

THE ASSOCIATION BETWEEN RAISING GRANDCHILDREN AND
GRANDPARENT CAREGIVER MARITAL RELATIONSHIPS

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by

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The undersigned, appointed by the dean of the Graduate School, have examined the thesis entitled

THE ASSOCIATION BETWEEN RAISING GRANDCHILDREN AND
GRANDPARENT CAREGIVER MARITAL RELATIONSHIPS

presented by Amanda E. Matzek,

a candidate for the degree of master of science,

and hereby certify that, in their opinion, it is worthy of acceptance.

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DEDICATION

I dedicate this thesis to my fiancé, Robert, and my family. Their support, guidance, and love made it possible to accomplish this important goal in my life.

To Robert, we have already had such a great journey together. Your love, support, understanding, and patience were so evident throughout this whole process. Without you, I truly feel as though it may not have been as successful. You always kept my spirits up and helped me to keep my sanity. I love you and look forward to our long future together.

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ABSTRACT

Few studies have examined how raising grandchildren influences the marital relationship of grandparent caregivers even though raising grandchildren may strain marital relationships. This study used nationally representative data from MIDUS to contrast perceptions of spousal relations for grandparents who had recently provided care for grandchildren along with their own young children (n=21), with those of grandparents who had recently cared for grandchildren only (n=91). Unweighted and weighted ANOVA results revealed an interaction between sex and generation with grandmother caregivers raising two generations reporting poorer spousal relations than grandfather caregivers raising two generations. An unweighted interaction effect was also found, where grandmother caregivers raising two generations reported lower scores on the marital relations measure than those raising one generation. Grandmother caregivers with recent experience raising two generations appear to have a more negative experience, as indicated by lower levels of marital affective solidarity. These results parallel other studies that suggest that grandparent caregivers show poorer outcomes when they possess multiple caregiving roles that can produce a pile-up of stress and role strain.

CHAPTER ONE: INTRODUCTION

The fastest growing household form since 1990 has been grandparent-headed households that do not include either of the grandchild's parents (Bryson & Casper, 1999). In 1997, 1.5 million children (1.8% of children under age 18) were being raised solely by their grandparent(s) (Bryson & Casper, 1999), and approximately 11% of grandparents reported having had primary caretaking responsibilities for their grandchildren for 6 or more months (Fuller-Thomson, Minkler, & Driver, 1997). With so many grandparents rearing their grandchildren today, researchers have increasingly focused on the challenges grandparents face including concerns with parenting skills, loyalty issues with parenting responsibilities, problems with physical and mental health, barriers to social relations and financial challenges (Kelley, Yorker, & Whitley, 1997). A few researchers have studied the effects of raising grandchildren on other family roles and relationships, including marriage (Jendrek, 1993).

Researchers have suggested that grandparents can be both negatively and positively affected by raising grandchildren. For example, grandparent caregivers have reported higher levels of depression, loneliness, frustration, shame, guilt, and anxiety as well as poorer physical health than traditional grandparents (Bachman & Chase-Lansdale, 2005; Covey, 2001; Scinovacz, DeViney, & Atkinson, 1999). Additional challenges for grandparent caregivers have included emotional distress regarding parenting problems among adult children (Covey, 2001; Minkler, Roe, & Price, 1992), role ambiguity in dual roles of grandparent and parent (Jendrek, 1993; Landry-Meyer & Newman, 2004), and the off-time, unexpected nature of this life course experience (Jendrek, 1993; Landry-

Meyer & Newman, 2004). Positive experiences reported by grandparent caregivers included the benefit of minimizing the pain and suffering of their grandchildren during a family crisis (Sands & Goldberg-Glen, 1998), maintaining a sense of family togetherness as well as continued involvement in spirituality (Bullock, 2004), having support from the community (Burnette, 1999), and having a spouse to share responsibilities (Bachman & Chase-Lansdale, 2005; Jendrek, 1993).

Generally, researchers have found that married grandparent caregivers report more positive effects of their caregiving role than non-married grandparent caregivers (Bachman & Chase-Lansdale, 2005; Mills, Gomez-Smith, & DeLeon, 2005). For example, married grandparent caregivers are less likely than non-married grandparent caregivers to be financially disadvantaged and psychologically distressed (Bachman & Chase-Lansdale, 2005; Mills et al., 2005) and more likely to report more optimal health. Raising grandchildren, however, may also be a source of marital stress for grandparent caregivers who may need to depend on each other for emotional, physical, and financial support against the challenges of raising grandchildren (Bullock, 2004; Landry-Meyer, Gerard, & Guzell, 2005). Some grandparent caregivers have reported increases in problems with their spouse, and reduced attention to their spouses due to their caregiving role (Jendrek, 1993). Grandparent caregivers have also expressed tension with their spouses because of their expectations to enjoy retirement and not have the responsibility of raising children that are not their own (Robinson & Wilks, 2006). It appears that a marital partner may be either a source of emotional and financial support or a source of strain for grandparent caregivers, yet there is little empirical evidence of this.

The literature shows that much within-group variability exists among caregiving grandparents, and one key factor contributing to this variability is their age. A majority (60%) are between the ages of 40 and 59, but 10% are younger than age 40, and approximately 30% are 60 or older (Simmons & Dye, 2003). Grandparent caregivers of different ages are likely to have different experiences raising their dependent grandchildren, which could account for variable outcomes. For example, the parenting role may be an off-time role in the normative life course of grandparent caregivers above age 60 who are likely to be in the empty-nest stage of family life and raising only their grandchildren (Landry-Meyer & Newman, 2004). A normative life course event can be statistically normative or socially normative, which means that even though raising grandchildren is not socially proscribed, statistically there is a time when it is more likely to occur. Therefore, caregiving grandparents above the age of 60 may experience more stress from their off-time role because raising grandchildren is statistically less likely to occur at this age (Simmons & Dye, 2003). They also may be less likely than younger grandparent caregivers to find age peers who are also raising grandchildren (Landry-Meyer & Newman, 2004) and may experience poorer physical and mental health, which can increase their levels of stress and interfere with childcare demands (Fuller-Thomson et al., 1997). Yet, grandparent caregivers who are middle aged or younger may be still raising dependent children when grandchildren enter the household, creating a potential pile-up of role demands. For example, approximately 12% of African-American grandparent caregivers report having a minor daughter or son in the household while they are providing care to their grandchildren (Minkler & Fuller-Thomson, 2005), and

research has found that that younger grandparent caregivers report more stress and burden than older ones (Bullock, 2004; Burton, 1996; Cooney & An, 2006).

The purpose of the current study was to examine directly how raising one (grandchildren only) versus two (grandchildren and own minor children) different generations of children influences grandparent caregivers' marital relationships. Specifically, I compared the spouse affective solidarity of grandparents raising both grandchildren and minor children (18 years and younger) to that of grandparents raising grandchildren only. Spouse affective solidarity was defined as the level of emotional support and strain between spouses. The term "raising" was operationally defined as having recently had daily parenting responsibilities for minor, dependent children.

CHAPTER TWO: LITERATURE REVIEW

Theoretical Perspectives

Two theories in particular provide insight on how raising grandchildren may influence grandparent caregiver marriages: (1) the life course perspective and (2) role theory. Both theories have been utilized in research on grandparent caregivers to examine the effect of age-graded roles and off-time transitions on grandparent caregiver relational outcomes (Cooney & An, 2006; Landry-Meyer & Newman, 2004; Fuller-Thomson et al., 1997). More specifically, role theory has been used to examine role conflict, role timing, and role ambiguity related to raising grandchildren among grandparent caregivers (Burnette, 1999; Landry-Meyer, 1999; Landry-Meyer & Newman, 2004). Speculations about the effect of raising grandchildren on grandparent caregiver marriages will be guided by integrating these perspectives.

Life Course Perspective. According to the life course perspective, development is influenced by role transitions because events are experienced in relation to social timing (Chipucos, Leite, & Weis, 2005). Transitions are experienced differently depending on whether they occur on-time or off-time, and if the transition is planned or unplanned (Elder, 1991; 1998). Social timetables that depict the expected or typical age for occupying particular roles during an individual's life course determine whether a transition is considered on-time or off-time (Chipucos et al., 2005). An age-specific transition that occurs "off-time" and is unplanned will most likely involve more stress than if the transition is on-time and planned (Elder, 1991).

The life course perspective may also consider raising grandchildren as a “time-disordered” role (Jendrek, 1993, p. 610). A time-disordered role occurs when congruence between “work, family, and age-set spheres” is not achieved and one of the spheres is incongruent with the other two spheres (Jendrek, 1993, p. 610). Related to the concept of an off-time life course event, this means that grandparent caregivers may experience more stress due to: (1) “dramatic change in the individual’s life expectations” and (2) a lack of social support from peers who are not experiencing similar circumstances (Jendrek, 1993, p. 610).

For example, grandparents who are retired and have transitioned to an empty-nest may find raising grandchildren to be more stressful than grandparent caregivers who are raising younger children and have not yet had all of their children leave home (Landry-Meyer & Newman, 2004). These empty-nest grandparents may have prepared for a traditional grandparent role—one that does not involve parenting tasks—at this point in their lives, which can thereby increase levels of stress and the strain on their marital relationship. Grandmother caregivers feel upset that they have missed out on things they had planned for in their later years due to their new surrogate parenting roles (Bullock, 2004; Landry-Meyer & Newman, 2004). Consistent with the life course perspective, these findings illustrate that the impact of a specific family transition or experience for a particular family member may be influenced by the family member’s age, generational position, and life stage (Demo, Aquilino, & Fine, 2005; Dilworth-Anderson & Burton, 1996).

Role Theory. Three concepts from role theory can be used to guide this research. The first concept is *role timing* (Landry-Meyer & Newman, 2004). Consistent with the

life course perspective, role timing is used to examine the effects of the off-time grandparent caregiver role. Due to the other age-related life roles grandparents possess (e.g. rearing their own children), raising their grandchildren may be a very different experience for a 40-year-old than a 70-year-old. The second concept of role theory is *role ambiguity*. This condition exists when surrogate grandparents consider their roles to be “normless” and are thus unsure of how to carry out the role of surrogate parent to their grandchildren because few behavioral guidelines exist (Landry-Meyer, 1999; Landry-Meyer & Newman, 2004, p. 1006). The third role theory concept used to study grandparent-headed households is *role conflict*. Grandparents often experience high levels of conflict in trying to coordinate the demands of the grandparent caregiver role (e.g., surrogate parent) with the role expectations of the traditional grandparent role (e.g., more hands-off interaction in terms of discipline). Many grandparent caregivers consider themselves to be parents to their grandchildren rather than grandparents and often struggle between the roles of parent and grandparent due to idealized stereotypes of who grandparents are supposed be (Landry-Meyer & Newman, 2004).

Overall, role theory suggests that empty-nest grandparent caregivers may experience more role conflict and role ambiguity than grandparent caregivers with dependent children in the household because these grandparents must overcome societal norms of the traditional grandparent role. For example, grandparent caregivers with adult children only may have recently spent more time in a traditional grandparent role, which may make it more difficult to establish their surrogate parenting role, thereby negatively influencing their marital relationship. Grandparent caregivers still raising their own minor children may find it easier to carry out the surrogate-parenting role with their

grandchildren because the tasks they need to perform are similar to those involved in their role of active parents to their own children. However, it is also possible that grandparents raising their own minor children and grandchildren may be stressed due to the financial expense and additional work related to raising grandchildren. These grandparent caregivers may also experience more role conflict because they must coordinate parenting their own young children as well as their grandchildren. Therefore, the marital relationship of grandparent caregivers may differ due to the varying amounts of role conflict and strain they likely experience.

Measuring Marital Relationships

In the literature examining marital relations, several distinct constructs are frequently used to describe and explain marital relationships. There has been a long-running debate among researchers on how to measure marital relations (Fincham & Bradbury, 1987; Norton, 1983; Sabatelli, 1988; Spanier & Lewis, 1980). The debate stems from the inadequate definition of and differentiation among similar constructs such as marital quality, marital satisfaction, and marital adjustment (Fincham & Bradbury, 1987). As a result, many of the existing measures of these constructs overlap in content and are often used interchangeably as if they are measuring the same constructs (Sabatelli, 1988). Therefore, it is critical to distinguish the conceptual and operational definitions of various marital constructs (Sabatelli, 1988; Spanier & Cole, 1976).

Marital adjustment has been defined as a process of maintaining a well-functioning marital relationship that involves frequent interaction between partners, open communication, and minimal disagreement (Spanier & Cole, 1976). The unit of analysis for marital adjustment is usually the marital dyad, and it can best be measured using

objective, non-judgmental accounts from each marital partner (e.g., how often do you fight or how well do you practice open communication?).

Marital satisfaction has often been defined as the attitude that an individual has toward their partner and their marriage (Spanier & Cole, 1976). The unit of analysis is usually the individual and it may be assessed using attitudinal reports concerning the relationship such as asking individuals how happy or satisfied they are with their marriage.

Marital quality has been defined as the combination of marital adjustment and marital satisfaction, the dyadic and individual accounts of the marriage, or it may be defined as a unidimensional, global index of the marriage (e.g., overall, how would you rate your marriage) (Fincham & Bradbury, 1987; Johnson et al., 1992; Norton, 1983). Both concepts of marital quality are adequate, but they will produce different empirical results.

Although these constructs have separate conceptual definitions, this clarity is not maintained in most research. For example, some researchers have defined marital adjustment as an overall assessment of marital satisfaction, communication, affection, and values (Wallace & Gotlieb, 1990). Marital satisfaction and marital quality also are used interchangeably in research on marital relations over the life course (Crnic & Booth, 1991; Kulik, 1999; Lee, 1988; Seiffge-Krenke, 1999; White & Edwards, 1990). In addition, some researchers have not conceptually defined the marital construct being measured, which can result in variability and confusion among research findings (Harriman, 1986). Researchers must carefully fit conceptual and operational definitions of marital constructs because it influences how data are collected and analyzed in

research on marital relationships (Anderson, Russell, & Schumm, 1983; Fincham & Bradbury, 1987).

This study used a multi-item scale to measure spouse affective solidarity¹ (Inter-university consortium, 1994/95), which was defined as the quality of emotional support and strain between spouses. Spouse affective solidarity was measured using reports of both spouse emotional support and spouse emotional strain (Inter-university consortium, 1994/95). Spouse emotional support referred to how often the respondent perceived to be understood, appreciated, and accepted by her or his spouse, while spouse emotional strain referred to the perceived amount of arguing, criticizing, and feelings of disappointment the spouse imposed on the respondent. Therefore, a high score on spouse affective solidarity was a result of high levels of spouse emotional support and low levels of spouse emotional strain. It is important to recognize that the chosen construct, spouse affective solidarity, was not necessarily measuring a common marital construct such as marital satisfaction and, therefore, the results must be carefully interpreted in relation to prior research on marital relationships (Anderson et al., 1983; Fincham & Bradbury, 1987).

Marital Relationships across the Life Course

Although this study did not examine marital satisfaction in particular, it is relevant to consider how marital relationships change over the life course. Grandparent caregivers of different ages may report differences in marital relationships due to their varying life course positions and durations of marriage, which is illustrated by examining how marital relationships change over time. Cross-sectional research supports a U-shaped curve in marital satisfaction over time (Crnic & Booth, 1991; Kulik, 1999; Lee, 1988),

while longitudinal research suggests that marital satisfaction slowly declines over the life course (VanLaningham, Johnson, & Amato, 2001). The U-shaped curve is thought to depict high marital satisfaction early in marriage, which declines as children are born. Marital satisfaction is then expected to increase once children have been launched from the household and the couple is no longer caring for dependent children.

Using a cross-sectional design and a multidimensional measure of marital satisfaction, Gilford and Bengtson (1979) illustrated the U-shaped curve. They examined a range of positive interactions and negative sentiments within marriage and found that couples early in their marriages were more likely than those in longer duration marriages to experience the most positive interactions and negative sentiments. Middle duration married couples reported the fewest positive interactions and negative sentiments while the longer duration couples reported a middle range of positive interactions and even fewer negative sentiments than couples in the middle duration marriages. Thus, it appears that positive interactions decreased during the childrearing years and increased as children were launched from the household while negative sentiments declined continually across marriage duration.

There are several explanations for changes in marital relations among child raising parents. First, young children are often a source of stress as parents adapt to their new roles as mother and father while attempting to maintain previously established roles as spouse and employee, work out family schedules, and seek to fulfill the children's needs (Crnic & Booth, 1991; Fiese et al., 1993). Parents may devote more time to children and less time to the spouse, which can significantly reduce marital satisfaction among married individuals with young children (Anderson et al., 1983).

Second, a shift toward traditional gender roles typically occurs among parents and this division of labor can have negative effects on the marital relationship (Belsky & Pensky, 1988). Allocating more time to providing childcare and doing household work increases the amount of perceived stress and lowers marital satisfaction among women (Goldberg & Perry-Jenkins, 2004). Third, adolescent children also can place demands on their parents resulting in a decline in parenting and marital satisfaction (Seiffge-Krenke, 1999; White & Edwards, 1990). For this reason, the initial launching of children from the parental household may be associated with a positive effect on marital satisfaction (White, 1994).

Marital satisfaction may increase among married individuals in later life because of time availability. Older adults' non-marital roles diminish (Kulik, 1999; Lee, 1988; Orbuch, House, Mero, & Webster, 1996; Rollins & Cannon, 1974) and they are likely to have fewer work-related responsibilities to attend to due to retirement. Parenting responsibilities also decline because parents are less involved in their adult children's daily lives once they have left home. As a result, retired individuals may have more time to devote to their marriage (Kulik, 1999; Lee, 1988; Orbuch et al., 1996; Rollins & Cannon, 1974) and have a diminished potential for conflict (Levenson, Carstensen, & Gottman, 1993). Thus, an increase in positive interactions seems likely later in life.

The U-shaped curve of marital satisfaction, however, is not entirely supported by longitudinal research. VanLaningham and colleagues (2001) utilized a five-year panel study to determine if a unidimensional measure of marital satisfaction represented the U-shaped curve over the life course. Similar to the trend in cross-sectional research, they found that newlyweds experienced reduced levels of marital satisfaction as they adjusted

to being married and having children. However, marital satisfaction did not increase in the later years. Children moving out of the house slowed the decreasing rate of marital satisfaction but did not halt this trend.

This gradual decline in marital satisfaction over the life course may be explained by the longer duration in marriages among older adults (Orbuch et al., 1996). Marital satisfaction may decline because of changes with marital roles in later life following retirement and with adjustment to the aging process (Johnson et al., 1992). For example, having more time to spend with a spouse post-retirement may not always be optimal for partners that were highly devoted to their work and led very individualized lives (Keith, Schafer, & Wacker, 1992-93; Myers & Booth, 1996). The spouses may feel that they are invading one another's space and thus marital satisfaction may decrease (Alford-Cooper, 1998). Overall, it is evident that marital relationships vary across the life course and it is plausible to speculate that marital relationships among grandparent caregivers may vary as well.

Raising Grandchildren and Grandparent Caregiver Marriages

The literature suggests that grandparent caregivers raising grandchildren and young children versus those raising grandchildren only may experience significant marital differences. Grandparent caregivers raising two generations may have lower levels of spouse affective solidarity than grandparent caregivers raising one generation because of the multiple caregiving roles they must attend to (Bachman & Chase-Lansdale, 2005; Bullock, 2004; Burton, 1996; Cooney & An, 2006). For example, grandparent caregivers that must fulfill caregiving responsibilities for multiple generations, both young and old, may experience more strain in their marital relationship

due to increases in role overload and role strain when grandchildren enter the grandparent household and due to having less time to spend on the marital relationship (Burton, 1996; Cooney & An, 2006). Role overload and role strain are likely to increase among these grandparent caregivers because they may struggle with the parent of the grandchild over parenting responsibilities or with how the grandchild should be raised (Landry-Meyer & Newman, 2004). Parenting grandchildren is not the same as parenting biological children. Therefore, these grandparents have a role for raising their own young children and an additional role for raising their grandchildren, which can heighten the stress they experience.

Grandparent caregivers raising grandchildren only may have higher levels of spouse affective solidarity because they have fewer conflicting roles and have more time to devote to raising grandchildren (Bullock, 2004; Burton, 1996; Cooney & An, 2006; Kulik, 1999; Orbuch et al., 1996). These empty-nest grandparent caregivers are more likely to be retired and have fewer daily parenting responsibilities than grandparent caregivers raising grandchildren and children. Less time spent on multiple caregiving roles may be used to maintain a satisfactory marital relationship despite raising grandchildren. Furthermore, the study by Gilford and Bengtson (1979) found that older couples in longer duration marriages reported more positive and fewer negative sentiments and interactions than did those in mid-duration marriages. This would suggest greater spouse affective solidarity among the grandparent caregivers who have already launched their own children.

In contrast, grandparent caregivers raising grandchildren only may have lower levels of spouse affective solidarity than grandparent caregivers raising two

generations because they may experience greater conflict between the expected life stage of retirement and empty-nest, and their full-time surrogate parenting responsibilities (Fitzgerald, 2001; Jendrek, 1993; Landry-Meyer & Newman, 2004). As clearly described by the life course perspective and role theory, these grandparent caregivers may experience more role conflict, role ambiguity, and stress due to the time-disordered role they experience and societal expectations for the traditional grandparent role. In addition, as grandparent caregivers age, they are likely to have poorer physical and mental health, which can interfere with providing care to grandchildren and add stress to the marital relationship as well (Fuller-Thomson et al., 1997; Landry-Meyer, 1999). Alternatively, grandparents raising two generations may be younger, healthier, and more comfortable with the parenting role. Thus, raising grandchildren may not bring added stress to their marital relationship. As a result, higher levels of spouse affective solidarity may be reported by these grandparents than those grandparent caregivers raising only one generation.

It also appears to be relevant to consider sex differences among grandparent caregivers reporting perceptions of their marital relationships. Prior research has reported that women and men vary in their perceptions of marital constructs such as marital satisfaction (Kurdek, 1995; Stevens, Kiger, & Riley, 2001; Suito, 1991). For example, due to traditional gender roles, women are more likely to report lower levels of marital satisfaction than men (Goldberg & Perry-Jenkins, 2004; Suito, 1991). Grandmothers are also more likely to be caregivers than grandfathers and provide a majority of daily family care (Byrson & Casper, 1999; Ingersoll-Dayton, Starrels, & Dowler, 1996), which may influence their marital relationship perceptions. Researchers have found that grandmother

caregivers are more likely than grandfather caregivers to report higher levels of depression, which may be associated with grandmother caregivers having greater day-to-day responsibilities for their grandchildren (Kolomer & McCallion, 2005) and possibly more negative perceptions of their marital relationships than grandfather caregivers. Therefore, it was relevant to examine sex differences among grandparent caregivers in this study. The goal of this research was to examine the spousal affective solidarity of grandparent caregivers and to determine whether sex differences existed based on whether the grandparents are raising grandchildren only, or are combining the role of grandparent caregiver with that of parent to young children of their own.

CHAPTER THREE: METHODOLOGY

Data

The data for this study came from the 1995 MIDUS study, a nationally representative survey of approximately 7,000 Americans ages 25 to 74 (Inter-university consortium, 1994/95). The primary purpose of the MIDUS study was to examine patterns and predictors of physical, psychological, and social well-being that are related to age and the aging process. MIDUS respondents were non-institutionalized persons who were contacted by telephone. Use of the sampling weights results in a sample representative of the U.S. population in terms of sex, race, and education composition for that age group. All respondents were asked to complete a telephone interview lasting 40 minutes as well as two self-administered questionnaires. The response rate for completing both the telephone interview and the questionnaires was 60.8%. The Campus Institutional Review Board at the University of Missouri-Columbia approved the use of this dataset.

The sub-sample used in this analysis consisted of 112 respondents, ages 35 to 74, who completed both the telephone interview and the self-administered questionnaires. All respondents were in first marriages and had biological children. This sub-sample was composed of respondents who all responded positively to the statement: “During the past 12 months, have you had one or more of your grandchildren live with you? (By “live with you” we mean living in your home as their place of residence. Visiting overnight, even for an extended period does not count as living with you according to this definition.” These respondents were considered grandparents caregivers.

To address the research question, this sub-sample of recent grandparent caregivers was divided into two groups by the age of biological children they reported. The two groups consisted of grandparent caregivers who reported having recent experience raising: (1) two generations, grandchildren and their own children 18 years of age and younger, and (2) their grandchildren only. It was assumed that grandparent caregivers with adult children (age 19 and older) were raising grandchildren only. Dependent children (ages 18 and younger) and adult children (ages 19 and older) of grandparent caregivers were determined by subtracting the birth date for each of the respondent's biological children from the date of the interview. This age cut-off was chosen under the assumption that children 18 years of age are generally still in high school and living in their parents' home, despite being of legal age (White, 1994). Children that are 19 years of age and older are less likely to live in their parents' household and thus daily parenting responsibilities are likely to diminish at this time. In addition, large datasets such as the National Survey on Family and Households (NSFH) use age 19 and older for referring to adult children (University of Wisconsin, 2005). Respondents who indicated having both dependent and adult children were categorized with those having only dependent children for sub-sample size purposes and because this suggested that they continue to have the day-to-day parenting responsibilities for dependent children. Though it would have been ideal to determine if adult children or parents of the grandchildren were still in the household at the time of the survey, it was a limitation that the MIDUS survey did not ask about this particular living situation.

Measures

Spouse Affective Solidarity. The spouse affective solidarity scale was constructed by the original MIDUS investigators by summing the 6 items of spouse emotional

support and 6 items of spouse emotional strain to create one overall score ranging from 12 to 48 (Inter-university consortium, 1994/95). The internal validity of the spouse affective solidarity scale was high (Cronbach alpha = .91).

Spouse Emotional Support. Spouse emotional support was composed of 6 items from the self-administered questionnaire with responses ranging from 1 = a lot to 4 = not at all: (1) how much does your spouse or partner really care about you?; (2) how much does he or she understand the way you feel about things?; (3) how much does he or she appreciate you?; (4) how much do you rely on him or her for help if you have a serious problem?; (5) how much can you open up to him or her if you need to talk about your worries?; and (6) how much can you relax and be yourself around him or her? These questions were reverse coded so that the highest number (4) indicated a greater amount of spouse emotional support.

Spouse Emotional Strain. Spouse emotional strain was composed of 6 items from the self-administered questionnaire (Inter-university consortium, 1994/95). Respondents rated these questions with responses ranging from 1 = often to 4 = never: (1) how often does your spouse or partner make too many demands on you?; (2) how often does he or she argue with you?; (3) how often does he or she make you feel tense?; (4) how often does he or she criticize you?; (5) how often does he or she let you down when you are counting on him or her?; and (6) how often does he or she get on your nerves? This scale was not reverse coded because the scores were summed with the spouse emotional support items to create the spouse affective solidarity scale. For example, high scores for the six spouse emotional support questions (4 = a lot) and high scores for the six spouse emotional strain questions (4 = never) produced one high score for the spouse affective

solidarity measure. A low score of spouse affective solidarity was a result of low scores for the spouse emotional support items (1 = not at all) and low scores for the spouse emotional strain items (1 = often).

Control Variables. Correlations were run between the following sociodemographic characteristics that may have influenced spouse affective solidarity of grandparent caregivers: age, number of biological children, and health compared to age peers (5 = much better, 4 = somewhat better, 3 = about the same, 2 = somewhat worse) (see Table 1). Health status was originally skewed and had 5 categorical answers (1 = much worse, 5 = much better). Due to the skewed distribution, answer category 1 (much worse) and answer category 2 (somewhat worse) were combined to create four categorical answers for health status. None of the control variables were significantly correlated with the outcome variable. Group differences for control variables on spouse affective solidarity were determined by conducting t-tests using the following sociodemographic variables that may also influence the outcome variable: sex (1 = male, 2 = female), race, (1 = white, 2 = other), employment status (1 = employed, 2 = not employed), education (1 = high school or less, 2 = more than high school) (see Table 2). There were statistically significant group differences on the outcome variable based only on sex of the respondent. Male grandparent caregivers reported higher levels of spouse affective solidarity than female grandparent caregivers.

Sex differences were important to consider because prior research has reported that women and men vary in their perceptions of marital constructs such as marital satisfaction (Kurdek, 1995; Stevens, Kiger, & Riley, 2001; Sutor, 1991). For example, due to traditional gender roles, women are more likely to report low levels of marital

satisfaction than are men (Goldberg & Perry-Jenkins, 2004; Sutor, 1991). Grandmothers are also more likely to be caregivers than grandfathers and provide a majority of daily family care (Byrson & Casper, 1999; Ingersoll-Dayton, Starrels, & Dowler, 1996), which may negatively influence their marital relationship perceptions. Researchers have found that grandmother caregivers are more likely than grandfather caregivers to report higher levels of depression, which may be associated with grandmother caregivers having greater day-to-day responsibilities for their grandchildren (Kolomer & McCallion, 2005) and possibly more negative perceptions of their marital relationships than grandfather caregivers. Therefore, it was relevant to include sex in the statistical analyses.

Missing Data. Missing data for the dependent variable, spouse affective solidarity, was replaced with averages for the scale item that was missing (see Table 3). SAS produced the mean for this scale by dividing the number of items actually reported by the respondent and ignored the missing items. For example, if Respondent A only answered 10 of the 12 items for the spouse affective solidarity scale, then SAS produced a mean by adding the scores of the 10 items and then dividing by 10, not 12. There was no missing data for the demographic variables.

Analytic Strategy

A 2 (sex of respondent) X 2 (grandparent caregiver group: two generations or one generation) analysis of variance (ANOVA) was used to assess the between-group differences on the dependent variable, spouse affective solidarity. This statistical method is a procedure for examining differences between mean scores of two or more groups on a dependent variable (Stevens, 1999). When the groups have been classified on multiple independent variables (factors), the procedure can be used to determine whether each

factor and the interactions between the factors are significantly associated. Statistical significance indicates that the variables are not independent of each other. If the interaction effect is statistically significant, conclusions are derived from the interaction effect alone. If the interaction effect is not statistically significant, conclusions are taken from the main effects of grandparent caregiver group type and sex. The alpha level was set at .05 to determine statistical significance.

For this study, ANOVA analyses were estimated with unweighted and weighted data. Previous researchers who have used the MIDUS data have found statistical similarities between the unweighted and weighted data and, therefore, presented unweighted data only (Greenfield & Marks, 2004; Grzywacz & Marks, 1999). However, significant differences were found between unweighted and weighted results for this study and results for both analyses are reported. Technically, unweighted data have smaller variances and Type-I errors occur more frequently, while larger differences are needed to retain significant results using weighted data, which have larger variances (Stevens, 1999). Further, weighted data adjust for variances in sample weights and corrects for oversampling so that this sample would match the composition of the U.S. population on demographics such as age, sex, race, and education (Greenfield & Marks, 2004). Accounting for these variables is important because ANOVA analyses do not include controls (Stevens, 1999).

The particular weight chosen for this study was a raw final weight (National Survey of MIDUS, 2003). This weight was the product of six previous weights that accounted for neighborhood differences among respondents and between respondents and non-respondents. It also included post-stratification between the MIDUS respondents and

the population on a series of variables for which MIDUS had population values (i.e., sex, race, age, marital status). In addition, the raw final weight was also trimmed, which means that extreme cases of the distribution were assigned weights that were equal to less extreme cases in the distribution. This weight was relevant to use because extreme cases have the potential to severely bias the results of a study with a small sample size.

Not all respondents in this sample were matched with weight values. There were 25 missing weight values imputed with the weight mean of 1.20. Biases between respondents with missing and non-missing weight values were tested using appropriate statistical analyses. Chi-square analyses were used to examine the categorical variables sex, race, employment status, and education level (see Table 4). There was a significant difference for sex of the respondent, which means that there were more males missing weight values than females and, therefore, more males had imputed mean weight values ($X^2 = 11.59, p = .001$). T-test analyses examined the continuous variables age, health status, and number of biological children and no significant differences were found between caregiver groups on these variables (see Table 5).

CHAPTER FOUR: RESULTS

Demographic Characteristics of Grandparent Caregivers

All analyses were conducted using SAS version 9.0 and statistical tests were considered significant at $p \leq .05$. The study sample consisted of 56 male and 56 female grandparent caregivers (see Table 6). There were a total of 21 grandparent caregivers who recently raised two generations, grandchildren and young children (age 18 and younger), and 91 grandparent caregivers with adult children only (age 19 and older) who recently raised one generation, grandchildren only. The sample was predominantly white (80%), 48% were employed, and 60% had less than a high school education. Approximately 53% reported better to somewhat better health as compared to their peers. Table 6 displays the demographic characteristics for both grandparent caregiver groups.

Analyses were conducted to determine whether grandparent caregivers raising two generations significantly differed from grandparent caregivers raising one generation. To test for bivariate differences between the grandparent caregiver groups, chi-square tests were conducted for the categorical demographic variables sex, race, employment status, and education level (see Table 7) and t-tests were run for the continuous demographic variables health, number of children, and age (see Table 8). Chi-square analyses revealed statistically significant group differences for employment status; grandparent caregivers raising two generations were less likely to be employed than grandparent caregivers raising one generation ($X^2 = 6.17, p = .01$). Statistically significant t-test analyses for age showed that grandparent caregivers raising two generations were younger than those raising one generation ($t = -6.38, p = .001$).

Analysis of Variance (ANOVA)

An analysis of variance (ANOVA) examined the association between grandparent caregiver group and sex of the respondent on the outcome variable, spouse affective solidarity. *SAS General Linear Model (GLM)* for an unbalanced analysis of variance (ANOVA) was chosen due to the unbalanced number of grandparent caregivers in each group (there were more grandparent caregivers raising one generation than grandparent caregivers raising two generations). Effects for the Type III sum of squares were chosen because it tests the underlying parameters that may be independent of the number of observations per treatment group (Stevens, 1999). Therefore, Type III sums take the unbalanced group numbers into consideration. The post-hoc Tukey-Kramer analysis was used to determine appropriate pair-wise comparisons because it is considered a conservative multiple comparisons test (Stevens, 1999). This means that it adjusts the error rate so that $p \leq .05$ is not exceeded for the total group of tests.

Both unweighted ($F = 4.35, p = .04$) and weighted data ($F = 4.87, p = .03$) revealed a statistically significant interaction effect between grandparent caregiver group and sex on spouse affective solidarity (see Tables 9 and 10). Female grandparent caregivers recently raising two generations reported significantly lower levels of spouse affective solidarity than male grandparent caregivers recently raising two generations. In addition, unweighted analyses revealed that grandmother caregivers raising two generations reported significantly lower levels of spouse affective solidarity than grandmother caregivers raising one generation (see Table 9). The interaction effect for the unweighted results is depicted in Figure 1, while the interaction effect for the weighted results is displayed in Figure 2. The Pearson product-moment correlation

squared (r^2), which is the proportion of the variance explained by the analyses, was small. The statistically significant interaction effects explained 11% of the variance for the unweighted analyses ($r^2 = .11$) and 8% of the variance for the weighted analyses ($r^2 = .08$).

CHAPTER FIVE: DISCUSSION

This study extends the literature on the marital relationships of grandparents raising their grandchildren. Most research examining grandparent caregiver marriages has examined differences among these grandparents by their marital status--married versus unmarried. These studies found inconsistent results related to raising grandchildren in which some research suggested that a marital partner was a source of emotional and financial support (Bachman & Chase-Lansdale, 2005; Mills et al., 2005) while other studies found that a marital partner was a source of strain for grandparent caregivers (Bulloch, 2004; Jendrek, 1993). Further, few studies have actually examined the dynamics of the grandparent caregiver marriage. The present study examined marital dynamics, spouse affective solidarity, and revealed significant variability among grandparent caregivers. The sex of grandparent caregivers and household composition are two variables that appear to have an influence on how grandparent caregivers perceive their marital relationship.

The purpose of this study was to compare perceptions of spouse affective solidarity among grandparents with recent experience raising their own minor children and grandchildren and grandparents recently raising grandchildren only. In addition, the study examined the relationship between sex of the grandparent caregiver and spouse affective solidarity. Results from the analyses of unweighted data indicated that grandmother caregivers who had raised two generations reported a significantly lower levels of spouse affective solidarity than did grandfather caregivers who had raised two generations. There were also generational differences, with grandmother caregivers (but

not grandfathers) recently raising two generations reporting lower spouse affective solidarity than grandmother caregivers raising one generation only. Results from analyses of the weighted data supported the significant interaction effect in which grandmother caregivers raising two generations reported a lower level of spouse affective solidarity than grandfather caregivers raising two generations, but not the latter generational effect. Overall, it appears as though grandmother caregivers may experience more of the stress and burden related to raising grandchildren, especially when that is combined with the role of raising their own young children, and this may contribute to a more negative perception of their marital relationships.

The differences between unweighted and weighted data are important to address. The unweighted data are not nationally representative of U.S. demographics on age, sex, race, and education. Technically, unweighted data have smaller variances and Type-I errors are more likely to occur, which means that group differences are reported even though differences do not exist (Stevens, 1999). This may partially explain why the interaction effect between grandmother caregiver groups was statistically significant for the unweighted analyses but not for the weighted analyses. Weighted data adjusts for variances in sample weights and corrects for sampling probabilities so that the sample will match the composition of the U.S. population on demographics such as age, sex, race, and education (Greenfield & Marks, 2004). Therefore, the weighted results of this study are generalizable to other grandparent caregivers. Larger differences are also needed to retain significant results using weighted data and the chances of making a Type-I error are reduced (Stevens, 1999). This does not suggest, however, that the

unweighted data should be disregarded. The unweighted data provide unique insight into grandparent caregiver experiences and may suggest issues requiring further study.

Both unweighted and weighted analyses reveal that grandmother caregivers with recent experience raising two generations appear to have an especially stressful time in their marriages, perhaps due to the strain created by raising two generations of children. It is also possible that the strained marital relationship is creating a stressful caregiving experience. These results parallel other studies that suggest that grandparent caregivers show poorer outcomes when they possess multiple caregiving roles that can produce a pile-up of stress and role strain (Bullock, 2004; Burton, 1996; Cooney & An, 2006).

Grandfathers recently raising two generations reported better marital outcomes than their grandmother counterparts, which is likely due to women being more responsible for the day-to-day caregiving of the young children (Byrson & Casper, 1999; Ingersoll-Dayton et al., 1996) as well as general sex differences on reports of marital relationships (Kurdek, 1995; Stevens et al., 2001; Suito, 1991). Prior research suggests that women are more likely to report lower levels of marital satisfaction than men (Kolomer & McCallion, 2005; Suito, 1991), especially during the childrearing years when traditional gender roles occur more frequently than any other life stage (Belsky & Pensky, 1988; Goldberg & Perry-Jenkins, 2004; Seiffge-Krenke, 1999).

Overall, this literature suggests that not only may grandmother caregivers raising two generations be providing a majority of the daily care to their own children, but they may also provide for the majority of their grandchildren's daily needs, and this may lead to a build-up of marital strain. It may be inferred that these grandfather caregivers would view their spouse's contributions as marital support while the grandmother caregivers

would view it as interference that produces strain. Grandmother caregivers may become frustrated with the daily responsibilities of their children and grandchildren and may desire or demand additional help or support from their husbands, which can lead to marital strain. The grandfather caregivers, on the other hand, may have a more positive view of their marriage when their wives provide the majority of daily care for their children and grandchildren, which results in the men not feeling burdened with the stress of caregiving.

As for the higher levels of spouse affective solidarity for grandmothers raising grandchildren only, previous research suggests that they may maintain a more satisfactory marital relationship than grandmothers raising two generations of children due to fewer conflicting roles and having more time to devote to raising grandchildren (Bullock, 2004; Burton, 1996; Cooney & An, 2006; Kulik, 1999; Orbuch et al., 1996). These grandmother caregivers may be older, retired, and have fewer work or family obligations to attend to than grandmothers raising two generations and, therefore, raising grandchildren may be associated less with a pile-up of different roles and stressors (Bullock, 2004; Cooney & An, 2006; Kulik, 1999; Orbuch et al., 1996). The interaction effect for grandmothers raising different generations of children is also partially supported by Gilford and Bengtson (1979), who found that older couples in longer duration marriages reported more positive sentiments and fewer negative interactions than did those in mid-duration marriages. Although this may help to explain the situation of grandmothers raising their grandchildren only, it does not account for why these effects were not found for grandfather caregivers. Grandfather caregivers in both groups may be relieved of caregiving responsibilities and, therefore, having grandchildren in

their households may not have affected their perceptions of their marriages as much as it did for grandmother caregivers raising different generations of children. Overall, the literature suggests that married grandmother caregivers recently raising two generations perceive less marital support than males in the same situation.

Another contribution of this study is that the results reveal contrary evidence as compared to previous research. First, both unweighted and weighted analyses contrast studies that have found that grandparent caregivers who are generally older in age are more stressed due to greater conflict between the expected life stage of retirement and empty-nest, and their full-time surrogate parenting responsibilities (Fitzgerald, 2001; Jendrek, 1993; Landry-Meyer & Newman, 2004). These studies did not contrast different age groups or consider household composition, but their samples did consist of older grandparent caregivers. The researchers suggested that older grandparent caregivers may have a difficult time raising grandchildren, which was not supported by this study. Second, although raising grandchildren is statistically less likely to occur among older grandparent than for younger ones (Simmons & Dye, 2003), the older grandparent caregivers in this study did not seem to attribute this statistically nonnormative life experience to more marital strain. It is possible that having fewer caregiving roles to be responsible takes precedence over the non-normative nature of raising grandchildren in later life. Lastly, this study does not support the hypothesis that grandparents raising two generations would be more comfortable with the parenting role, which the life course perspective and role theory suggested would be associated with less strain on the grandparent caregivers' marital relationships than those grandparent caregivers raising only one generation. For grandfathers, due to their likely limited role in direct care of

grandchildren, the presence of the grandchild's parent may not be a source of added stress.

An explanation for these contrary findings may be related to the presence or absence of adult children in the grandparent-headed household. The MIDUS study did not question respondents about their current living situations or specific household composition. It is possible that grandparent caregivers raising grandchildren only in this study may have had an adult child (not necessarily the parent of the grandchild) present in the home, which research recognizes can be a great source of assistance to grandparent caregivers (Burnette, 1999). Additional assistance from an adult child may prevent marital strain from occurring or at least from becoming a persistent strain. However, research also suggests that having the parent of the grandchild in the household can be stressful because the grandparent and parent sharing the parenting role can cause role conflict (Minkler et al., 1992). The probability of having the parent of the grandchild in the grandparent's home increases when younger grandparent caregivers have young children who are having children (Burton, 1996). Therefore, it is possible that those grandmothers recently raising two generations experienced more stress than the other grandparent group due to a problematic relationship, or at least some tense daily interactions, with the parent of the grandchild, which could negatively affect their marital relationships.

The grandparent caregiver groups differed significantly based on age and employment characteristics, but these factors were not significantly associated with spouse affective solidarity in the preliminary analyses. In terms of age, grandparent caregivers recently raising two generations of children were significantly younger and

less likely to be employed than grandparent caregivers with recent experience raising their grandchildren only. In lieu of the life course perspective, grandmothers raising two generations may perceive their grandparent caregiver role as more time-disordered than the other grandparent caregiver group because they may not plan to be grandparents at the same time they are raising their own young children (Jendrek, 1993). Grandmother caregivers with recent experience raising two generations may also have few peers, if any, that are experiencing similar life events and, therefore, have few outside support networks to help minimize their stress (Landry-Meyer & Newman, 2004) and reduce marital conflict and/or strain (Jendrek, 1993). As for non-employment, grandmother caregivers raising two generations of children that are not employed may have more financial challenges with raising grandchildren than the employed grandparent caregivers raising only one generation. This group may have more children to provide care for and may not be able to afford childcare in order to take on a job (Fuller-Thomson et al., 1997). Further, by not being employed, these grandmother caregivers may be missing out on vital social support that they could be receiving from co-workers (Bachman & Chase-Lansdale, 2005).

The particular marital construct used in this study, spouse affective solidarity, is also relevant to consider in light of the results. The reports of spouse affective solidarity were not curvilinear and did not represent a U-shaped curve (Gildford & Bengtson, 1979) nor did grandparents with recent experience raising grandchildren only, who were older than grandparents raising two generations, report more negative perceptions of their marital relationship (VanLaningham et al., 2001). Spouse affective solidarity was not systematically related to age of the respondent and did not reveal any particular trend.

Previous research on marital constructs such as marital satisfaction would suggest that different marital constructs have different operational definitions that alter research findings and create difficulties in making inferences from research on marital relationships (Sabatelli, 1988; Spanier & Cole, 1976). Spouse affective solidarity did not measure a common construct such as marital satisfaction, marital quality, or marital adjustment, so it may be inappropriate to compare the results to research on marital relationships across the life course. Different results may have been revealed had a different measure such as marital satisfaction or marital quality of grandparent caregivers' marital relationships been used rather than spouse affective solidarity (Spanier & Cole, 1976).

Limitations

There are definite limitations with this study. First, it is a limitation that 25 of the missing weight values had to be imputed. More grandfather caregivers than grandmother caregivers had imputed weight values, which may have biased the results. For example, it is possible that imputing the mean into the 25 missing weight cases may have increased the probability of an interaction effect because more males than females received the imputed means. It is also possible that additional interaction effects such as generational effects would have been revealed in the weighted analyses, but it is difficult to determine without the actual weight values. Therefore, the weighted results may need to be interpreted with some caution.

Second, it was a limitation that the presence or absence of adult children in the grandparent's household could not be determined from the MIDUS dataset. As previously stated, the presence of an adult child in the grandparent household may lead to

the adult child providing financial assistance to the household as well as providing some of the caretaking responsibilities for the children (Burnette, 1999). This is plausible for both groups of grandparent caregivers in this study because some of the grandparent caregivers defined as raising two generations reported having adult children, as well as minor children. Having grandchildren in the household may not negatively affect the marital relationship of these grandparents as much as grandparents who have no additional help from adult children. However, having the parent of a grandchild reside in the grandparent-household can bring additional stress to the family and put a strain on the marital relationship of grandparent caregivers (Minkler et al., 1992). For these reasons, it would be important for future research to consider the household composition of grandparent caregivers and its influence on their marital relationships.

Third, it would have been useful to have detailed information about the caregiving experience including whether the grandparents were still providing care at the time of the survey, when grandparents may have stopped providing care, type of care provided by grandparents (e.g., full-time care, part-time care, or infrequent care), length of care provided by grandparents (years), number and age of grandchildren in their care, and reasons for providing care (Fuller-Thomson et al., 1997). It is known that there is a wide variety in grandparent caregiving experiences due to these situational factors, which may influence grandparent caregivers' marital relationships. For example, grandparent caregivers who have primary caretaking responsibilities for their grandchildren, are raising two or more grandchildren, and are raising them for more than six months are more likely than traditional grandparent caregivers to report lower levels of physical, mental, and social well-being (Bachman & Chase-Lansdale, 2005; Fuller-Thompson et

al., 1997). It would be important for future research to consider these factors when examining grandparent caregiver marriages.

A fourth limitation of this study was the lack of a comparison group because the MIDUS dataset did not ask respondents about their grandparent status in general. Traditional grandparents not providing care to grandchildren would have been an appropriate comparison group to incorporate into the study (Fuller-Thomson et al., 1997) because it would have allowed for additional between-group comparisons that may have provided more insight into the marital relationship as a source of support or strain for grandparent caregivers. A comparison group of traditional grandparents would have also eliminated potential confounds. For example, if the same interaction effects that were found for grandparent caregivers raising two generations in this study were also found for traditional grandparents with their own young children in the home, then it could not be concluded that raising grandchildren was the reason for the more negative perceptions of marital satisfaction for grandmother caregivers with young children. It is important to minimize confounds so that the most accurate results can be obtained.

CONCLUSION

Overall, social supports are vital to the well-being of grandparent caregivers (Bachman & Chase-Lansdale, 2005) and research is inconclusive about how the marital relationship may be a source of support or strain for grandparent caregivers. The marital relationship of grandparent caregivers appears to be an important relationship to examine empirically. This study suggests that how grandparent caregivers perceive their marital relationships is related to situational factors such as household composition, and differences based on their sex. An appropriate launching point for gaining knowledge

about the marital relationship of grandparent caregivers may be qualitative research that can explore in more depth how grandchildren influence grandparent caregiver marriages because many nationally representative surveys do not provide the type of questions needed to examine this relationship.

There are many relevant issues that qualitative research could examine. It could be used to consider how grandparent caregivers perceive their marital relationship and ask grandparent caregivers how raising grandchildren has affected their marriage, if at all. Obtaining the perspectives of both spouses would be important because the literature and this study revealed that differences may exist between men and women. For example, it may be beneficial to inquire how married grandparent caregivers interpret each other's behaviors and to determine who completes specific tasks in the household. Grandmother caregivers may report that they have primary responsibilities for their grandchildren, but grandfathers may report that they help out more than their wives acknowledge. Eliminating inconsistencies in their perspectives may be a way to reduce marital strain and increase marital support.

Qualitative methods could also be used to examine the importance of timing for grandparent caregivers. The time at which grandparent caregivers begin providing care for their grandchildren can have an impact on the caregiving experience (Burton, 1996, Cooney & An, 2006) and these relationships may change with time. Therefore, it may be relevant to ask grandparent caregivers how the transition to raising their grandchildren over time influenced their marriage and how the longer-term adjustment to raising grandchildren may have also influenced their marriage. Not all surveys are able to get at these pertinent factors, especially for grandparent caregiving experiences. Lastly,

comparing grandparent caregivers to traditional grandparents may not be the most beneficial method because raising grandchildren is different from raising one's own children and raising grandchildren may have a qualitatively different impact on the grandparent caregiver marriage. Therefore, qualitative research may be best for understanding the unique experience of grandparent caregivers and their marital relationships.

Professionals that work with grandparent caregivers in the community may benefit from this study as well as from further research on the marital relationship of grandparent caregivers. The findings suggest that agencies that provide services to grandparent caregivers may need to respond to their clients using different solutions. For example, grandparent caregivers with their own young children may need additional support or services to help minimize the stress they may be experiencing such as help with child care or with their parental responsibilities (Landry-Meyer, 1999). With the potential for sex differences in caregiving responsibilities and perceptions of marital support and strain among grandparents raising grandchildren, professionals may benefit from research that examines how grandmother and grandfather caregivers feel about their marriage from the time they began raising their grandchildren so that potential interventions for married grandparent caregivers can be provided.

Grandparent caregivers may benefit from prevention and intervention techniques that help to reduce marital strain and increase perceptions of marital support. Marital strain among grandparent caregivers may be prevented if they were given assistance early on in their caregiving to help them avoid added stresses that could arise from relationship troubles as they care for grandchildren. It may also be useful to counsel them early on

about how to provide support to one another as they play these new caregiving roles. A relevant intervention for married grandparent caregivers may involve expanding support groups to include spouses so that they can work on ways to improve their marital relationships (e.g., marital communication techniques, enhancing intimacy, etc.) (Landry-Meyer, 1999). It may also be beneficial to observe grandparent caregivers in their homes to gain an objective perspective about what is going on in the household. Perceptions of the marital relationship and who is carrying out specific tasks may be completely different from what is actually happening in the household. Marital strain may be reduced if these conflicting views are addressed. Overall, professionals need to explore ways to minimize the marital strain and increase perceptions of spousal support for their grandparent caregivers. Before this can take place, however, more research on these relationships is needed.

NOTE

¹See Acock, Barker, & Bengtson (1982) in which the term “affective” may also be labeled as “affectual” when referring to emotional solidarity. Bengtson originally called the term affectual solidarity, but often refers to it as affective solidarity.

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Table 1

Intercorrelations Between Demographic Variables and Spouse Affective Solidarity Scale

	1	2	3	4
1. Age	—	-.05	.26*	.06
2. Health		—	-.18	-.11
3. Number of Children			—	.08
4. Affective Scale				—

* $p \leq .05$

Table 2

Group Differences For Demographic Variables and Spouse Affective Solidarity Scale

	<i>n</i>	<i>M</i>	<i>sd</i>	<i>df</i>	<i>t</i>	<i>p</i>
Sex						
Male	56	39.12	5.1	110	2.84	.01
Female	56	35.73	7.3			
Race						
White	86	37.51	6.5	110	.27	.79
Other	26	37.12	6.4			
Employment						
Employed	54	36.96	6.3	110	-.72	.47
Not Employed	57	37.85	6.7			
Education						
High School and Less	66	37.38	6.1	110	-.08	.94
More than High School	46	37.48	7.1			

Table 3

Missing Data and Variable Distributions for Grandparent Caregivers

	<i>n</i>	Missing (<i>n</i>)	Range	Mean	<i>sd</i>	Skew
Spouse Affective Solidarity	112	5 ¹	12-48	37.42 ²	6.48	-.93
Health	112	0	2-5	3.61 ³	1.07	-.60
Number of Children	112	0	1-5	3.26	1.31	-.37
Age	112	0	36-73	54.71	8.83	-.06

¹missing items filled in with averages

²highest value indicates high spouse affectual solidarity

³highest value indicates better health

Table 4

Differences between Respondents with Missing and Non-Missing Weight Values

	<i>n</i>	<i>df</i>	<i>X</i> ²	<i>p</i>
Sex	112	1	11.59	.001
Missing				
Male	20			
Female	5			
Non-Missing				
Male	36			
Female	51			
Race	112	1	.19	.67
Missing				
White	20			
Other	5			
Non-Missing				
White	66			
Other	21			
Employment	112	1	1.79	.18
Missing				
Employed	15			
Not Employed	10			

Non-Missing				
Employed	39			
Not Employed	48			
Education	112	1	.34	.56
Missing				
High School and Less	16			
More than High School	9			
Non-Missing				
High School and Less	50			
More than High School	37			

Table 5

Differences Between Respondents with Missing versus Non-Missing Weight Values

	<i>n</i>	<i>M</i>	<i>sd</i>	<i>df</i>	<i>t</i>	<i>p</i>
Health						
Missing	25	3.6	1.61	110	.25	.80
Non-Missing	87	3.6	1.23			
Number of Children						
Missing	25	3.5	1.89	110	-.96	.34
Non-Missing	87	3.2	1.52			
Age						
Missing	25	55.6	6.50	110	-.57	.57
Non-Missing	87	54.5	7.83			

Table 6

Demographic Characteristics of Grandparent Caregivers

	<u>Sample</u>	<u>Two Generations</u>			<u>One Generation</u>				
	<i>n</i>	<i>n</i>	%	M	<i>sd</i>	<i>n</i>	%	M	<i>sd</i>
Sex									
Male	56	11	52.4			45	49.5		
Female	56	10	47.6			46	50.5		
Race									
White	86	13	61.9			73	80.2		
Other	26	8	38.1			18	19.8		
Employment									
Employed	54	5	23.8			49	53.8		
Not Employed	58	16	76.2			42	46.2		
Education									
H.S or Less	66	13	61.9			53	58.2		
More than H.S.	46	8	38.1			38	41.8		
Age	112	21		45	5.7	91		57	6.6
Number of Children	112	21		3.0	1.4	91		3.3	1.0
Health	112	21		3.4	.79	91		3.6	.94

Table 7

Between Group Differences by Grandparent Caregiver Status

	<i>n</i>	<i>df</i>	<i>X</i> ²	<i>p</i>
Sex	112	1	.06	.81
Two Generations				
Male	11			
Female	10			
One Generation				
Male	45			
Female	46			
Race	112	1	3.21	.07
Two Generations				
White	13			
Other	8			
One Generation				
White	73			
Other	18			
Employment	112	1	6.17	.01
Two Generations				
Employed	5			
Not Employed	16			

One Generation				
Employed	49			
Not Employed	42			
Education	112	1	.09	.76
Two Generations				
High School and Less	13			
More than High School	8			
One Generation				
High School and Less	53			
More than High School	38			

Table 8

Between-Group Differences by Grandparent Caregiver Status

	<i>n</i>	<i>M</i>	<i>sd</i>	<i>df</i>	<i>t</i>	<i>p</i>
Health						
Two Generations	21	3.43	1.03	110	-.85	.40
One Generation	91	3.65	1.08			
Number of Children						
Two Generations	21	2.95	1.86	110	-1.20	.23
One Generation	91	3.33	1.15			
Age						
Two Generations	21	45.19	7.51	110	-6.38	.0001
One Generation	91	56.90	7.59			

Table 9

Analysis of Variance for Unweighted Data

Source	M	<i>sd</i>	<i>df</i>	<i>F</i>	<i>p</i>
Grandparent Caregiver Group			1	.20	.66
Two Generations	37.05	8.97			
One Generation	37.51	5.82			
Sex			1	12.63	.001
Male	39.12	5.12			
Female	35.73	7.27			
Grandparent Group*Sex			1	4.35	.04
Two Gen*Male	41.09	4.97 ¹			
Two Gen*Female	32.60	10.46 ^{1/2}			
One Gen*Male	38.62	5.09			
One Gen* Female	36.41	6.32 ²			
Mean Square Error			111	(38.60)	

Note. Values enclosed in parentheses represent mean square errors

¹Interaction effect significant between grandfather caregivers raising two generations and grandmother caregivers raising two generations.

²Interaction effect significant between grandmothers raising two generations and grandmothers raising one generation.

Table 10

Analysis of Variance for Weighted Data

Source	M	<i>sd</i>	<i>df</i>	<i>F</i>	<i>p</i>
Grandparent Caregiver Group			1	.04	.84
Two Generations	36.82	8.76			
One Generation	37.28	6.35			
Sex			1	9.31	.003
Male	38.59	5.60			
Female	36.09	7.67			
Grandparent Group*Sex			1	4.87	.03
Two Gen*Male	41.40	4.36 ¹			
Two Gen*Female	33.86	10.35 ¹			
One Gen*Male	37.95	5.70			
One Gen* Female	36.73	6.93			
Mean Square Error			111	(43.92)	

Note. Values enclosed in parentheses represent mean square errors

¹Interaction effect significant between grandfather caregivers raising two generations and grandmother caregivers raising two generations.

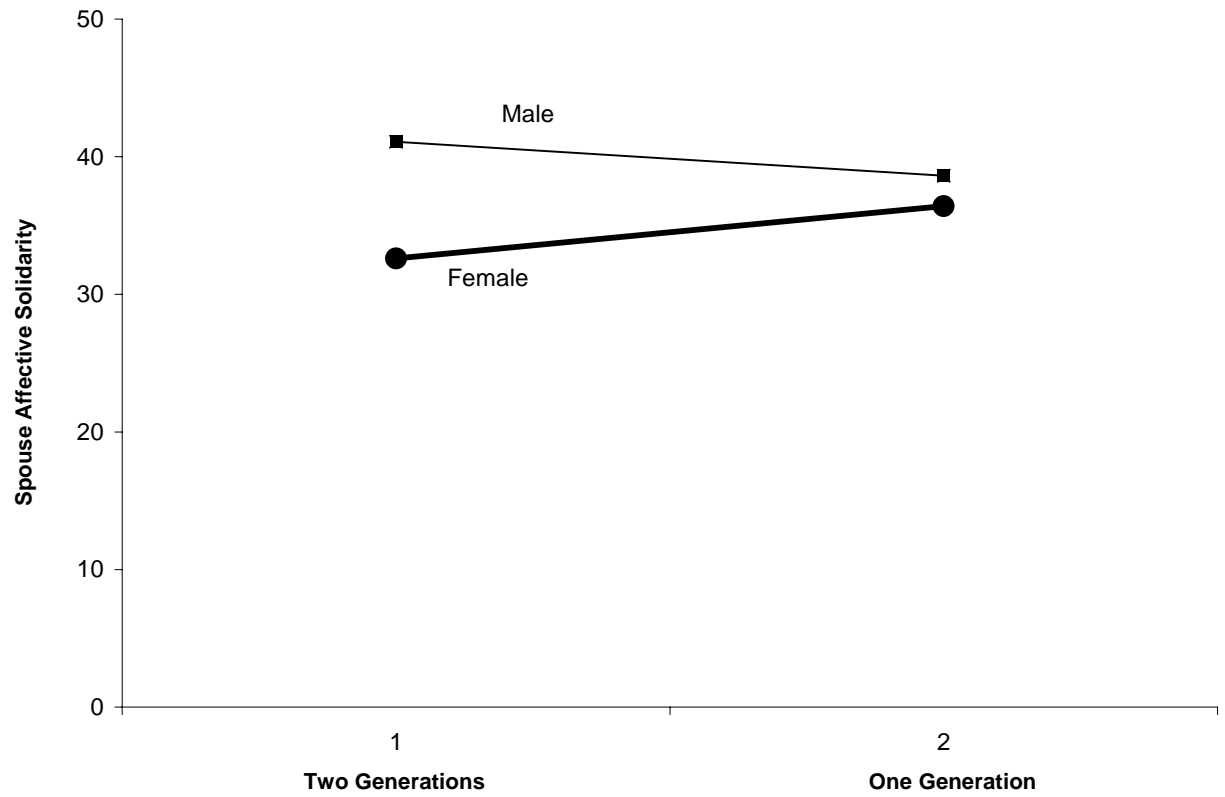


Figure 1. Interaction effects of unweighted ANOVA analyses.

Note. Grandmother caregivers raising two generations reported significantly lower scores of spouse affective solidarity than grandfather caregivers raising two generations and grandmother caregivers raising one generation only.

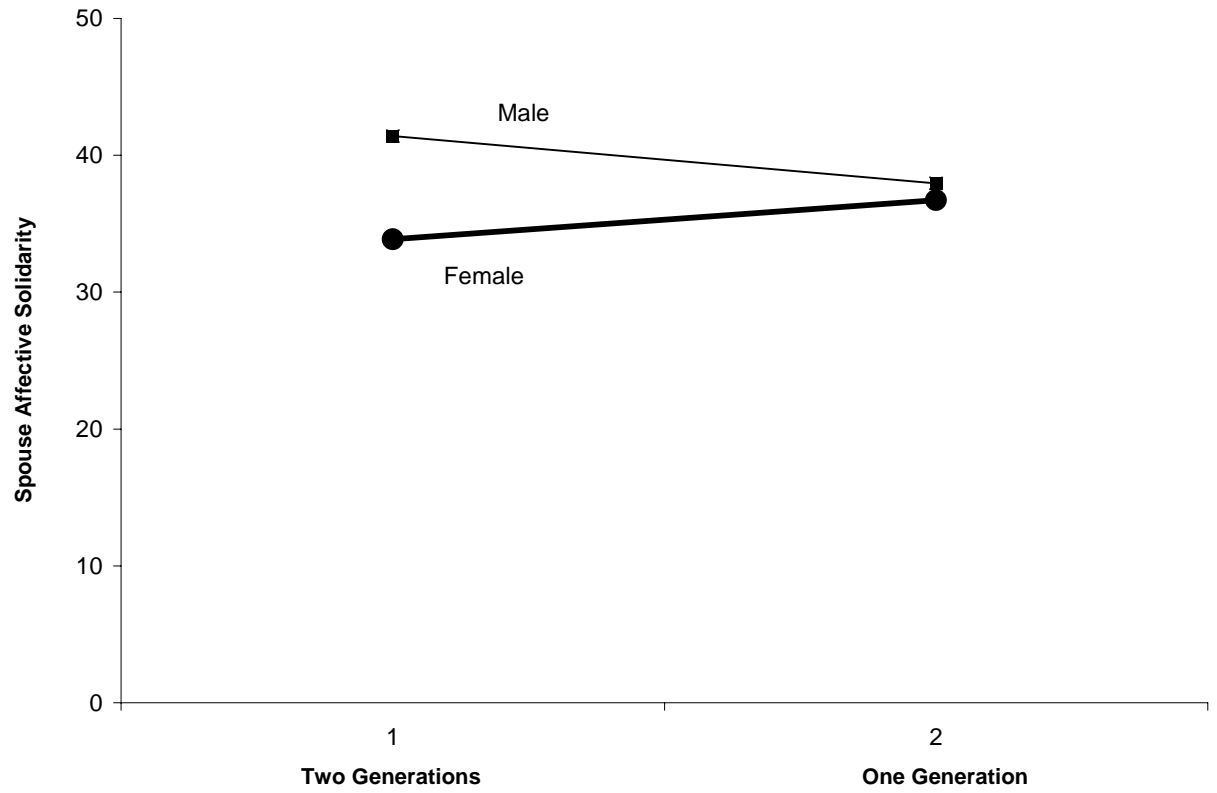


Figure 2. Interaction effects of weighted ANOVA analyses.

Note. Grandmother caregivers raising two generations reported significantly lower scores of spouse affective solidarity than grandfather caregivers raising two generations only.