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Foreword

Grandparents have long played important roles in the lives of their adult children and grandchildren in our own as well as many other cultures. In spite of their recognition in folklore, literature, art, and film, it has only been in the last 3 or 4 decades that grandparents have received the kind of academic scrutiny that other family members—especially mothers—have received for the past century.

A variety of changes in both the wider culture as well as in our theories of development and family adaptation have propelled the issue of grandparenting out of the shadows and into a more prominent place in both academic and social policy debates. Demographic changes including increased life expectancy make adults more likely to be available to assume grandparental roles. The increasing fragility of family arrangements is reflected in increased rates of divorce, and the decreased availability of parents for child care is due, in part, to the greater participation of women in the workforce, and has resulted in grandparents assuming parental roles more frequently. The increased recognition of the cultural variability in the United States, especially the appreciation of kith and kin in African American families, functioning in combination with the rising rate of immigration from places such as Mexico, Central America, and various Asian countries, has challenged the prevailing norm of the isolated nuclear family and reinvigorated the debate about the role of extended family members, including grandparents, in the lives of adult children and their offspring. On the academic side, several theoretical developments have made the study of grandparents and grandparenting more likely and more profitable since these new perspectives provide potentially useful theoretical foundations to guide investigation of this issue. The ecological systems theory of Urie Bronfenbrenner, with its call for viewing families not as isolated but as embedded in a range of nested social contexts, including extended families, set the stage for a serious examination of grandparents as socialization agents who could exert both direct and indirect influence on the development of
grandchildren. Second, the rise of life course theory under the intellectual leadership of sociologist Glen Elder and developmental psychologist Paul Baltes, extending the earlier work of Robert Havighurst and Bernice Neugarten with its focus on the consequences of the timing of entry into various family and work roles throughout the life span and the links between individual lives across generations, emphasized the necessity of including grandparents in our theories of socialization. Moreover, this framework has provided a useful heuristic guide for beginning to unravel the complexity of cross-time and cross-generation family relationships, especially the concepts of on- and off-time events and normative and nonnormative change. As the contributors to this volume demonstrate, assuming a parental role in later life as a custodial grandparent is both off time and nonnormative and may, in part, explain the stresses and strains that are commonly found when unexpected demands are thrust upon grandparents. A further contribution to this perspective is its emphasis on the role of historical context in understanding development of family relationships. As seen in many chapters, the cross-time shifts in expectations about children’s roles in the family, parents’ own definitions of their roles and responsibilities, and the nature of grandparents’ roles in different eras remind us of the importance of historical context and of the dynamic and changing nature of these relationships and roles. The current debates are clearly shaped by the specific values of our contemporary society and institutions. What is required is not only a description of the roles at present but the monitoring of how these roles have evolved and how they will shift in the future. Finally, family systems theory, a framework that developed from the family therapy work of Salvador Minuchin and others in the 60s and 70s, with its focus on the dynamic interdependence of individual, dyadic, triadic, and family levels of relationship analysis, has provided a helpful way of conceptualizing possible paths of influence not only within the family but between various family subsystems and extended family members, including grandparents. Together these theoretical perspectives provide useful starting points for understanding the role of grandparenting in the lives of children.

Considerable progress has been made in the last several decades involving movement beyond the initial descriptive stage of work in which the normative roles, contact patterns, and cultural images of grandparents were outlined. First, there is recognition that grandparents influence the physical, mental, and emotional well-being of grandchildren and their parents. Second, the impact of the grandparental role on the older adults in these roles is being documented as well. Third, a wider range of roles that grandparents can play in the lives of their adult children and their offspring has supplemented the initial work in which the supportive, teaching, and playful/recreational roles of noncustodial grandparents were the major focus (Furstenberg & Cherlin, 1988; Kornhaber, 1995).
As an early but lapsed contributor to this literature (Tinsley & Parke, 1984), I feel a little like Rip Van Winkle awakening after a period of solitude to realize how far the field has advanced in the last 25 years. This volume, under the able editorship of Bert Hayslip and Patricia Kaminski, is testimony to the changes that have taken place in the level of sophistication of our conceptualization of the issues, the methods employed, and the increased focus on intervention and education.

Let me briefly note some of these advances. Perhaps most important is the appreciation of the diversity of grandparental roles and responsibilities. Just as the field recognizes the increasing array of nuclear family forms, including single, step, adoptive, and same-gender parent family types, grandparent-headed households have joined the list of new family forms. Moreover, custodial grandparenting assumes a variety of forms, from co-parenting with an adult biological or stepchild, acting as a sole custodial parent for grandchildren, or dual parenting with a spouse. Not only are a range of family forms recognized, but the myriad of circumstances (parental death, incarceration, incapacitation, divorce, etc.) that lead to variations in parenting responsibilities for grandparents are documented as well. In addition, the implications of these variations for the caregiving role of grandparents and the differential effects of various antecedents on the adjustment of children in grandparent custody are outlined.

Diversity is evident not only in the structural arrangements of grandparental households but in the ethnicity of these families as well. Although African American women and to a lesser extent men have often assumed custodial grandparent roles, the number of White and Hispanic American adults in this role is increasing. The historical embrace of extended family arrangements by African Americans, and the relative success of this ethnic group in managing these often-custodial parental roles, is noteworthy and instructive for current cohorts of other cultural groups who are assuming these roles only in recent times. Moreover, in an age of rapid immigration, particularly from Latin regions such as Mexico and Central America, there is a ripe opportunity for members of the majority/host culture to learn from immigrant families with their strong commitment to the centrality of family and especially the role of extended family networks, including grandparents, as support systems.

A major advance is the increased focus on explanatory processes that aid in understanding the factors that account for variations in styles of grandparental parenting, and the impact of such parenting on grandchildren as well as the consequences for older adults who are custodial grandparents. Just as Belsky (1984), in a now-classic statement, argued that the quality of parenting is determined by three sets of factors including the personal resources of the caregivers, the characteristics of the child, and the contextual sources of
stress and support, these same factors are useful for understanding variations in custodial grandparenting as well. Processes such as the mental, emotional, and physical health resources of the grandparents themselves, the positive and negative characteristics of the children under care, the social capital as expressed by the quality of the grandparent-grandchild relationship, the quality of the ties with the parents of the custodial grandchild, and the degree of community and social network support, in combination with the internal and external sources of stress, are all documented in this volume as relevant and meaningful processes for explaining grandparental behavior and outcomes.

A further advance is methodological. As the chapters in this volume illustrate, multiple methods are not just useful but necessary to unravel the complexities of grandparental caregiving. Not content to rely on single methods, the contributors use a wide range of both qualitative methods such as case studies and focus groups and quantitative strategies such as closed-ended surveys, structured interviews, standardized questionnaires and tests, and observational methods. Both sets of strategies play important and complementary roles in family research: qualitative approaches provide new insights, hunches, and hypotheses while quantitative methods permit formal testing of these hypotheses. In turn, qualitative work can aid in more accurately interpreting quantitative findings. Sampling strategies have improved as well. The small and unrepresentative samples of several decades ago, although still common and at times useful, are being supplemented by large representative national samples that permit evaluation of intra-cultural as well as social class, age, and regional variations.

In appreciation of the importance of capturing the dynamic and changing nature of grandparenting, cross-sectional designs are being joined by longitudinal designs that permit the evaluation of cross-time, bidirectional links between caregiving and both grandparent and grandchild adjustment. Moreover, the intervention studies that are reviewed in this volume can be viewed as short-term longitudinal studies that can begin to address the critical issue of direction of effects in this area. By altering children’s behavior or by modifying grandparents’ caregiving patterns, the plausibility of child-to-grandparent or grandparent-to-child effects can be more clearly established. These intervention efforts provide opportunities for theory testing and the evaluation of the reciprocal effects found in nonexperimental studies.

Just as the rest of the social sciences have abandoned deficit models of family functioning in favor of more positive approaches that focus on family strengths, the grandparent field has moved beyond the view of the custodial grandparent as an inferior model of parenting. Instead, as several authors in this volume stress, the strengths perspective with an emphasis on the positive assets of grandparents as custodial caregivers has become more common.
Rather than viewing custodial grandparents as deficient, inept, and struggling, portrayals of custodial grandparents as wise, nurturing, patient, and modeling prosocial behavior are increasingly embraced, a trend that is consistent with the recent rise of the “positive psychology” paradigm. In the same spirit, the potential positive impact of grandparental caregiving on grandparents themselves is being recognized just as recent work has underscored how maternal and paternal investment in the parenting role can increase adult generativity, as Erik Erikson theorized decades ago.

While the positive aspects of custodial grandparenting are being recognized, the negative side of the burdens, stresses, and strains on the well-being of grandparents continues to be a well-documented concern. The field has simply achieved a better balance by recognizing the interplay between risk and loss on the one hand and resilience and gain on the other hand; there is a more realistic and dynamic dialectic and a more mature conceptualization of the issues. The continued recognition of the downside of custodial grandparenting is the engine that drives the search for better intervention and support services for grandparents. In fact, one of the important take-home messages of this volume is the clear and unequivocal need for social and public policies devoted to assisting and supporting custodial grandparents. As chronicled in several chapters, these second-time parents not only play a central role in determining the developmental outcomes of the children in their care, but many barriers limit their effectiveness. The new and promising programs outlined in these pages suggest that the parenting practices of grandparents can be modified; grandchildren, in turn, can benefit; and the mental and physical well-being of the grandparents themselves can be improved. Particularly impressive is the extent to which the programs draw upon earlier basic research and theory as the guide to program development. As a result of this reliance, the programs are much more likely to succeed and in the long-term prove more economical and cost effective, since the program components were selected on the basis of earlier work concerning important determinants of caregiving. Second, as family systems theory suggests, the most successful intervention approaches are likely to be multilevel and include components to address the needs of both the grandparents and the children in their care. Third, as implied by ecological systems approaches and as this volume shows, a variety of contexts beyond the family, such as schools and probably religious and medical institutions, can be used as contexts for intervention. Fourth, the sensitivity of the contributors to the diversity of forms of custodial grandparenting is laudatory and a reminder that intervention programs need to take into account the unique needs of different types of custodial grandparents. Different family structures—single, co-parenting, or married skipped-generation arrangements—may each require common as well as
unique interventions. Moreover, parenting girls or boys, toddlers or teens, or children with special needs may require specialized interventions to maximize effectiveness. Fifth, as several authors suggest, appreciation of ethnic variations needs to inform intervention efforts in order to improve their success in both recruitment and program effectiveness. Finally, the contributors stress the importance of rigorous evaluation of intervention efforts, a component that is sometimes neglected in the often well-intentioned but myopic rush to be helpful. The focus on intervention underscores the book’s reminder of the malleability of family systems, including custodial grandparent systems, and leaves readers with a sense of optimism and hope about the viability of this new and growing family form.

In the final analysis, the volume is not merely a state-of-the-art report on the recent advances in this area, but an invitation to parents of many generations, researchers, and policy and intervention professionals to support new scholarship and novel intervention and evaluation efforts in this new domain of family life. Through our increased focus on understanding this new form of caregiving, these new repeat caregivers will be better accepted and potentially more effective. In turn, present and future generations of children who are in the care of these adults will benefit along with the caregivers themselves.

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November, 2007
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Preface

While previous texts targeting grandfamilies have examined custodial grandparenting in either a generic sense, with regard to efforts at intervention, or with regard to diversity among grandparent caregivers, none has specifically focused upon the essence of what occurs in grandparents' efforts at parenting their grandchildren, as well as explored the nature of these interactions. Indeed, grandparents' views on the adequacy of their parenting skills and the nature of their relationships with their grandchildren are at the heart of many of the difficulties and satisfactions associated with the resumption of the parenting role in middle and later life, and are of central importance in the lives and well-being of both custodial grandparents and their grandchildren.

*Parenting the Custodial Grandchild: Implications for Clinical Practice* will be of great interest to family counselors, mental health practitioners, educators, school counselors, social workers, psychologists, and social service providers. It approaches the issue of parenting grandchildren from novel theoretical perspectives, presents new empirical data, and most importantly, provides valuable suggestions for therapists who are treating grandparent-grandchild dyads and their families. It is methodologically diverse, relying upon case studies, empirical findings, and national datasets. Additionally, it incorporates longitudinal work and focuses upon grandchildren, two elements that have been absent in research with grandparent caregivers to date.

The volume is organized in the following manner: the first section deals with intergenerational relationships, based on the assumption that parenting custodial grandchildren occurs in this larger context—this section therefore necessarily explores various aspects of such relationships between custodial grandparents and their grandchildren; the second section targets issues specific to parenting among custodial grandparents; and the final section focuses upon interventions, encompassing custodial grandparents and grandparent-grandchild relationships in this respect.
Parenting the Custodial Grandchild: Implications for Clinical Practice defines new areas of understanding pertaining to grandfamilies that are relevant to both researchers and practitioners, for example, dealing with grief and loss, focusing on grandchildren, grandparents’ concerns about parenting, perceptions of grandchildren, parenting education, and intergenerational ambivalence, and therefore should provide fertile ground for work regarding these issues, which are so central to the lives of custodial grandparents and their grandchildren.

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This section deals with the understanding of factors that influence the larger context in which grandparents parent their grandchildren. Not only do relationships between generations form the backdrop against which grandparents raise their grandchildren, but as most grandparent caregivers will attest, their relationships with both their grandchildren and their adult children influence their roles as caregivers. In this context, this section addresses such questions as: What feelings arise when one takes on the role of grandparent caregiver? How does parenting a grandchild change the physical and mental health of grandparents? In what terms do grandparents perceive their grandchildren? What factors influence such perceptions? How does grandparents’ own mental and physical health influence the well-being of their grandchildren?
CHAPTER 1

Ambivalence and Coping Among Custodial Grandparents

Bethany L. Letiecq, Sandra J. Bailey, and Penny Dahlen

INTERGENERATIONAL AMBIVALENCE AND CAREGIVER COPING AMONG CUSTODIAL GRANDPARENTS: IMPLICATIONS FOR CLINICAL INTERVENTION

One of the fastest growing family forms in the United States is grandparent-headed families, in which grandparents are providing the sole primary care of their grandchildren (U.S. Census Bureau, 2000). Absent from these families or on the periphery are the child’s biological parents. Parents may be absent or marginally involved in their children’s lives for a number of complex reasons including substance abuse, child abuse and neglect, mental illness, or military deployment (Fuller-Thomson, Minkler, & Driver, 1997). While there is a growing body of literature describing this emergent family form and examining the psychological well-being of and stressors experienced by grandparent caregivers (e.g., Bullock, 2004; Caputo, 2001; Hayslip, Jr., Emick, Henderson, & Elias, 2002; Kelley, Whitley, Sipe, & Yorker, 2000; Pruchno & McKenney, 2002), to date there is little research exploring intergenerational relations and the dynamics that emerge when multiple generations converge in the care of children.

Of particular interest when considering intergenerational relations is the concept of ambivalence. Many grandparents likely feel caught between two polarities—the desire to meet the needs of their adult children and their grandchildren (e.g., keeping their grandchildren in the family and thus avoiding foster care placement) on the one hand, and on the other, their reluctance...
to take on the parental role again while giving up plans for retirement. Because many of these grandfamilies form as a result of familial crisis (Fuller-Thomson et al., 1997), ambivalences may emerge as to what path to take to deal with the crisis. Should the grandparents, adult children, and grandchildren work to regain stability in the family or form a new family structure that will best meet the needs of individuals and family members? Ambivalence may also emerge among other family members, as other adult children and grandchildren in the family system might feel slighted because the grandparents are focusing attention and resources on the adult child in need and his or her offspring. These family members may recognize the urgent need for grandparents to step into the role of surrogate care provider, yet may feel ambivalent about how these shifting roles in the family will affect their lives.

Although it seems likely that many members affiliated with grandfamilies will experience ambivalence, there is little to no research exploring how ambivalence is experienced across generations, and how members of grandfamilies cope with such ambivalences over time. To explore the concept of intergenerational ambivalence, this chapter examines family life history data gathered from 26 grandfamilies where grandparents provided the sole care for their grandchildren. We draw from the recent literature concerning the conceptualization and operationalization of intergenerational ambivalence to guide this work.

CONCEPT OF AMBIVALENCE

The concept of ambivalence has its roots in both psychology and sociology (Lüscher, 2004). Psychological ambivalence has been defined as contradictory states of individuals, such as conflicting emotions or attitudes, or contradictory relationships between intimates (Willson, Shuey, & Elder, 2003). This ambivalence is the result of intrapersonal conflict and individual processes without consideration for social structural influences. As Spitze and Gallant (2004) suggest, psychological ambivalence may develop in part because of one’s need for both autonomy and mutual support in one’s family and how these conflicting needs change over the life course. Sociological ambivalence links individuals and social structures such that pressures imposed by contradictory demands or norms placed on an individual in a particular social structure (i.e., location, role, or relationship) may result in ambivalent feelings and attitudes (Willson et al., 2003). More recently, the concept of ambivalence has been used intergenerationally to refer to contradictions in relationships between parents and adult offspring (Connidis & McMullin, 2002; Lüscher & Pillemer, 1998; Pillemer & Lüscher, 2004).
Ambivalence as a concept to be used in the study of intergenerational family relations has begun to receive scholarly attention (e.g., Bengston, Giarrusso, Mabry, & Silverstein, 2002; Connnidis & McMullin, 2002; Fingerman & Hay, 2004; Lüscher, 2002; Spitze & Gallant, 2004). As noted by Connnidis and McMullin, ambivalence is “both a variable feature of structured sets of social relationships and a catalyst for social action” (p. 559). Lüscher (2004) adds that ambivalence should be understood as a consequence of competing perspectives oriented to one and the same object. These competing or polarized perspectives likely exist over time, thus adding a temporal dimension. And finally, it should be noted that intergenerational ambivalence as a concept differs from conflict. In Lüscher’s (2002) view, “an awareness of a temporary or enduring irreconcilability is an important feature of ambivalence and a fundamental difference from conflict insofar as [conflicts] have, or can have, definite solutions” (p. 587). Lüscher posits that conflict and harmony may be common ways of dealing with ambivalence, suggesting both positive and negative valences.

OPERATIONALIZATION OF INTERGENERATIONAL AMBIVALENCE

The operationalization of intergenerational ambivalence is in its infancy; however, Lüscher (2002, 2004, 2005) has attempted to operationalize the concept using a two-dimensional model comprised of personal and institutional dimensions. On the personal dimension, relationships are experienced subjectively between two poles, where such contradictions create ambivalence. Lüscher (2002) uses the terms “convergence” or “divergence” to designate the dynamic nature of this personal dimension. On the institutional dimension, polar opposition may emerge between an insistence on a past social form or structure of relationships (referred to as reproduction) and a desire for dramatic change (referred to as innovation).

Lüscher (2005) then combines these polarized two dimensions to create a four-field module representing solidarity, emancipation, atomization, and captivation (see Figure 1.1). Each field can be interpreted as a typical way of coping with ambivalence. Lüscher’s latest iteration of the module, which recognizes the dynamic nature of family development over the life course, includes a spiral around the four fields to suggest the possibility of people experiencing different modes of ambivalence as they move through different segments of their lives.

The four-field module, when applied to the lived experiences of grandparents raising grandchildren, can be demonstrated as follows. First, solidarity refers
to “reliable support or the willingness of the generations to provide each other with services of a not necessarily reimbursable sort” (Lüscher, 2002, p. 589). When faced with ambivalences, family members may feel committed to upholding familial traditions and strive to experience harmony and unity within the family system. When applied to grandfamilies, solidarity may manifest across the generations, such that grandparents may work closely with their adult children to ensure that the grandchildren experience as little upheaval in their lives as possible. In this scenario, all family members likely work together to preserve or reproduce the family system in ways that are familiar and harmonious. The grandparents may maintain their identity as grandparents (rather than taking on the titles of “mom” and “dad”) and facilitate relationships between the grandchildren under their care and the grandchildren’s parents.

The second field, referred to as emancipation, suggests family members act in ways that support mutual emotional attachment (convergence) yet remain open to structural change (innovation). According to Lüscher (2002), relationships between parents and children are organized in such a way that the individual development and personal unfolding of all family members is furthered without losing sight of their mutual interdependence—in other words, the family members “mature reciprocally.” When applying this field to grandparents raising their grandchildren, it is likely that grandparents negotiate with their adult children and reach a mutually agreed upon solution as to how the grandchildren will be reared. The grandparents may gain legal custody or adopt their grandchildren and may take on the identity of “mom” and “dad” with the full support of their adult children (i.e., the biological parents of the grandchildren).

Atomization is the third field. Here, the cohesiveness of the family is no longer ensured by their familial ties and histories. As Lüscher (2002) notes, “the concept clarifies the fragmentation of the family unit into its smallest components, specifically the individual family members. Apart from the unalterable fact that the participants are parents and children, they otherwise have very little in common” (p. 589). In grandfamily constellations, atomization may be experienced as family separation, where grandparents and adult children experience conflict and divergence, especially with regard to the grandchildren. Although the family members separate and come into conflict, an awareness of their generational bonds remains.

The remaining field, captivation, occurs when family members assert the primacy of the family institution over the claims of individual members, and conserve the institution with reluctance. Lüscher (2002) suggests that moral obligations and moral pressures are used by family members to exert their power. In other words, “one generation (predominantly the parental) attempts by invoking the institutional order to assert claims on the other or to bind it
in moral terms without, however, basing its demands on a sense of personal solidarity” (p. 589). When considering grandfamilies, captivation may occur when grandparents assert their control over their adult children and take over the parenting of their grandchildren in order to preserve the family institution. The grandparents may attempt to facilitate relationships between their adult children and their grandchildren, yet may feel simultaneously reluctant about those ties.

Guided by Lüscher’s (2005) work, this study uses qualitative methods to examine how ambivalences—as well as resolutions to ambivalences—manifest in the lives of grandparents rearing their grandchildren. Given the early stages of the conceptualization and operationalization of intergenerational ambivalence, this study is an exploration of the utility of applying the new framework to the lived experiences of custodial grandparents.

**SAMPLE AND METHODS**

The participants in this study were 26 grandfamilies who were the sole care providers of their grandchildren. Grandparents ranged in age from 36 to 71 years
with a mean age of 56 years. At the time of the interview, 69% \((n = 18)\) of the sample were married. The remainder were single, separated, divorced, or widowed. In this study, custodial grandparents reported a range of income levels, with annual household income from less than $15,000 to more than $70,000. Nearly 35% \((n = 12)\) of the households received some type of government assistance (e.g., TANF child-only grants, Medicaid, food stamps). Education levels of grandparent caregivers were also diverse, with 4 participants in the sample having less than a high school diploma, 9 having a high school diploma or GED, and 20 having some postsecondary education. Grandparents had been the primary caregivers of their grandchildren for an average of 5.5 years, with a range from 4 months to 24 years. The sample was predominantly White, with the exception of one grandparent who was Native American.

This study conducted family life history interviews. Family life history interviewing is a method where the researcher obtains an individual’s life story, offering an opportunity for immersion into the culture and meaning of the subject’s world (Goodley, Lawthom, Clough, & Moore, 2004). In this study, family life histories were explored to better understand how the grandfamilies came to be and how the individuals made sense of their family configuration.

Grandparent caregivers were solicited through newspaper ads, local radio stations, and word of mouth. Interested grandparent caregivers made initial contact with a member of the research team, who then inquired to make sure the grandfamily met our inclusion criteria (that custodial grandparents were the primary caregivers of their grandchildren and that no parent was present in the home). Family life history interviews were conducted by two trained interviewers and all interviews were recorded for later transcription. The research team followed a semi-structured interview protocol, which began by generating a genogram of the family system. The interviewers proceeded to probe into the circumstances surrounding the grandparents’ role as surrogate parents to their grandchildren. Next, questions turned to family relations and how the grandparents felt about their adult children and their grandchildren. Interviews concluded with questions about resource needs and social supports of the grandfamilies.

Data were analyzed using an analytic induction approach. According to Patton (2002), qualitative research can be deductive in nature when the researcher analyzes data to confirm or verify an existing theory. As Patton notes, qualitative analysis is sometimes at first deductive followed by (or alongside) an inductive process. Here, a researcher begins by examining the data in terms of “theory-derived sensitizing concepts” or applying an existing theoretical framework (p. 454). During this deductive phase, the researcher can simultaneously search for emergent patterns by using an inductive process.
We analyzed the data in light of Lüscher’s (2005) four-field module. We also coded the data for emergent patterns of intergenerational ambivalence that fell outside the fields of solidarity, emancipation, atomization, and captivation; however, we only report the findings related to the module here.

RESULTS AND DISCUSSION

Guided by a new module of intergenerational ambivalence (Lüscher, 2005), this study attempted to expand our understanding of the ambivalences experienced by custodial grandparents. Because the new module reflects both agency between individuals and social structures as well as a time dimension, it is both dynamic and multifaceted. Below, each field of ambivalence is taken in turn, using direct quotes from grandparent caregivers to elucidate meanings. All names of participant grandparents have been changed to protect their identities.

Solidarity

As described earlier, solidarity refers to a willingness among the generations to “consensually preserve” the institution of the family and its traditions. While the family may experience ambivalence in how to move forward, the family members try to maintain harmony and unity within the system. An example of solidarity can be seen in the story of one grandfather, James (divorced, age 54), who currently is providing the sole care of his 17-year-old biological son and his grandson (age 8). His grandson was born to his adopted daughter, Sandy, when she was 17 years old. At age 15, Sandy had been diagnosed with bipolar disorder and, as the grandfather states, “with her condition and everything, she certainly was not responsible enough at the time of [my grandson’s] birth to raise him, especially alone. There was really just no way.” Thus, James and Sandy mutually agreed that he would raise his grandson. Since that decision was made, Sandy has relocated out of state to attend school and work, yet she maintains weekly contact with her son and visits several times a year. The biological father has no contact with his child, but does pay child support.

To date, James has not sought custody or legal guardianship over his grandson; however, he did consider adoption at one point. As he recalls, “I actually have thought about adopting, but his mother, even though she doesn’t live here, is very much in his life.” He goes on to say, “It’s much easier now then it was some years ago. . . . But the last, I’m going to say, three years have been much much better. We have been real close and there is a lot of love there now.”
We found five cases where solidarity emerged at some point during the family history, yet this was not a consistent theme in most families’ responses to intergenerational ambivalence. James’s family story emerged as a particularly poignant example of how we understand solidarity as a concept. This grandfamily, when faced with intergenerational ambivalences, revealed a pattern of openness and a willingness to work together to preserve the institution of the family and the best interests of the child. Thus, as Lüscher (2002) notes, solidarity can manifest as a mode for dealing with ambivalences across the generations; however, this mode may be more covert than overt in its expression.

**Emancipation**

The second field, emancipation, occurs when family members act in ways that support mutual emotional attachment (convergence) yet remain open to institutional change (innovation). Emancipation was the most frequently coded type of intergenerational ambivalence in this study. All but three grandfamilies related stories about their familial history that revealed emancipation responses to intergenerational ambivalence. Again, not all families were in this field at the time of the interview, but most appeared to have worked toward emancipation as their response to ambivalence in their intergenerational relationships at some point in their history (primarily with the parents of the grandchildren in their care).

The concept of emancipation can be seen in the story of one 64-year-old grandmother, Marcy, who with her husband of 37 years has been raising her 14-year-old granddaughter and 10-year-old grandson on and off since birth. Marcy’s adult son has a history of drug addiction—he would use for years, get clean for a while, and then “fall off the wagon again.” Over the years, the son has maintained legal custody of the children, yet the grandparents have been the primary caregivers. The grandchildren call the grandmother “Mom” and the grandfather “Papa.”

In this case, the grandparents have supported their son’s role as father and have always maintained that one day—when their son was ready and able—the grandchildren would be returned to his care. In fact, at the time of the interview, the father had been clean for several years and had a stable job. He had been peripherally involved with the care of his children and had been paying some of the household expenses. He also was in a healthy (drug-free) relationship and was planning to get married. The grandmother noted that when he married, the grandchildren would be returned to their father. When asked how she felt about that, the grandmother said, “It’s going to be hard for us, you know, it’s kind of a bittersweet thing. It’s going to be hard to let them go, because they’re like ours. We’ve raised them, and yet, on the other hand, it’s
the best thing for them, you know, to have [their father] in their life.” Reflecting over the years, the grandmother recalled, “You know, somebody said to me once, ‘You have a choice,’ but we really didn’t have a choice. This is family.”

Here, the family has been able to support the individual development of its members without, as Lüscher (2002) suggests, losing sight of their mutual interdependence. However, it should be noted that the dimension of time seems to be an important consideration in this case, as it is difficult to discern how supportive the mother was of her adult son while he was “off the wagon.” It is likely that this family has moved through different fields of ambivalence over the years (such as captivation or atomization).

**Atomization**

Atomization, which refers to the loss of family cohesiveness, is exemplified by a conflicted separation. We found six examples of atomization in our sample. This was somewhat surprising given that approximately half of the grandfamilies in our study had an adult child who had a history of substance abuse. This finding may suggest that the grandfamilies in our sample were either not in conflict or had resolved their conflicts and had shifted to other fields in the model. It is also possible that the grandparents were reticent to share previous conflicts in their familial history.

However, a clear example of atomization emerged from the life history of a young married couple, Mike (age 36) and Jane (age 41), who recently adopted Jane’s daughter’s son Paul (age 5). Jane’s daughter (from a previous marriage) suffers from bipolar disorder and had a history of neglecting her son. When Paul was 4 years of age, Jane confronted her daughter, suggesting she allow Jane and Mike to adopt Paul. As Jane relates,

> When she was in such a mental funk . . . I said, ‘You know, this is ridiculous. We need to quit this’ . . . and she said at the time she was willing to sign him over to us. . . . However we didn’t force her into it. We discussed it with her in length before we showed her the papers. . . . And we held the [adoption] papers . . . for a full week [after the papers had been signed by the daughter] . . . because I was very torn because now I have these papers and I have them notarized with her signature on them and I am so heartbroken because I can’t even begin to fathom how she could just coldly walk away from this child . . . . And on the fifth day . . . she came up to me and said, ‘Did you turn in the paperwork?’ and I said, ‘No, I have not’ and she said, ‘You need to’ and she walked away.

Shortly thereafter, Jane’s daughter accused her of “stealing her son” and argued that what they did was illegal, but Jane feels like they did everything
legally. Nevertheless, Jane remains ambivalent about her daughter’s relationship with Paul. At the time of the interview, Jane’s daughter had not had contact with Paul since the adoption. Jane noted that, on the one hand, she did not want her daughter to come around because Paul seemed to struggle emotionally for days after the visit. But on the other hand, Jane could not understand how her daughter could ignore Paul’s birthday. Although the grandmother remains conflicted about her daughter’s actions, she also recognizes that maintaining ties with her daughter may not be in the best interests of her adopted son or promote the well-being of the family system. Thus, her resolution was to diverge with her daughter and seek innovative solutions—solutions that radically altered the family structure.

Captivation

Lastly, captivation occurs when family members assert the primacy of the family institution over the wishes of individual members and conserve the institution with reluctance. In this study, we observed five examples of captivation as we coded the family life histories of participant grandfamilies. This field is exemplified by the story of Betsie (age 56) and her husband, Joe, who gained custody of their two granddaughters (ages 6 and 8) when they learned that their daughter-in-law, Jesse, a methamphetamine addict, was neglecting the girls and prostituting them in order to obtain more drugs. Betsie’s son, Jack—the girls’ biological father—had not been involved with the girls during their early years. Jack also had a history of alcohol and drug addiction and had been recently diagnosed with bipolar disorder. When the granddaughters arrived at Betsie and Joe’s house, Jack was focused on getting his life stable, finding the right medication to regulate his disorder, and locating steady work.

However, this family’s history is very complicated. When Betsie’s granddaughters came to live with her, other family secrets began to emerge. Betsie’s other adult children confronted their father Joe about his past alcohol addiction, depression, and physical abuse. And one of Betsie’s daughters revealed that Jack had sexually abused her at 5 years of age. Jack then revealed that he too had been sexually abused by his caregiver when he was a toddler.

Clearly, this family had experienced numerous abuses, traumas, and stressors, and after the family secrets surfaced, Betsie’s other adult children began to focus their attention on her. The adult children confronted her and asked her to leave her husband and put the granddaughters “up for adoption.” But Betsie was reluctant. On the one hand, she understood the concerns of her children and questioned her own ability to care for the granddaughters. On the other, she wanted to preserve her family. As she said, “I was looking at it as one day at a time.” Thus, she remained committed to Joe, facilitated weekly
visits between Jack and the granddaughters, and, when Jesse got clean and sober, also allowed her to visit the granddaughters. At the time of the interview, Betsie’s other adult children did not support any of those decisions, and although they kept in contact with Betsie, they remained distant. Yet Betsie felt that “it just takes time to work through . . . you know, all you can do is just keep saying, ‘I’m sorry,’ and that’s what I’ve done is to just keep saying, ‘I’m sorry.’” Betsie’s goal was to preserve the family, even if reluctantly.

As these grandparents grapple with the initial crisis phase of taking in their grandchildren and taking over the surrogate parental function, grandfamilies must cope with their new functions and structures and often must shift their roles, identities, familial boundaries, and resources in order to adapt. It is perhaps not surprising that many intergenerational ambivalences emerge. How grandfamilies cope with ambivalences holds implications for how practitioners might intervene with grandfamilies. We conclude with a number of implications for clinicians working with grandfamilies, including therapists, educators, social workers, and other service providers.

**CLINICAL IMPLICATIONS**

All of the families in this study experienced ambivalences due to crises that resulted in shifting family structures and roles. Lüscher’s module offers clinicians a clearer understanding of the challenges and resilience experienced by these families as they worked to find meaning in their situation and cope with their new family demands. Clinicians can assist these grandfamilies by first understanding the causes or genesis of grandfamily ambivalences, as well as the various pathways by which grandfamilies were formed and the complexity of family relationships. To assist grandparents in understanding family change, clinicians might discuss concepts such as role ambiguity and ambivalence. Clinicians may point out to grandfamilies that they may experience many ambivalences while they work to reestablish family equilibrium and clarify roles within the family system. It is likely that clinicians will need to join with the family in a way that may help reduce crisis and dysfunction and build healthier structures. Joining is a clinical process of bonding with the family so that therapeutic relationships can be built in an authentic manner (Haley, 1976; Minuchin, 1974). After joining, the clinician will want to assess the family in terms of where their ambivalences reside. Is the family converging or diverging? Is the family attempting to reproduce its traditional structure and functions or is it innovating?

Families that cope with ambivalences by converging and reproducing within the system will likely be easier for clinicians to assist in maintaining
continuity within the intergenerational structure. When families exhibit solidarity, they often want to preserve the family institution and its traditions. Clinicians working within this frame can best serve the family by focusing on its strengths and finding ways in which the family can preserve its traditions and attachments should crisis happen again. Although solidarity appears to be the most stable field in the module, families in this field may be resistant to change. Clinicians might support families in exploring alternative ways of functioning that might produce more desirable outcomes.

Families in the field of emancipation also can be supported by identifying their strengths as well as their openness for structural and functional change and innovation. Clinicians working with these families might introduce the concept of reframing. Reframing does not always change the familial situation but changes the meaning of the situation for individual family members (Piercy & Sprenkle, 1986). Marcy, in the above case study, is a good example of the ability to reframe a family’s situation. Sometimes therapists may need to help clients reframe the change in structure, especially if the family perceives the new structure as deficient or negative. Although families in emancipation are open to change and seem to be more fluid in role transition, the letting go of children by grandparents can also result in grief and loss issues. Therapists can help families express sadness over the loss or change in the system and help families remain connected through the promotion of positive communication skills and connecting rituals.

Families that tend toward divergence have much more difficult dynamics for clinical intervention. Such families often have complicated family histories, dysfunctional dynamics, and conflicted relationships. For families that fall in the atomization field, clinicians may need to understand substance abuse, mental disorders, and intervention strategies to help families cope. Clinicians may assume the role of the family change agent (Lee, Armstrong, & Brydges, 1996). In this role, intervention focuses on total system change. Not only must clinicians be skilled in interventions, but they need to be tolerant of the amount of time it takes to integrate changes, which can require an incredible amount of patience, persistence, and courage by the clinician.

Families that fall into the captivation field are more intolerable to change because they value the institution over the individual differences of family members. For families that have complicated abuse histories and mental disorders, the clinician will need to work slowly to break family secrets and create safety for all members. Because of the dominance of the institution and closed system, clinicians’ abilities to join in the system may be delayed and interventions may be very slow. Because abusers and victims may be in the same family system, there need to be safeguards in place so that the abuse
will not continue. Clinicians must also act ethically and report abuse to social services.

Intervening with grandparents rearing grandchildren likely poses many challenges for clinicians regardless of where the family is located in Lüscher’s (2005) module. However, understanding the intergenerational ambivalences that emerge in grandfamily constellations may be useful as clinicians work to support healthy family functioning and promote positive adaptations to familial crises and change.

REFERENCES


