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# Conflicts, Concerns and Family Circumstances in Custodial Grandmothers Over 8 Years

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## **Cover Page Footnote**

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*Research Article***Conflicts, Concerns and Family Circumstances in  
Custodial Grandmothers Over 8 Years**

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**Abstract**

Although many grandmothers raising grandchildren experience transitions in their roles as family strains and circumstances change, little longitudinal data has been examined. This qualitative study assessed the relationships between custodial grandmothers' appraisals of their family conflicts and concerns and family circumstances across eight years. Participants were 35 Ohio grandmothers who were raising their grandchildren in 2006-2007 and provided additional self-report survey data in 2008-2009 and 2014-2015. Data were gathered from open-ended questions that were analyzed through conventional content analysis. The reported concerns were financial and emotional difficulties, grandchildren outcomes, mental and physical health of the grandchild and other family members, and difficulties coping with visitations and custody issues. Concurrently, grandmothers experienced several transitions in their caregiving status and family circumstances over time. Implications of the results are also discussed.

*Keywords: skipped generation families, family transitions, family strains, qualitative analysis, intergenerational relationships*

According to the 2012 American Community Survey, more than 2.7 million grandparents live in the same household as their grandchildren, with 39% of them raising grandchildren aged 18 or younger (Ellis & Simons, 2014). Most research has been cross-sectional and focused on the mental and physical health effects of such caregiving in grandmothers and, to a lesser extent, in grandchildren. The limited longitudinal data is primarily quantitative, which cannot adequately contextualize the ongoing conflicts and concerns of grandmothers raising grandchildren or the complexity of their family and living situations over time. Therefore, this qualitative study provides a perspective of the trajectory of grandmothers raising grandchildren and examines how conflicts and concerns change over time and reflect the living situation of the family.

### **Stress, Family Concerns, and Conflicts**

Grandmothers in a parental role, which is usually assumed abruptly and is inconsistent with grandmothers' previous expectations (Goodman & Silverstein, 2006), exposes them to stressful situations that are likely different, greater, and more unremitting than those experienced by non-caregivers to grandchildren or grandmothers living in multigenerational families (Musil, Warner, Zauszniewski, Wykle, & Standing, 2009; Musil, Jeanblanc, Burant, Zauszniewski, & Warner, 2013). Grandmothers raising grandchildren perceive more difficulties in family functioning (Musil, Warner, Zauszniewski, Jeanblanc, & Kercher, 2006), and more family strains related to adult children's substance abuse, negligence, health and mental issues, death, and incarceration, than grandmothers living in multigenerational homes or who are non-caregivers to grandchildren (Crewe, 2012).

In these situations, grandparents not only have to cope with their grandchildren's emotional distress, but also with their emotions about their children's failures. In fact, Sampson and Hetlein (2015) reported that grandparents raising grandchildren often feel resentment and disappointment with their adult children's choices (drug abuse, being incarcerated, suffering from AIDS/HIV disease, etc.) which, in turn, is perceived as their own failure at raising their now-adult children. In cases where the adult child has died, grandparents have shown high levels of distress because of having to deal with their grandchildren's grief as well as their own.

This high rate of difficulties in grandparent-headed, or skipped generation, families, is associated with greater levels of stress in grandmothers. Roughly, 40% of grandmothers raising their grandchildren showed psychological or emotional distress within the clinical range (Kelley, Whitley, & Campos, 2013). The main sources of grandmothers' stress are related to family relationships (Sands & Goldberg-Glenn, 2000), grandchildren's behavioral and mental problems (Doley, Bell, Watt, & Simpson, 2015; Gladstone, Brown, & Fitzgerald, 2009; Hayslip, Blumenthal, & Garner, 2014), and worries about the grandchildren's future (Gladstone et al., 2009). As many as 86% of grandmothers described grandchildren's care as challenging (Crowther, Huang, & Allen, 2015).

Studies show more emotional, social and physical problems in grandchildren raised by grandmothers compared with those raised by their biological parents. Billing, Ehrle, and Kortenkamp (2002) reported that 13% of grandchildren raised by their grandmothers had emotional and behavioral problems, compared with 7% of grandchildren raised by their biological parents. Others also report high rates of behavioral and emotional problems, special needs and academic underachievement among these grandchildren (Shakya, Usita, Eisenberg, Weston, & Liles, 2012). These problems occur to a greater extent when grandchildren show externalizing behaviors, such as opposition, hyperactivity, or disobedience (Sands & Goldberg-Glenn, 2000), which are more common when children were abused or had mothers with depressive symptoms (Buckinham-Howes, Oberlander, Hurley, Fitzmaurice, & Black, 2011). However, mental and physical health problems in children cared for by grandparents are less frequent than those in non-family foster care (Winokur, Holtan, & Batchelder, 2014).

Grandmothers raising grandchildren face significant challenges related to their adult children (Shakya et al., 2012), including disputes over grandchildren's custody (Crewe, 2012), disruption of the child after visitation (Sands & Goldberg-Glen, 2000), conflicting feelings toward the adult child (Gladstone et al., 2009), and adult children's emotional problems (Musil et al., 2006). Grandmothers raising grandchildren often report difficulties in performing their roles, which reduces their satisfaction with the grandparent-grandchild relationship (Hayslip, Emick, Henderson, & Elias, 2002), and contributes to ongoing conflicts and concerns in the family.

### **Changes in Family Circumstances**

In addition to the natural developmental changes in families, skipped generation families often experience changes in their family circumstances and structure, which may increase vulnerability for family members (Standing, Musil, & Warner, 2007). Although 40% of grandmothers raised their grandchildren for more than five years (Ellis & Simons, 2014), two-thirds of the grandmothers in the Health and Retirement Study experienced changes in their family circumstances over time (Blustein, Chan, & Guanais, 2004). Using the National Survey of Families and Households data, Szinovacz, De Viney, and Atkinson (1999) found that 52% of grandmothers living with grandchildren at the beginning of their study had grandchildren who moved in, and 19% had grandchildren who moved out after two years. Hughes, Waite, LaPierre, and Luo (2007) reported that 50% continuously lived in skipped generational households, while nearly 18% stopped living in this type of household after two years. These studies provide a broad picture of the often transitory nature of grandparent caregiving, but they are unable to detail the grandmothers' experiences as their family situations unfold.

While grandmothers raising grandchildren have many stresses and concerns rooted in the context of the family situation, these circumstances do not remain constant. Previously identified reasons why grandmothers changed their caregiving status from raising grandchildren to non-caregivers were the resolution of family problems (e.g., parents regain grandchildren's custody or finish drug addiction treatment) or an increase in family difficulties (e.g., grandmothers' health problems or grandchildren not accepting rules). While describing these transitions, grandmothers have expressed ambivalent feelings (loss and relief), but greater personal freedom (Standing et al., 2007).

There is scant literature describing the circumstances, concerns, and conflicts that grandmothers in skipped generation families experience over time, and this study adds to that literature. This study spans a period of eight years, beginning when the grandmothers were raising the grandchildren while the parents did not live in the same home as the grandmother and grandchild(ren). The study qualitatively describes in greater depth the family circumstances, conflicts, and concerns of a sample of grandmothers raising grandchildren over an eight-year time period.

### **Methods**

This is a secondary analysis of data from a longitudinal study of grandmothers' caregiving to their grandchildren. This qualitative study used content analysis to describe the family conflicts and concerns that were reported by grandmothers who were raising grandchildren in skipped generation homes, and how these conflicts, concerns, and circumstances change over time.

Content analysis is "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p. 1278). Specifically, we used conventional content analysis because of its recommendation when researchers aim to develop knowledge and a better understanding of a social phenomenon supported by limited theory or literature (Hsieh & Shannon, 2005). For this reason, conclusions are derived from the data instead of previous theories or researchers' assumptions (Krippendorff, 1980).

## Participants

This secondary analysis focuses on 35 grandmothers who had participated in the final three waves of a six-wave study of grandmothers as caregivers to grandchildren that began in 2001 and continued until 2014-2015 (for more information on the sample of the larger study, see note<sup>1</sup>). We examined data from grandmothers who had been raising one or more grandchildren for at least five years, were raising a grandchild in 2006-2007 (when specific questions of relevance were asked), and participated in the final three study waves (2006-2007, 2008-2009, and 2014-2015). This analysis allows us to look at a sample of grandmothers and prospectively watch them and their families across eight years. Grandfathers were excluded from the study since grandmothers tend to develop a role of principal caregiver.

Grandmothers were recruited from across the state of Ohio using random digit dialing (RDD) and convenience sampling from support groups and word of mouth (see Musil et al., 2006, for details). The original study included 183 grandmothers raising grandchildren at baseline, and 41 of them continued through to 2014-15, representing a 22% continuation over 14 years of the larger study. Of the original 183 grandmothers raising grandchildren, 142 participated at the 2006-7 wave, the starting point for this secondary analysis (76% continuation), but of those, only 128 grandmothers were raising grandchildren in 2006-7. Subsequently, 125 of the original 183 grandmothers raising grandchildren participated in 2008-2009, but only 92 were still raising grandchildren at that time; and in 2014-2015, 41 of the 128 grandmothers in 2006-2007 participated, yielding a continuation rate of 32% from 2006-2007 to 2014-2015, which while indicating significant subject attrition is considered adequate for mailed surveys (Dillman, 2000) and nonetheless yields a unique longitudinal, qualitative data set. Thirty-five of the participants met study eligibility criteria and 20 were still raising grandchildren in 2014-2015.

## Procedure

Institutional Board approval was obtained for this study. Grandmothers who had participated in three prior waves of the original longitudinal study (2001-2005) were notified by postal mail of two upcoming additional data collection points (2006-2007 and 2008-2009) that were supported by an NIH-funded continuation of the original study, and were re-consented; they were re-consented again for a sixth study wave in 2014-2015 when additional funding was obtained. Participants were contacted via telephone by staff to verify their caregiving status to grandchildren and were invited to participate in the next study waves. The study used mailed questionnaires that took about 25-35 minutes to complete. Participants were provided pre-stamped, pre-addressed return envelopes and an honorarium of \$25 after returning questionnaires at each time point.

## Measures

This qualitative study used a written questionnaire with open-ended questions to evaluate grandmothers' conflicts and concerns as related to grandmothers' family circumstances. This allowed grandmothers to describe their feelings and perceptions in detail.

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<sup>1</sup> At study onset in 2001, 183 grandmothers raising grandchildren participated, 159 participated 1 year after, 160 participated 2 to 2.5 years after baseline (2003), 128 participated 4 to 4.5 years after baseline (2006-2007), 100 participated 7-8 years after baseline (2008-2009), and 41 participated 13-14 years after baseline (2014-2015). Of the latter, 35 participants were raising grandchildren in wave 4 (which was the baseline and the inclusion criteria for this secondary analysis).

**Family conflicts and concerns.** To identify the family conflicts and concerns, grandmothers were asked: “In your family at this time, which are the greatest source of concern/worry?” and “In your family at this time, what is the greatest source of conflict?”

**Family Circumstances.** In the questionnaire, we asked grandmothers to describe their family circumstances at each time point: “In addition to you, who else lives in your household?” “Please, list all the people in your household and their relationship to you,” “Do the parents of your grandchild(ren) live with you?” “Please, describe any changes to the living arrangements in your household” and “Do you help in the care of other people (family, friends, children)? If yes, please list them, their relationship to you, and how you help them.” In 2006-2007, all grandmothers were raising grandchildren without parents in the home. At subsequent time points, grandmothers were categorized based on their family circumstances and responsibilities to grandchildren as follows: being a primary caregiver raising a grandchild, as a grandmother in a multigenerational home (grandmother, parent, grandchild) or as a non-caregiver to grandchildren living in a separate residence.

**Demographic data.** Age in years, race, marital status, job status, monthly income, level of education, number of grandchildren raised, and grandchildren’s gender and age were collected.

Finally, there was an open ended item in which grandmothers were invited to write any additional comments.

### **Data analysis**

The steps to analyze data were the following. First, based on the social ecological model (SEM) of health and behavior adaptation made by Shakya et al. (2012) to analyze concerns of grandparents in skipped generation families, the first author developed an initial version of the coding scheme beginning with 17 codes: (1) health, 2) financial difficulties, 3) grandchild academic achievement, 4) work issues, 5) family care, 6) death, 7) drug abuse, 8) house chores, 9) setting norms and limits, 10) troubled relationships with adult child, 11) prison, 12) grandchild future, 13) difficulties communicating with grandchild, 14) grandchild social relationships, 15) custody issues and visitations, 16) lack of adult support, 17) grandchild development.

The coding scheme was discussed with three other members of the research team. Then, two independent coders (the first author and a second coder) analyzed data through conventional content analysis, using a table of codes and their definitions. They followed the three abstractions levels stated by Corbin and Strauss (2014), in which relevant ideas were grouped into categories (open coding); then these categories were grouped into subcategories (axial coding); and finally, the categories and the subcategories were grouped into main categories (selective coding).

The two coders rated the transcriptions independently, then compared their coding, and reconciled coding discrepancies. Independent coding was performed in order to meet the four trustworthiness criteria (Guba & Lincoln, 2012): dependability, confirmability, transferability, and credibility. Data saturation was observed after analyzing the first 28 questionnaires, but analysis continued until all questionnaires were analyzed.

Cohen's kappa inter-coder reliability was analyzed using SPSS software and achieved inter-coder reliability of 0.92, which is considered almost perfect agreement (Cohen, 1960). For additional confirmation, the first researcher met with a third external expert in qualitative data

who suggested to group the 16 categories in five main categories: financial and emotional difficulties (codes 2, 4, 5, 16), grandchildren outcomes (codes, 12, 3, 13, 14), grandchildren mental health (codes 7, 9, 6), physical health (1, 8) and coping with visitations and custody issues (10, 11, 15). In addition, a new main category was created, faith, which was present in many responses and, although it was not a concern, it was an important factor that helped grandmothers to deal with these concerns and thus was included.

Finally, Cochran's Q tests were used to determine if there were differences on the six main categories developed over the three time points.

## Results

### Study Participants

Thirty-five grandmothers raising grandchildren participated in the three time points of this study: 2006-2007, 2008-2009, and 2014-2015. In 2006-2007, all grandmothers were primary caregivers raising grandchildren. At 2008-2009, 31 were primary caregivers (85%), two were living in a multigenerational home, and two were non-caregivers to grandchildren. Finally, in 2014-2015, 20 grandmothers were still raising grandchildren, 14 were no longer living with grandchildren, and one lived in a multigenerational home.

The main reasons why grandmothers continued to raise their grandchildren were parents' substance abuse (41.46%); parents' negligence or abandonment (24.39%); sexual abuse (7.32%); parents' mental issues (17.07%) or emotional immaturity (14.63%); and parents' incarceration (12.19%). Grandmothers' mean age in 2006-2007 was 58 years, 45.7% were married, and 57.14% were employed, with the 31.43% working part-time and 25.71% full time. In terms of educational level, 5.71% had less than high school education, 37.14% completed high school, and 57.14% studied beyond high school, with 14.28% having completed college. Grandmothers self-identified as White (68.5%), African-American (20%), or Multiracial (11.5%). More than 60% of grandmothers had monthly incomes <\$3000. (Table 1).

Table 1  
*Demographics of Sample at 2006-2007 (N=35)*

		2006-2007
<i>Age</i>	Mean (SD)	57.97 (7.37)
<i>Marital Status</i>	Married	16 (45.71)
	Not married with a partner	1 (2.86%)
	Widowed	8 (22.86%)
	Divorced	10 (28.57%)
<i>Educational level</i>	High school incomplete (9-11)	2 (5.71%)
	High school complete/GED (12)	13 (37.14%)
	Post high school, or trade school	5 (14.29%)
	1-3 years college	10 (28.57%)
	4 years college completed	3 (8.57%)
	Post graduate college	2 (5.71%)
<i>Paid work</i>	No	15 (42.86%)
	Yes	20 (57.14%)



	Full-time work	9 (25.71%)
	Part-time work	11 (31.43%)
<i>Monthly income</i>		
	< 900	4 (11.43%)
	1000-2000	12 (34.29%)
	2001-3000	5 (14.29%)
	3001-4000	3 (8.57%)
	4001-5000	2 (5.71%)
	>5000	6 (17.14%)
<i>Race</i>		
	White	24 (68.5%)
	African American	7 (20%)
	Multiracial	4 (11.5%)
<i>Grandchildren in care</i>		
	Age (mean)	12.74 (SD=3.71)
	Females	27 (49.1)
	Males	28 (50.9%)

There were demographic changes over the three time points in marital status, work status, and number of children raised. By 2014-2015, two grandmothers remarried and five became widows. In addition, the number of children who were being raised decreased over time, with 55 grandchildren in 2006-2007, 48 in 2008-2009 and 29 in 2014-2015. Grandchildren's mean age was 12.74 in 2006-2007, 14.15 in 2008-2009, and 17.34 in 2014-2015. The proportion of males and females raised by grandmothers in 2006-2007 was similar, with 50.9% males, and no differences among the three time points.

We should mention that the sample of 35 had more education ( $t = -.71$ ;  $p < .01$ ), fewer problems in family functioning ( $t = .25$ ;  $p < .05$ ), and better health-related quality of life at baseline ( $t = .39$ ;  $p < .01$ ), compared with the other grandmothers who were raising grandchildren in the original study. In contrast, no difference in participants' age, stress levels, intrafamily strain, and depression symptoms was found (for more information regarding the scales used to assess these variables, see Musil et al., 2006, 2009).

### Identified Themes

Six main themes emerged from grandmothers' descriptions of their conflicts and concerns and their family circumstances: financial and emotional difficulties, grandchildren outcomes, grandchildren's mental health problems, coping with custody issues and visitations, physical health, and faith (Table 2).

Table 2  
 Identified themes at 2006-2007, 2008-2009 and 2014-2015

Variable	2006-2007 N= 35	2008-2009 N= 35	2014-2015 N= 35	Cochran's Q			
				T1-T2	T2-T3	T1-T3	T1-T2-T3
Financial - Emotional Difficulties	22 (62.90%)	20 (57.10%)	13 (37.10%)	2.50	2.88 *	5.40 **	5.58*
Grandchild Outcomes	14 (40.00%)	11 (31.40%)	10 (28.60%)	.47	.09	.89	1.08
Grandchildren Mental Health	13 (37.10%)	13 (37.10%)	11 (31.40%)	.00	.33	.22	3.81
Custody and Visitation	7 (20.00%)	8 (22.90%)	2 (5.70%)	.91	4.5 **	2.78	4.42 *
Physical Health	11 (31.40%)	13 (37.10%)	11 (31.4%)	.33	.27	.00	.40
Faith	6 (17.14%)	7 (20.00%)	8 (22.90%)	.33	.20	2.00	1.20

\*p<10; \*\*p<0.05

**Financial and Emotional Difficulties.** Grandmothers identified financial and emotional difficulties as their main concerns at the first wave (2006-2007). Grandmothers stated that retirement was the expected transition according to their age and associated it to a series of contextual changes, such as a decrease in their financial status and social resources. Thus, this transition was associated to other changes, like health decline and the loss of the partner because of widowhood or divorce.

In contrast, having to take the responsibility for the care and education of a grandchild or support financially the parents of these grandchildren implied facing a series of unexpected financial and emotional costs that hinder grandmothers' transition to retirement. In fact, some grandmothers reported they had to return to work after retiring or delayed their retirement in order to handle the new financial costs of grandchildren's care. During this period, two grandmothers moved into a house with a lower rent, one lost her house and another one stopped paying her and her husband's health insurance. As a result, negative perceptions were observed in which grandmothers stressed they were experiencing transitions "off time" when comparing with other people of their age and the isolation they feel because of the invisibility of their situation to their peers. One grandmother stated:

*When I think of my education, social services knowledge, and financial and physical wellness, I can't imagine how so many grandparents survive the experience of raising grandchildren. It is an isolating and daunting task with tenuous and often disappointing results. The rewards are invisible to most of our peers who aren't likewise involved.*

During these eight years, there were other unexpected changes in the family circumstances, such as additional family members moving into the grandmothers' homes after losing their jobs, having health problems or divorce. Grandmothers expressed high levels of enjoyment and increased social support when other family members moved into their homes (son, daughters, grandchildren, or great grandchildren), particularly when their great grandchild moved in and they were not the primary caregivers. In contrast, two grandmothers, who had to take care over as primary caregivers to a new grandchild, described this situation as overwhelming and stressful. They felt as if they could not raise this new grandchild as they did with the other grandchildren they cared for in the past, due to the grandmother's health problems and less patience and energy.

Participants preferred developing a grandmother role over a parenting one. Specifically, more than 60% of grandmothers stated they were worried about not having enough knowledge about how to care for and support a child who had been exposed to traumatic situations (e.g., negligence or sexual abuse) and who they perceived as needing more emotional support. Particularly when grandmothers were just taking on the parenting role, they expressed feelings of anger and frustration due to lack of formal support to help them face this unexpected transition. Many wondered why foster parents receive financial support while they do not. In addition, many grandmothers complained about not having any financial or emotional support from their adult children to raise their grandchildren appropriately. For example, one grandmother stated:

*Grandmothers' raising grandchildren need more financial assistance and social support to help any in rearing these children. Should be given the same support as foster mothers or foster parents who adopt children.*

However, these complaints decreased slightly over time, significantly among the second and the third wave, and nearly significantly between the first and the third wave. The decrease of grandmothers' worries coincided with the grandchildren's greater independence when they left home and when their adult children improved their situation. In fact, some grandmothers reported that their adult children remarried and were raising new children, and two parents regained custody of their children after drug treatment. By contrast, relapse to substance abuse, incarceration and separation or divorce were factors related to greater concerns about their adult children's welfare. It is noteworthy that one daughter committed suicide.

**Grandchildren Outcomes.** In the first wave, grandmothers were very concerned about their grandchildren's future due to the uncertainty of who would take care of them and how the separation from the biological parents may affect them. Grandmothers expressed specific concern with challenges associated to grandchildren's adolescence, such as grandchildren not respecting limits and social norms, academic achievement, social relationships, and difficulties communicating with them. For example, one grandmother explained how this affects her:

*I just get stressed when I can't communicate with my granddaughter. She says I'm too old-fashioned (...). I know we'll get through this, but teens today have a different mindset from what I have ever experienced.*

Grandmothers described the relationship with their teen grandchildren as a challenge because they belong to a different generation educated in a different mindset. They perceived

this generational jump was greater than when they were mothers with added feelings of not having the same energy and patience to deal with these situations compared to when they were parents. When grandchildren living in the grandmothers' home showed oppositional behaviors, grandmothers perceived their living situation more negatively; especially when they felt they could not handle teen behavior problems or did not have enough financial or emotional resources. However, most grandmothers described these concerns as something temporary that would last until their teen grandchildren become adults, and many of them perceived these situations as a second chance to repair the mistakes made when they were parents.

In line with grandmothers expectations, these concerns were higher in the first wave (but not showing significant differences), when grandchildren were younger and showed limit-testing behaviors, such as arriving home late, talking back, not wanting to do homework, and displaying oppositional behavior, or even more disruptive behaviors such as stealing, dropping out of school, or substance abuse. When commenting on these changes, grandmothers reported ambivalent feelings, such as sadness and reward. The grandmothers' perceptions of reward in the caregiving role were higher when changes over time were related to grandchildren's positive outcomes (having a positive outlook for the future), such as grandchildren starting college or becoming independent with their own family or jobs (n=24). Also, six grandchildren moved back with their biological parents after the parent completed drug treatment or stabilized their employment situation. In these situations, grandmothers expressed they liked to have more time for themselves and their husband, if present. However, when grandchildren's motives for leaving grandmothers' home were related to high levels of family conflict (such as mental issues, substance abuse, or behavior problems), grandmothers reported feelings of frustration and relief. Nevertheless, there was a higher percentage of grandchildren who had positive outcomes.

**Grandchildren's Mental Health Problems.** Grandmothers whose grandchildren had mental health problems, such as hyperactivity (13 grandchildren), bipolar disorder (seven grandchildren), depression (four grandchildren), and substance abuse (n=3) were more likely to report communication and socio-behavioral problems with their grandchildren. When interactions with a grandchild were perceived as "more difficult," the written comments of some grandmothers reflected a fear that the grandchild could develop mental, legal, or substance abuse problems similar to those of their parents. One grandmother stated:

*Grandson's mother has an alcohol problem. She is now forced to go to counseling by court order. We are worried long term. He seems to be a lot like his mom.*

Some grandmothers were exposed to overwhelming situations that were difficult to manage. One grandmother expressed her concern for a grandchild who was neglected by his mother and sexually abused:

*He is having difficulty expressing feelings. He is 13 years old and he might have been sexually abused. He's been hurting himself and he was playing [with] matches in this room.*

Six years later, this grandmother had to separate the two grandchildren she was raising and this grandson moved with his biological mother:

*The oldest grandson has become abusive with his brother and it's a worry; we sent him to the Juvenile Detention.*

Another grandmother explained, in 2006-2007, how overwhelming it was for her to cope with her grandchild's emotional problems, her ambivalent feelings toward the situation and disagreements with her husband about how to help their grandson:

*I feel very bad about [grandson's name]. I really love him, but I'm overwhelmed with all the care he needs. I'm really sorry he tried to kill himself, but I'm hoping to get more help for him now. I don't feel equipped to handle him, but my husband doesn't want to "give him up to foster care," but I don't know if I can take care of him anymore.*

In 2014, after her husband's death, this grandmother sent this grandchild to foster care because she could not handle the situation any more, underscoring the importance of the grandfather's role as a support to custodial grandmothers. Several grandmothers stated that they would not be able to help their family if their husband had not supported them.

These two examples show how grandmothers in the first wave expressed important worries related to their grandchildren's emotional problems and how, after several years, their worries were confirmed and were still present. In fact, there were no differences in this concern over the three time points, and some grandmothers in this study seemed to detect years in advance which grandchildren were at a higher risk of suffering from chronic mental health problems.

**Physical Health.** Grandmothers also showed concerns, that did not change over time, about the *physical health* of other family members, such as their grandchildren's parents, husband, parents, and even a brother. Many grandmothers were not only taking care of at least one grandchild, but also were taking care of other relatives who moved into their homes.

Although grandmothers expressed concerns about the health of other family members, very few grandmothers reported their own health as one of their main concerns (n=3). In fact, it is striking that no grandmother in 2014-2015 expressed concerns about her health, when one would expect increased concerns associated with the natural aging process. In contrast, those grandmothers who said they were concerned about their health in 2006-2007 and 2008-2009 were grandmothers with younger grandchildren who were worried about their health worsening or about what would happen with their grandchildren if they passed away. Specifically, these three grandmothers had some physical problems in time 1 (two had obesity and diabetes, and the third one had just suffered from a knee surgery) that made them difficult to perform the care tasks. In 2014, these grandmothers reported feeling better. For example, one grandmother in time 1 reported having obesity and diabetes, but in time 2 said she lost weight and was happy because of feeling lighter and being able to perform more tasks. In 2014-2015, the grandchildren of these three grandmothers were over 21, and grandmothers did not mention their own health as a concern. Relatedly, some primary grandmothers emphasized that caring for their grandchildren gave them a purpose of life and motivated them to continue living.

Although grandmothers did not directly express their own health concerns, household chores was one topic they often mentioned that may be indirectly related to their health. This

concern decreased from 2006-2007 to 2008-2009, disappeared in 2008-2009, but increased again in 2014-2015. The reasons they cited chores as a concern were different in 2006-2007 and 2014-2015. In 2006-2007, grandmothers emphasized a desire that grandchildren contribute to housework as part of the standards of living in the same house. In contrast, grandmothers who expressed these concerns in 2014-2015 usually had health and mobility problems that did not let them carry out these tasks properly and, as a result, they needed help from their grandchildren or other family members to carry out these tasks. Further, some grandmother-grandchild's roles were reversed in 2014-2015, with the grandchild caring for the grandmother:

*I cannot help others at all. I can't even stand up to cook meals or clean house. I need lots of help. Granddaughter comes to clean every week, heat frozen dinners, make coffee, etc.*

The data suggest that this reversal of roles was experienced by grandmothers with frustration and sadness after realizing they could no longer help and care for their family as they did in the past.

**Coping with Visitations and Custody Issues.** At the first and second waves, grandmothers were concerned about how to cope with custody issues and parents' visitations. In particular, frequent worries observed in the grandmothers' comments were the fear of losing their grandchildren and the possibility that their grandchildren may move back with their biological parents who, according to grandmothers' perceptions, were unable to raise their grandchildren properly. In fact, grandmothers' satisfaction with their situation increased when they were given legal custody or guardianship and decreased when grandchildren increased contacts or moved in with their biological parents. Many grandmothers reported having troubled relationships with their adult children in the first two waves, often related to disagreements in child-rearing practices, rivalry, and custody and visitation management. Also, conflicts between different generations were observed due to discrepancies about who should be recognized as mother: the grandmother or the biological mother. For example, one grandmother stated:

*My main concern is my granddaughter's mother getting nasty with her for calling me "mom" and telling her she doesn't have to listen to me because I'm not her mom.*

These conflicts with grandmothers' adult children were higher when the adult children were substance abusers, and grandmothers were also worried about the future of these adult children. However, these concerns decreased as time advanced (significantly among waves 2 and 3, and nearly significant among the time points 1 and 3), when the family circumstances for the grandchild were established.

**Faith.** Finally, grandmothers indicated that an important source of coping with stressful family conflicts was faith. For example, one grandmother stated that "even as bad off as my husband is, we have managed our children and grandchildren. Our faith, our love for one another, our desires to be there for one another has kept us grounded, focused and hopeful. God is good!" Religious practices ("prayer makes me feel better") and religious community support ("church family has been strong and together") were described as important resources for

grandmothers. They stated that God was watching out for them and “always sends what we need.” This coping resource did not change over time.

### Discussion

This study explored the family circumstances, conflicts, and concerns of grandmothers raising grandchildren over three time points. A paucity of data remains about the experiences of grandmothers raising grandchildren over time, yielding a rather static view of their situation without a sense of trajectory. While aggregate data suggests that initiating grandchild caregiving is associated with stress and depressive symptoms that may decrease over time (Hughes, et al., 2007; Musil et al., 2011), there has been little contextual data to provide insight into the dynamics of these processes. Our project extends insights derived from other cross-sectional and longitudinal studies of short duration (Hayslip et al., 2014; Kelley et al., 2013; Sands & Goldberg-Glenn, 2000).

One of the noteworthy findings of this study is that 20 grandmothers were raising grandchildren and/or great grandchildren for over 15 years' time. While some of these were grandchildren who had been infants at study outset and were in their mid- to late teens in 2014-2015, others were new grandchildren and great grandchildren who had moved into the grandmothers' homes more recently. The caregiving career has been applied to caregivers to older adults, but it has application to grandmothers as caregivers to grandchildren, too (Gaugler & Teaster, 2006).

Most grandmothers experienced several transitions in their caregiving status and family circumstances over time, decreasing significantly the financial and emotional worries, as well as the custody and visitation ones. Regarding these changes, the grandmothers described having ambivalent feelings, even when the changes in the family circumstances were positive and their responsibilities decreased. On one hand, grandmothers reported greater concerns when they experienced unexpected difficulties, such as handling grandchildren's emotional/behavior problems or when grandchildren were unable to transition to an independent life. Patterson (2002) noted that non-normative and unexpected transitions are more likely to be perceived as a significant risk, while normative and predictable transitions are related to less concerns in the family context (George, 1993). Thus, non-normative transitions can elicit other risks that, in turn, may set the family in a higher risk status (Patterson, 2002). Specifically, grandmothers in this situation stated they felt overloaded and frustrated; perceived they had a lack of knowledge, energy, and patience to deal with their grandchildren's difficulties; and claimed grandmothers should be provided with more resources (financial and emotional) that, in turn, may help them support their grandchildren.

Some grandmothers who were providing primary care to their grandchildren also experienced positive family transitions over time, such as the reunion of grandchildren with their mothers and the launching of grandchildren to adulthood when grandchildren moved out of their grandmothers' homes to attend college, work, or care for their own families. From an adaptation perspective (Patterson, 2002), non-normative changes in the family circumstances, such as grandchildren moving in with the grandmother to be raised by her, may push the family to one of the extremes of adaptation, either increasing or decreasing its competence.

The Resiliency Model of Family Stress Adjustment and Adaptation (McCubbin, 1993) suggests that family strengths and coping resources protect the family from stressors and facilitate adaptation. In this regard, we were able to observe the accommodative coping strategies of accepting the situation and positive reevaluation when grandmothers reported satisfaction with

their living situations despite the adverse circumstances that may have prompted these family structures. Several grandmothers felt that raising their grandchildren was a second chance to repair the mistakes they made when caring for their adult children, and that their grandchildren increased their purpose in life and motivated them to continue living.

Furthermore, spiritual or religious coping strategies also played a significant role in helping grandmothers to manage the stresses of caregiving. In this regard, several authors have stated that when spirituality acts as a growth source, it helps to reorganize the personal aims and priorities, as well as to find a meaning in life in older women (Harrison, Kahn, & Hsu, 2004; López, Camilli, & Noriega, 2015), like the grandmothers of this study. In addition, social support was described as an important resource (for example, when they reported the role played by church community, husband, or other relatives' support), which is a variable that has been supported by literature as a moderator of the effects of stress on caregivers. Along this line, Musil et al. (2009) found that perceived social support moderated the effects of stress and family strain in grandmothers' mental health, being especially useful when the family strain levels were very high. As a consequence, the development of positive coping resources while developing generative activities, such as raising a grandchild, can help grandmothers achieve new aims that facilitate adaptation processes and, in turn, may promote their successful aging (Villar, Celdrán, & Triadó, 2012).

Other concerns reported by the grandmothers included financial hardship and emotional difficulties, health of the grandchild and other family members, grandchild's outcomes and the management of visitations and custody issues. But the concerns reported by grandmothers evolved over time, reflecting developmental changes in their grandchildren and in the grandmothers. These results are similar to the ones found by Shakya et al. (2012). Contrary to our results, the qualitative study by Brown et al. (2000) did not note the financial difficulties as a concern, a finding those authors regarded as unexpected. However, since the normative transition of participants' age was retirement, which is normally associated to a decrease in the person's finances, it makes sense that having to assume new unexpected costs to raise a grandchild increased grandmothers' worries about their financial well-being.

In contrast, in the study by Brown and colleagues (2000), the greatest concerns expressed by the grandmothers were associated with the grandchildren's sexual behavior, potential use of substances, and risk for encountering violence. Our findings indicated that some grandmothers had a concern about substance abuse, and it is possible that concerns about sexual behavior or violence may have been expressed less overtly within the themes of disregard for societal norms, troubled relationships, and communication problems. There also are noteworthy differences between the two studies. Our study was longitudinal and with a smaller racial mix, predominantly White (68%) sample, whereas Brown and colleagues (2000) focused only on African American grandmothers in a cross-sectional sample obtained 15 years before our 2014-2015 data collection point. Nevertheless, there is a need to consider differences in sociodemographic characteristics in order to develop appropriate intervention programs.

### **Implications**

The results of this study highlight the necessity to consider the changes in the family circumstances, as well as family conflicts and concerns experienced by families headed by grandmothers over time, especially when these changes are related to financial or emotional difficulties, physical or mental illness, grandchildren's difficulties accepting social norms, and coping with custody and visitation issues. If grandmothers can withstand the challenges of child-



rearing during their grandchildren's development (specially in their first years providing care), some of their fears, concerns, and conflicts may decrease over time as evidenced by our findings.

Additional resources (financial and social) and psychological interventions that improve psychological well-being, family communication, and social support over the caregiving years would help grandmothers and their families manage family conflicts and, in turn, increase the likelihood of positive transitions over time. Special attention should be given to counseling programs regarding parenting practices, discipline, and child development, in order to increase grandmothers' resources and prevent the appearance of behavior problems similar to the ones described in this study, especially when grandchildren achieve adolescence. Thus, clinical practitioners should include family conflicts and concerns and changes in their family circumstances in their assessments, since these may be related to stressful situations for which intervention may be needed. The consideration of grandmothers' heterogeneity and their specific context will help the development of tailored interventions to address grandmothers' different needs and concerns. Finally, our findings point to the need to consider the role of coping strategies in helping grandmothers to adapt and to adjust to non-normative transitions, paying special attention to the value of positive religious coping strategies for some grandmothers caring for their grandchildren. This is especially important during the first years of care, since grandmothers showed greater worries and concerns in this period.

### **Limitations and Future Research**

Our study has some limitations that must be addressed. First, there was significant attrition between baseline for the original larger study (2001) and baseline for this secondary analysis (2006-2007) and Time 6 (2014-2015), which may introduce bias into our analysis and conclusions. For example, the 35 grandmothers of this study had a better health-related quality of life when compared with the other grandmothers who were raising grandchildren in the original study, and this fact may explain why participants did not show concerns for their own health. Nevertheless, the opportunity to follow prospectively the experience of 35 grandmothers raising grandchildren offers unique insights into the dynamic nature of grandmother caregiving to grandchildren, an area of research that has received little attention in the past. To our knowledge, our study is the first to qualitatively investigate grandmother caregivers' family circumstances and concerns spanning more than eight years.

Women of color comprised only 32% of our sample, whereas in many other studies women of color comprise the largest segment of the sample, which may create some limitations for generalizability of our findings. Furthermore, we note that the phrasing of the open-ended questions may have some limitations, such as not having the opportunity to clarify grandmothers' responses and difficulties obtaining deep information from grandmothers who were uncomfortable writing more detailed responses or had a lower education level. Nevertheless, the anonymity related to this procedure facilitated some responses that may be difficult for grandmothers to express verbally. Thus, the wording of the open-ended questions may have inadvertently emphasized negative aspects. More positively worded questions should be considered for future research.

Finally, these intergenerational situations are very complex. The methodology used has probably narrowed the narratives about the grandmothers' personal concerns related to these complex transitions through time. Since the Cochran's Q uses a Chi Square statistic with small sample sizes, it is not as sensitive to identifying differences in data.

Despite these limitations, we believe this qualitative study makes a unique contribution to the grandmother caregiving literature with insights into the family arrangements and relationships of grandmothers and grandchildren over multiple years. Future longitudinal research focused on the trajectory of these families would add to our understanding of their concerns and successes, as well as provide additional insights on how best to support them.

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