity is a facilitator to friendship in adulthood. It could be that age is really viewed as stage and thus different life stages (i.e.,
empty nest, parenting) act as a constraint to friendship and patterns of support. This proposition would lend credence to the fluid life cycle concept proffered by Neugarten (1979).

Having members of a support network, whom you perceive to support you, and who actually follow through with supportive actions was associated with a sense of comfort for this grandmother (004):

I have one friend, that was a former neighbor, that I hadn’t seen except once a year. Recently, we have done more things together. She’s single, but older than I am. Her son is raised. She’s about the only one of my acquaintances that thinks it’s fun or important or both, to do stuff with my [granddaughter]. That enjoys going with my [granddaughter] and me to [places]. Instead of saying, if you can get a sitter, I will go with you. Whenever you don’t have [your granddaughter], call me.

This story was the only one in which a grandparent caregiver described having a friend, a peer, who was understanding and willing to socialize with the grandparent caregiver and participate in ‘child’ activities.

**Enacted Support**

For grandparent caregivers participating in this study, a relatively small number of individuals in their support network provided support to them in the past month and year. Given the range of enacted support (0-15), the average of 3 individuals providing support in the past month and 4.5 individuals providing support in the past year is relatively small. As Lai and Yuan (1994) noted, a large support network and high perception of support does not always equate with enacted support. In the grandmother’s story above, having just one friend who enacted support was a great sense of comfort.
For grandparent caregivers in this study, enacted support was correlated with network size, indicating that the grandparent caregivers had a small but active support network. In some cases, the perception of support and receipt of support may be well matched. For this 49-year-old, married, grandmother raising a 4-year-old granddaughter, the low perception of support was consistent with low enactment:

I went into the hospital about a year and a half ago for back surgery and I needed help. You know, for someone to take care of [my granddaughter]. To help me when I got out of the hospital. And I begged and pleaded for help. I finally had a sister who came through. Who stayed at the house with [my granddaughter] while I was in the hospital and she stayed with me for a few weeks after. (#109)

Self-Efficacy

The lack of relationship between role-fit and social support with self-efficacy may be explained through mid-life and older adult's attitude toward seeking support in the fulfillment of their role expectations. Seeking caregiving support to assist in competently fulfilling the role of parental surrogate may be difficult. Seeking support may indicate an inability to solve difficulties (Krause, 1997). If one has already parented, then the perception that one couldn't do it right the first time, because the adult child is unfit, may contribute to the possible lack of association between role-fit, social support, and self-efficacy. As this grandmother (#011) explained:

No matter what anybody says or what anybody thinks about it, you still wonder what you did wrong with your first child and it makes you cry and you just...I am sorry (sobbing). I just, you know, what happened to [my daughter]. No matter what everybody tells you or how much you think about it, you still feel like you failed with the first one.
Or as this grandmother (#011) questioned her parenting ability or parental efficacy:

I just don’t want to make the mistakes again, if I made mistakes. I just don’t know. You do the best that you can do. You know that you want to change something, but you don’t know what to change.

The mediating factor of the middle generation in grandparent-grandchild relations has been documented in other studies (see Kennedy, 1991 and King & Edler, 1998). If grandparents are re-parenting because the adult child is unfit, self-efficacy may be altered. The fear of being judged incompetent to parent a second time due to the lack of success the first time may contribute to a grandparent caregiver’s social support and sense of role fit which in turn would be reflected in their sense of efficacy or belief that they can competently raise their grandchild. Half of the grandparent caregivers in this study had relatively low self-efficacy scores which may reflect their relationship with the middle generation.

The lack of relationship between the role-fit variables and self-efficacy could also be based within the measurement of self-efficacy as a general concept rather than a domain-specific concept (i.e., parental efficacy). For this study, a global self-efficacy scale was used to determine the context of self-efficacy. It may have been more appropriate to develop a scale that focused on parental efficacy and examined the relationship between parental efficacy with the adult child and parental efficacy with the grandchild. King and Elder (1998) argued that measures of an individual’s perception of self-efficacy must be domain specific rather than global. At the time the study was initiated, no study had incorporated self-efficacy as a concept in the examination of family relationships and specifically in grandparent-grandchild relationships (King & Elder, 1998). The lack of
association between self-efficacy and other study variables, may be an indication that specific domain measures, such as parental efficacy, be used in future studies.

Grandparent caregiver participants had a belief that they were more competent than their adult child or a non-relative to raise their grandchildren. When asked if she would want someone else raising her two grandchildren, this grandmother (#015) replied:

No. Because right now, I don’t know of anybody. You know. I’m not going to give them over to a stranger.

Similar sentiments were expressed by other study participants:

I am glad to be here for my grandchildren. If it wasn’t for me and my husband, they would be in foster care and I wouldn’t know where they were. (#102)

It (foster care) was an option before we agreed to custody. The person down at Children’s Services told us that. And we talked it over and said this is what we wanted to do. (#009)

The reasons (refer to Table 4.1) grandparents became caregivers to their grandchildren indicated an internal motivation about their ability to parent. They intervened because their adult child was not being a good parent according to their perception. Their perception precipitated their action to assume care of their grandchild rather than having a child social welfare agency assume care.

In terms of the relationship between self-efficacy and the other study variables, the adult’s attitude toward support or the measure of self-efficacy could contribute to the lack of association. Another possibility is the configuration of the relationship model. If role conflict doesn’t erode self-efficacy and perceived social support isn’t systematically related to self-efficacy, then some people with high self-efficacy may not feel the need for much support. Other individuals may believe that they will not receive support.
Methodology

The use of quantitative and qualitative measures within a role theory framework offered insight into the complexity of the grandparent caregiver role. This deductive approach was useful in the description of the grandparent caregiver experience. The descriptive and inferential analyses were interpreted through the thematic analysis of the open-ended questions. The combination of quantitative and qualitative measures provided a context and detail to the study.

For instance, the finding that the grandparent caregivers in this sample had role clarity was more fully understood by examining the themes that emerged from the open-ended question regarding role ambiguity. The grandparent caregiver participants utilized role clarification strategies, such as normalcy seeking. These strategies offered an explanation to the low role ambiguity ratings that would have been absent or missed without the combination of measures. The collection of quantitative and qualitative data provided a context and confirmed aspects surrounding the grandparent caregiver’s role for this sample.

The use of qualitative and quantitative measures allowed the findings to contribute to insights about the grandparent caregiver experience and extend the use of role theory with this particular population. Future research should strive to achieve a balance between the incorporation of both measures. At the same time, larger sample sizes and the use of quantitative measures should be explored to test relationship models, then the use of smaller sample sizes to explore the context of relationship models among role-fit, support, and self-efficacy.
Limitations

The sample screening process was intended to produce a homogenous sample with respect to grandparents’ primary responsibility for care. However, it resulted in omitting cases where grandparents take on major responsibility but do not live with the grandchild or where a middle generation child lives in the home, but may play a minor caregiving role. Given the nature of this sample, the findings cannot be generalized to the larger population of grandparent caregivers. The sample was fairly representative of national and state characteristics, yet was homogenous in that all study participants had a formal, custodial relationship with their grandchild. This attribute represents a significant limitation. Perhaps different findings would have emerged, especially concerning role ambiguity, if grandparents with informal relationships would have been included. On the other hand, findings can be generalized to other grandparent caregivers who do have custody and reveal some issues that lead grandparents to seek custody.

Another limitation was the difficulty in obtaining study participants. Sample recruitment incorporated strategies used in other grandparent caregiver studies (Jendrek, 1993; Lai & Yuan, 1994; Minkler & Roe, 1993), yet produced limited results. Perhaps other sampling strategies could be employed, such as newspaper announcements, and public school notices. Grandparent caregivers have a tendency to be hidden and often stay hidden due to the complexity of their situation (e.g., adult child unfit, lack of formal custody of grandchild). Non-threatening strategies (e.g., assurance of no reports to social service agencies) should be used. For instance, during an interview with a grandparent caregiver for this study, an adult child came to visit and became hostile insisting that the
author of this study was from a government agency and threatening if the interview continued. The generalized fear of social service agencies should be taken into consideration in future sampling strategies.

Certain measures may not have adequately tapped the intended construct. For instance, the Role Timing Scale used to measure role-fit did not produce a high reliability nor did it appear to be valid in its modified state. Self-efficacy was measured globally and did not match the intent of parental efficacy. The use of qualitative measures proved valuable in the interpretation of the quantitative findings.

Several points must be kept in mind when assessing the limitations of the qualitative data regarding the reasons for a grandparent to assume caregiving of a grandchild. First, an encompassing conclusion dictating the reasons or causes grandparents become grandparent caregivers cannot be made. As the thematic or qualitative analysis revealed, there are many reasons which contributed to a grandparent assuming parental responsibilities. Second, the cultural and personal belief system of the participant - the grandparent - must be considered. The data allowed for only 'one' voice to be heard which is that of the grandparent. The absence of the adult child's voice limits conclusions concerning the impetus for the formation of the grandparent-grandchild family structure.

The use of role theory provided a valuable framework for understanding the grandparent caregiver experience. Yet, using role theory to guide the research and interpretation of data limited the findings. Perhaps different findings and themes in the narratives would have emerged given the use of a different theoretical framework.
Implications for Future Research

Future research is needed as the prevalence of grandparents raising grandchildren increases. To date, no studies have examined the role of the adult child/middle generation, few have focused on the effects of this family structure on the grandchild, and few have been confirmatory about the members of the grandparent-grandchild family structure. Confirmatory studies focusing on support and parental efficacy are needed. What contributes to a grandparent caregiver’s sense of support in order to strengthen their efficacy as a parental surrogate to their grandchild? What contributes to the effectiveness of parenting in grandparent-grandchild families?

Studies that examine the role of the adult child/middle generation on the grandparent-grandchild family structure, or the impact this relationship may have on a grandparent’s sense of parental efficacy should be investigated. An interesting area to examine is the finding from this study that a significant number of the grandparent caregivers had an adoptive relationship with their adult child. This poses a research question about parent-child attachment and adoptive relationships and the impact on generational structure.

The situational context which finds a grandparent as primary caregiver of his/her grandchildren is complex and requires a comprehensive, in-depth analysis from the grandparent and the need to obtain the adult child’s perspective. The parent-adult child relationship is critical to gain a better understanding for why grandparents are increasingly parenting their grandchildren.
Future research should extend an understanding of the effect of the grandchild on the grandparent in terms of role-fit, social support, and self-efficacy. Parent involvement with children is viewed as bi-directionally or reciprocally related. This premise also holds true for the grandparent-grandchild relationship. To date, the bi-directional interaction has not been explored. Grandchildren being raised by grandparents have a multitude of physical, emotional, and behavioral problems. The combination of negative grandchild characteristics may impact the decision of a grandparent to parent a grandchild as this grandmother (#025) pondered:

My worries are ten years from now. How am I going to feel raising teenagers? I really feel that I’m going to have to make a decision about whether or not I’m going to be able to deal with it. I’m already tired. I won’t be able to fight this (emotional and behavioral problems) ten years from now.

Or the bi-directional effect that implies that raising a grandchild may make a grandparent feel younger through play and having to stay active. These bi-directional effects should be investigated in terms of the impact on the grandparent’s development. What impact does raising a grandchild have on a grandparent’s individual development?

Longitudinal research designs are needed to understand the impact of role transitions - from parent to grandparent to parent. How do individuals cope with these transitions? Individual life trajectories can offer insight to family functioning and individual development. Other studies have found that the average length of time grandparents provide care is about eight years (Crumbley & Little, 1994) indicating that role transitions are present and have the potential to impact life trajectories.
Findings from the current study revealed role clarification strategies by
grandparent caregivers in order to define the parental surrogate role. Thus, findings
indicated a search for information or expected behaviors in order to enact the role. Future
research should expound on these strategies to determine the effect on support and
parental efficacy. For instance, do grandparent caregivers who seek to better define their
parental surrogate role differ on support and efficacy measures?

Implications for Practice

In developing implications for practice, it is noted that grandparents who assume a
parental role with their grandchild expect that they will be able to enact that role or have
the parental authority to enact the role. A fundamental question emerges: Are there
different expectations of a parent versus a grandparent fulfilling a parent role? Are
programs providing grandparents parenting a grandchild with the same services and
opportunities that other parents receive? The intent of intervention strategies should be to
provide equitable treatment for all families.

The findings of this study support the notion of a fluid life cycle. A fluid life cycle
approach would utilize roles and stages not chronological age. Specific interventions that
are not age-based may assist grandparents in the enactment of the parental role. The lack
of role-fit may be negated by role-specific interventions versus age-specific interventions.

Despite formal custodial relationships with their grandchildren, the grandparents in
this study expressed concern about providing a stable, permanent home environment.
Practitioners should note that grandchildren living with grandparents are not without a
permanent family. Grandchildren are within their biological family and have a connection
to cultural and family history (Oppenheim & Brussiere, 1996). While reunification with
the biological parent is the most frequently stated goal in child welfare, an attempt should
be made to re-define family. Extended kinship relations should be incorporated into the
definition of family. As this grandmother (#101) explained her familial tie to her step-
grandchildren:

Just because they are not biologically yours...I have had them since they were little
babies. They have been in my family. There is no difference. They are my kids.

A kinship adoption strategy would balance the need of continuity in family-based
relationships, the autonomy of the grandparent to be the child’s permanent custodial
parent, and the ability of biological parents to maintain a bond with their child. This
strategy uses a family-focused approach to keep family intact while providing a sense of
stability and security that many grandparent caregivers thought was lacking even with a
formal, custodial relationship.

Raising a child is expensive. The majority of grandparent caregiver in this study
reported low household incomes. Financial security in later life is at-risk when retirement
savings are used for child rearing. Retirement was a tenet of the role-fit theme and was
viewed more of a life stage than a financial concept. Yet, grandparent caregiver
participants noted the inability to retire due to the financial obligations of raising a child.
Financial interventions should be made to assist grandparents with the cost of raising a
grandchild or to take into consideration caregiving in providing financially for late life
adults.
Family life education programs that take into account the grandparent's previous parenting experiences should be explored. Appropriate education could assist grandparent caregivers with understanding the nature of their re-parenting role and enhance their parenting competency.

With the grandparent caregiver role being off-time, grandparent caregivers need intervention strategies to enhance their sense of parental efficacy. Equitable treatment is needed towards all individuals in a parent role. Practitioners and policy makers should ask if their programs are applicable to all performing a parenting role to a child.

Conclusion

The recent attention of grandparents raising grandchildren in contemporary society has brought to the forefront the need for theoretical underpinnings in this area of research. To begin to fill this gap, this study used the theoretical framework of role theory to focus attention on how grandparents experience raising their grandchildren. The narrative accounts and responses to quantitative measures from the semi-structured, face-to-face interviews served as a source of data in which to elucidate the generalizable patterns of the grandparent caregiver experience.

The analysis in this study identified role-fit themes related to the experience of grandparents raising grandchildren and described social support and self-efficacy in the context of the grandparent caregiver role. The role transition to being a grandparent caregiver is a stressful life event that creates a change in the organization of the family system. The way in which grandparents refer to their grandchildren as 'their child' are shaped by societal factors and the broader societal context in which grandparents receive
their scripts to enact their roles. Anticipatory role socialization does not prepare grandparents for a recycling of the parent role. For most grandparents, the loss of the traditional grandparent role is associated with conflict and a lack of fit with one's peers. However, grandparents expressed strong commitment to the role and a clear sense that they believe in the importance of what they are doing on behalf of their children and their sense of family duty.
APPENDIX A

PHONE SCRIPT AND SCREENING INSTRUMENT
PHONE SCRIPT

Hi, my name is ______________, and I’m working with the Grandparents Raising Grandchildren Project. You recently indicated that you would be interested in participating in the Project.

The Grandparent Caregiver Project’s goal is to identify needs, service use, and barriers to needed services of grandparents who are raising their grandchildren in Franklin and surrounding counties. It is associated with research being conducted by Ohio State University.

May I ask you a few questions to see if you would be eligible to participate? It will take about 5 minutes to answer the questions.
Grandparents Raising Grandchildren: Investigation of Roles & Support

SCREENING INSTRUMENT

NAME ________________________________________________________________

ADDRESS ____________________________________________________________

CITY ___________________________ ZIP __________________________

PHONE _____________________________________________________________

1. In what year were you born?

2. Are you presently responsible for raising a grandchild?  Yes  No
   If yes, does that grandchild live with you?  Yes  No

3. Do either of the child's parents live with you?  Yes  No  Sometimes

4. Will you please tell me the first name of each grandchild who lives with you, their age, and type of custody arrangement?

   Grandchild's Name  Age  Custody
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Custody Relationships:
   a. informal arrangement  d. adopt
   b. temporary custody  e. other
   c. legal guardianship
5. Indicate the sex of the grandparent:  Male    Female

6. Who else lives in your household besides you and your grandchild? Could you tell me their names and their relationship to you?

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Thank you for answering the questions.

You are eligible to participate in the survey. I would like to set-up a time that is convenient for you to answer the survey questions. The interview will last approximately one hour, but can last as long as an hour and a half.

Are you willing to participate in the survey? ________________________

Most grandparents prefer to talk with me without their grandchildren being present due to the nature of some of the questions discussing the grandchild’s care arrangements.

What would be the best time for an interview? ________________________

Where would you like to meet? ________________________

Directions:

INTERVIEW DATE: ________________________
TIME: ________________________
INTERVIEWER: ________________________

Person Conducting Screening: ________________________
Date: ________________________
APPENDIX B

RECRUITMENT LETTERS
RECRUITMENT LETTER TO GRANDPARENT CAREGIVERS

[Date]

Dear Grandparent Caregiver:

I am presently interviewing grandparents who are raising their grandchildren for a research survey. The main purpose of the survey is to identify service use, needs, and barriers to needed services. The goal is to help expand services to grandparent-grandchild families and to advocate for more grandparent-friendly policies.

If interested and eligible, you will participate in a one-hour interview which can be conducted at your home or another place of your choosing. I will conduct the interview which lasts approximately one hour. Your participation and responses will be kept confidential and will not be shown to anyone outside of the project.

If you are interested in participating or would like additional information, please call me at home, 794-9185.

Sincerely,

Laura Landry Meyer
Grandparent Caregiver Researcher
RECRUITMENT LETTER TO FACULTY

To: Faculty in Family Relations & Human Development
Fr: Laura Landry Meyer, Ph.D. Candidate
Re: Dissertation Research Project
Date: March 3, 1997

I'm in the process of sample recruitment for my dissertation project and am seeking assistance.

The purpose of my dissertation, "Grandparents Raising Grandchildren: An Investigation of Roles and Support" (under the direction of Dr. Barbara Newman) is to describe how a sample of grandparents experience raising their grandchildren in terms of role-fit, support, and self-efficacy using quantitative and qualitative measures. My goal is to interview at least 50 grandparents in the central Ohio area who have primary responsibility for raising at least one grandchild, have established co-residency with the grandchild and the child's parent is not living in the household. I have been collecting data since December and am now seeking different avenues to identify additional grandparents.

If possible, I would appreciate you 'advertising' for me in your classes. It appears that many students have contact with grandparent caregivers who could assist in my sample recruitment process. All I ask is that you read the following announcement and distribute the enclosed letters to anyone who knows a grandparent who may be interested.

A doctoral student in the department is currently conducting a research survey of grandparents raising grandchildren in the central Ohio area. The main purpose of the survey is to identify service use, needs, and barriers for grandparent caregivers. She is in the process of identifying grandparent caregivers who would be interested in participating and has asked for your help. If you know of any grandparent who would be willing to participate, she asks that you give them this letter and encourage them to call her.

If you have any questions, feel free to e-mail me at meyer.115@osu.edu, call me at home, 794-9185, or drop a note in my mailbox in Room 163. Thank you in advance for your cooperation.
RECRUITMENT LETTER TO CHILD CARE CENTERS

January 28, 1997

Brenda Rivers
Child Development Council of Franklin County
300 E. Spring Street
Columbus, Ohio 43215

Dear Brenda,

As per our ‘brief’ phone conversations, I would like to investigate the possibility of cooperating with Head Start to identify grandparents who are raising their grandchildren in the central Ohio area.

I am in the process of surveying grandparents who become the primary parents of their grandchildren for a dissertation research project. The main purpose of the survey is to identify service use, needs, and barriers to needed services of grandparents who are raising their grandchildren. The goal is to gather data which could advocate for grandparent-friendly policies in Franklin County and Ohio which would ultimately promote healthier grandchildren.

I am asking for your support in terms of identifying and recruiting grandparent caregivers for this research survey. If a grandparent volunteers, I would meet with the grandparent either on-site at a Head Start location or at another location, such as their home or public library. The interview will last approximately one hour. Participation in the survey and all responses are kept strictly confidential.

In return for participating in the research survey, each grandparent will receive a thank you bag filled with educational pamphlets, a discount coupon, and resource guides.

In return for your cooperation in helping identify grandparents, I would be willing to conduct an in-service program for Head Start staff and/or a special program for grandparents whose children attend Head Start.

I would like to meet with you to discuss this research. I realize your schedule is hectic and am available typically most afternoons and Tuesday/Thursday mornings. I will contact you the beginning of next week to determine your interest and hopefully to set-up a meeting.

Sincerely,

Laura Landry Meyer
APPENDIX C

CONSENT FORM
GRANDPARENTS RAISING GRANDCHILDREN
Investigation of Roles & Support
1996-97

• In this interview I will be asking questions about the type of support grandparents need when raising their grandchildren; any changes in support and roles you have encountered; and how raising a grandchild affects you.

• The majority of questions will focus on you and your relationship with the grandchild.

• Some questions will also involve the relationship you have with your grandchild’s parents and with friends and family members who might play a role in how you manage the care of your grandchild.

• Some questions ask you to tell me what’s happening in your own words. It’s difficult to write down everything you say and so I’m asking your permission to tape parts of the interview. I’m asking to tape the interview so that I have an accurate record of what you say.

• If you don’t want me to tape, that’s fine. We can still proceed. If you change your mind after we start talking, that’s fine too. Tell me to turn off the tape and I will and we can still proceed.

• Your name will not appear on the tape nor the interview guide. Code numbers will be used to identify your tape and interview guide.

There is a consent form that we will both sign to assure confidentiality and acknowledge the nature of the interview.

Do you have any questions before we begin?
GRANDPARENTS RAISING GRANDCHILDREN
Investigation of Roles & Support

Consent Acknowledgment

The purpose of this research on grandparents raising grandchildren has been explained to me. I agree to participate in the survey. I understand that my responses to this survey are private and confidential. They will not be disclosed to anyone outside of the research project.

______________________________________________
Grandparent Signature

______________________________________________
Interviewer Signature

___ YES, I agree that it is okay to tape parts of the interview

___ YES, I would like to receive a final summary report of this research.

NAME______________________________________________

ADDRESS______________________________________________

CITY ___________________________ ZIP

TELEPHONE______________________________________________
APPENDIX D

THANK YOU LETTER
The Ohio State University
Department of Family Relations & Human Development
135 Campbell Hall, 1787 Neil Avenue
Columbus, Ohio 43210
614-292-7705

Date

Name
Address

Dear Name,

I want to thank you for taking the time out of your busy schedule to talk with me about raising your grandchild, ______. I appreciated you talking about the challenges and rewards.

The information that you shared with me will add important data to the Grandparents Raising Grandchildren Project. By learning from grandparents like yourself, our goal is to improve the quality of life for grandparents and their grandchildren.

If you have any other information that you wish to share or if you know of any other grandparents who may be interested in participating in the research project, please contact me at my campus number, 292-7705.

Once again, thank you for sharing your knowledge and personal experiences with me. I greatly appreciate your willingness to share and teach me about the challenges grandparents have in raising their grandchildren.

Sincerely,

Laura Landry Meyer
Grandparent Caregiver Researcher
Grandparents Raising Grandchildren: An Investigation of Roles & Support

Interviewer: **Fill in the following from the screening.** Confirm prior to interview.

<table>
<thead>
<tr>
<th>Grandchild's Name</th>
<th>Age</th>
<th>Custody</th>
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(AGE)
What year were you born? __________

(SEX)
Indicate the sex of the grandparent: 1 = Male  2 = Female

(CO-RESIDENCY)
List the persons who live in your household beside your grandchildren. Indicate the relationship to you. What are the ages of these persons?

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<th>AGE</th>
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INTERVIEW GUIDE

(GRANDCHILDREN)

1. How many grandchildren do you have?

2. How many great grandchildren do you have?

3. [Fill in names from screening]
   How long have you been providing care for ______?
   Does ______ have any health/developmental problems?
   Does ______ have medical coverage, such as insurance or Medicare?

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<th>Grandchild</th>
<th>Length of Time</th>
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<th>Coverage</th>
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(TURN ON TAPE RECORDER)

4. Describe how you became the primary caregiver of your grandchild.
5. **(Interviewer: Use chart below)**
   - How old age the grandchild's parents?
   - How would you describe your relationship with the grandchild's parent(s)?
     1 = good
     2 = fair
     3 = poor
     4 = not applicable
   - Was there a time when the parent(s) raised your grandchild?

<table>
<thead>
<tr>
<th>Grandchild</th>
<th>Parent's Age</th>
<th>Relationship</th>
<th>Did Parents Raise</th>
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**(TURN OFF TAPE RECORDER)**
**(LIFE CYCLE)**

6. Are you providing care to any other persons besides the grandchildren you are raising?
   1 = Yes   2 = No   3 = Sometimes   4 = Other

7. If yes or sometimes, for whom do you provide care?
   What type of care, how long, and relationship.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE OF CARE</th>
<th>LENGTH OF TIME</th>
<th>RELATIONSHIP</th>
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</table>
(SUPPORT)

_____ 8. Do you belong to a support group for grandparent caregivers?
   1 = Yes        2 = No

_____ 9. Roughly, how many people can you count on to help you out if you need assistance?

(ENACTED SUPPORT)

10. Out of this number, how many people have actually provided you with some type of support (e.g., emotional, financial) in the past month? ____________ year? ____________

(TURN ON TAPE RECORDER)

(SERVICES: USE)

11. Next, I want you to tell me what type of services you and your family have used or currently use. If you don’t use any of the services, I would like to know is you could use the services.

<table>
<thead>
<tr>
<th>Have you used the following.</th>
<th>Used</th>
<th>Still Use</th>
<th>Need</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>1 = Counseling</td>
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<tr>
<td>2 = Tutoring</td>
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<td>3 = Homemaker Services</td>
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<td>4 = Respite Care</td>
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<td>5 = Home Health Care</td>
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<td>6 = Alcohol/Drug Treatment</td>
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<td>7 = Child Care</td>
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<td>8 = Food Pantry</td>
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<td>9 = After-School Care</td>
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<tr>
<td>10 = Transportation</td>
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<td>11 = Meals (school lunch)</td>
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<tr>
<td>Have you used the following:</td>
<td>Used</td>
<td>Still Use</td>
<td>Need</td>
<td>Barriers</td>
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<td>12 = Social Clubs</td>
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<td>13 = Church-Related Prog.</td>
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<td>14 = Medical (clinics)</td>
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<tr>
<td>15 = Legal Services</td>
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<td>16 = Financial Services</td>
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</table>

What services would you like for grandparent caregivers?
(PERCEIVED SUPPORT)

14. We are interested in how you feel about the following statements.

Listen to each statement carefully.

Indicate how you feel about each statement by referring to the scale.

1 = Very strongly disagree  5 = Mildly agree
2 = Strongly disagree     6 = Strongly agree
3 = Mildly disagree       7 = Very strongly agree
4 = Neutral

_____ 1. There is a special person who is around when I am in need.

_____ 2. There is a special person with whom I can share joys and sorrows.

_____ 3. My family really tries to help me.

_____ 4. I get the emotional help and support I need from my family.

_____ 5. I have a special person who is a real source of comfort for me.

_____ 6. My friends really try to help me.

_____ 7. I can count on my friends when things go wrong.

_____ 8. I can talk about problems with my family.

_____ 9. I have friends with whom I can share my joys and sorrows.

_____ 10. There is a special person in my life who cares about my feelings.

_____ 11. My family is willing to help me make decisions.

_____ 12. I can talk about my problems with my friends.

(TURN ON TAPE RECORDER)

(ENACTED SUPPORT)

15. Tell me about ways you have counted on people, such as family or friends when it comes to your responsibilities as a caregiver for your grandchild.
(SUPPORT)

16. How satisfied are you with the support you receive from family, friends, and others as you try to meet the responsibilities of caring for your grandchild? Would you say that you are

1 = Strongly dissatisfied
2 = Dissatisfied
3 = Neither dissatisfied or satisfied
4 = Satisfied
5 = Strongly satisfied

(ROLE-TIMING)

17. We are interested in how you feel about the following statements. Listen to each statement carefully. Indicate how you feel about each statement by referring to the scale.

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

1. I am doing the kinds of things other people my age are doing.

2. Compared with most people in my age group, I know what’s expected of me.

3. I have the drive to get things done that other people my age don’t have.

4. For a person my age, I have less conflict about the roles and responsibilities I perform.

18. Describe any changes that have occurred in your life as a result of assuming care for your grandchild.

Probes: lifestyle changes? plans for the future? amount/type of leisure?
(ROLE AMBIGUITY)

19. Are you comfortable with caregiving relationship (de facto or de jure) you have with your grandchild?

Can you tell me more about the custody relationship?

———

20. How clear do you think the expectations associated with being a grandparent caregiver are?
   1 = Very clear
   2 = Clear
   3 = Neutral
   4 = Unclear
   5 = Very unclear

(ROLE CONFLICT)

21. Tell me what expectations you had about being a grandparent. Or.... Describe to me how you envisioned being a grandparent.
22. How much conflict do you experience as a grandparent caregiver versus a grandparent?  
   1 = No conflict  
   2 = Some conflict  
   3 = Neutral  
   4 = Lots of conflict  
   5 = High levels of conflict

(SELF-EFFICACY)

23. If you had the option of having someone else, such as a foster parent raise your grandchild, would you take it?  
   1 = Yes  
   2 = No

Can you tell me more about your answer?

24. What are the specific caregiving responsibilities in which you do well and feel confident?

25. What are the responsibilities in which you have doubts or wonder if you are doing a good job?
26. The following series of statements are about your personal attitudes and traits. Each statement describes a commonly held belief. Listen and decide to what extent it describes you.

1 = Strongly disagree
2 = Moderately disagree
3 = Neutral
4 = Moderately agree
5 = Strongly agree

_____ 1. When I make plans, I am certain I can make them work.

_____ (2.) One of my problems is that I cannot get down to work when I should.

_____ 3. If I can’t do a job the first time, I keep trying until I can.

_____ (4.) It is difficult for me to make new friends.

_____ (5.) When I set important goals for myself, I rarely achieve them.

_____ (6.) I give up on things before completing them.

_____ 7. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.

_____ (8.) I avoid facing difficulties

_____ 9. If something looks too complicated, I will not bother to try it.

_____ (10.) If I meet someone interesting who is very hard to make friends with, I’ll soon stop trying to make friends with that person.

_____ 11. When I have something unpleasant to do, I stick to it until I finish it.

_____ 12. When I decide to do something, I go right to work on it.

_____ (13.) When trying to learn something new, I soon give up if I am not initially successful.

_____ 14. When I’m trying to become friends with someone who seems uninterested at first, I don’t give up very easily.
(15.) When unexpected problems occur, I don’t handle them well.

(16.) I avoid learning new things when they look too difficult for me.

(17.) Failure just makes me try harder.

(18.) I do not handle myself well in social gatherings.

(19.) I feel insecure about my ability to do things.

(20.) I am a self-reliant person.

(21.) I have acquired my friends through my personal ability at making friends.

(22.) I give up easily.

(23.) I do not seem capable of dealing with most problems that come up in my life.

(LIFE SATISFACTION)

(27.) Taking everything into consideration, how would satisfied are you with life in general at the present time?

1 = Strongly dissatisfied
2 = Dissatisfied
3 = neither dissatisfied or satisfied
4 = Satisfied
5 = Strongly satisfied

(ROLE SATISFACTION)

(28.) How satisfied are with your role as a caregiver for your grandchild?

1 = Strongly dissatisfied
2 = Dissatisfied
3 = Neither dissatisfied or satisfied
4 = Satisfied
5 = Strongly satisfied
(MARITAL STATUS)
29. What is your current marital status?
   1 = single  2 = married  3 = widowed  4 = divorced  5 = separated  6 = other

30. What was your marital status at the time when you began raising your grandchild?
   1 = single  2 = married  3 = widowed  4 = divorced  5 = separated  6 = other

(EDUCATION)
31. How many years of schooling did you complete?

(INCOME)
32. Are you currently employed?  1 = Yes  2 = No

   If yes, did you have to alter your work hours to accommodate caregiving?
      ____ reduce number of hours or part time = 1
      ____ change shift = 2
      ____ switch to a different job = 3
      ____ work at home now or home-based business = 4
      ____ no alterations needed = 5

33. Were you employed prior to raising your grandchild?  1 = Yes  2 = No
      ____ If yes, did you have to quit in order to raise your grandchild?  1 = Yes 2 = No

34. Raising a child is challenging. Many grandparents express financial concerns. In order to assess the presence of financial challenges, the following questions were developed.
What are your source(s) of income for your household:
   A. Wages/Salary ____________________________
   B. AFDC ____________________________
   C. Social Security ____________________________
   D. SSI ____________________________
   E. Pension ____________________________
   F. Disability ____________________________
   G. Food Stamps ____________________________
   H. General Assistance ____________________________
   I. Child Support ____________________________
   J. Savings ____________________________
   K. Gifts ____________________________
   L. Other ____________________________

   Monthtot = ______ total sources
35. Using this card, can you tell me the letter which is closest to your monthly income?
   A. under 400 = 1
   B. 400 - 799 = 2
   C. 800 - 1,199 = 3
   D. 1,200 - 1,599 = 4
   E. 1,600 - 1,999 = 5
   F. 2,000 - 2,399 = 6
   G. 2,400 - 2,799 = 7
   H. 2,800 - 3,999 = 8
   I. over 4,000 = 9

36. Is your income enough for your household to live on?  1 = Yes    2 = No
   If no, what would help?

37. How would you rate your health at the present time?
   1 = excellent    2 = good    3 = fair    4 = poor

38. Is your health, about the same or not as good as when you first began to care for your grandchild?
   1 = about the same
   2 = not as good
   3 = don't know

(ETHNICITY)
39. Do you consider yourself to be:
   1 = White
   2 = African American
   3 = Asian American
   4 = Hispanic
   5 = Native American
   6 = Other

40. Is there anything else you would like to add or say?
   For instance, is there anything you feel I should know about grandparent caregivers that I may not have asked about?
Thank you very much for your time. Without your willingness to participate in this survey, we would not be able to learn about the needs and relationships of grandparents raising their grandchildren.

Do you know of any other grandparent caregiver who might be willing to participate in the study?

NAME

PHONE

As a small thank you, here is a bag which includes some informational pamphlets about grandparent caregivers, some educational resources, and a discount coupon for a children’s clothing store.
REFERENCES


Barusch & Steen (1996)


