Grandparents Raising Grandchildren

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Abstract

Grandparents raising grandchildren is not an entirely new phenomenon in our society, but it’s become increasingly common. The reasons that grandparents find themselves in a parenting role are many and varied. The dramatic increase in the crack-cocaine epidemic, mental illness, and heightened incarceration rates have led to grandparents being tapped to assume a parental role and take on the duties of a custodial parent for raising a grandchild. This paper addresses the repercussions for the grandparent who has assumed this caregiving role. This paper also explores the many facets of child-rearing by grandparents. Specifics include the grandparent health risks, caregiver stress, school-age child development, and grandparent increased responsibility. Moreover, this paper highlights the importance of imploring the Adlerian tenet of encouragement, coupled with optimism as vital aspects in child rearing, in particular for the grandparent-led families. Finally, this paper seeks to address one of the main tenets of Adlerian psychology: Social Interest and its influence on the grandparent-led families.
## Table of Contents

Abstract........................................................................................................................................... 2

Introduction......................................................................................................................................... 4

Health Consequences for the Grandparent(s) Raising Grandchildren........................................... 6

Perceptions of the Losses which are Experienced by Custodial Grandparents.............................. 9

Grandfathers who Grandparent their Grandchildren................................................................. 17

The Importance of Goals for the Custodial Grandparent................................................................. 23

Grandparent Education and Community Resources......................................................................... 25

Schools as the Training Ground in Supporting the Custodial Grandparent.................................... 26

The Grandmother-Mothering a Growing Segment of the Grandparent Led Family Population.. 31

The Grandchild-Parent Relationship.............................................................................................. 34

Perceptions of the Parent who has Children who are being Raised by the Grandparents............. 35

Social Interest and its Influence for the Grandparents who are Raising their Grandchildren..... 36

Conclusion........................................................................................................................................ 40

References.......................................................................................................................................... 41
Grandparents Raising Grandchildren

It is a widely accepted belief that grandparents play a very central role in the emotional, cognitive and social aspects of a child’s development. Grandchildren who have been the recipients of a stable and positive relationship with a grandparent will fare better throughout their life in their handling of conflict and disappointments (Minkler & Roe, 1999). Further, corroborated by McAdoo and McWright (1995), is that the unconditional love demonstrated by the grandparent contributes to the grandchild’s development of self–esteem. Grandparents provide the foundation for stability by supporting the grandchild with unconditional love and through instilling values, which is paramount in the life of a grandchild.

The illumination of the significant role played by the grandparent does not fade or dim as the grandchild reaches adulthood. Grandchildren often look for their grandparents to be a mediator between their parents and themselves, as well as being a shining example of an exemplary adult. Additionally, grandchildren look to grandparents for fiscal counsel for their meager finances (Kennedy, 1990).

While grandparents have played this critical guiding role for generations, as of late, the grandparent’s role in the family has been restructured. Grandparents have been tapped to assume a parental role and take on the duties of a custodial parent for raising a grandchild. The reasons that grandparents find themselves in a parenting role are many and varied (Messing, 2006). Grandparents are raising their grandchildren today because of parental problems such as: substance abuse, incarceration, neglect, abandonment, mental illness, divorce and death. Grandparents are the primary caregivers of well over half of the children of incarcerated mothers in prisons throughout the United States (Department of Justice, 1997). The number of incarcerated women has increased six fold in the last fifteen years. Often there is one or more of
these factors which lead to the grandparent assuming the role of the full-time custodial caregiver for his or her grandchild (Roe & Minkler, 1998).

The latest research reports that there are 2.5 million grandparents who are raising their grandchildren in the United States (Census Bureau, 2008). Of these custodial grandparents, 1.6 million are grandmothers and 896,000 are grandfathers. Additionally, the U.S. Census Bureau reports that approximately 6 million or 8.4% of children live with someone other than their parents, which has increased dramatically since 1970 and a 78% increase since 1990 as reported by the (U.S. Census Bureau, 2008). It is estimated that in the United States 963,000 children under age 18 are living with their grandparents as their full time caregiver, without the presence of at least one parent in the household. The U.S. Census Bureau reports that 6.5 million or 9% of children younger than age 18 are living in homes with at least one grandparent present (Kreider, 2008). The largest growth has taken place in households where neither parent is present (Kreider, 2008; Casper & Bryson, 1998). The most current studies report that 1.6 million children live in grandparent-led households without either parent. Studies show that from 1980, to 1990, there was a 44% increase in the number of children living in a grandparent-led household. By 1997, 5.5% of all children were being raised by a grandparent on a part-time basis (Casper & Bryson, 1998; Szinovascz, DeVinney, & Atkinson, 1999). Additionally, a national study conducted by Fuller and Associates, (1997) established that women were two times more likely than men to be the custodial caregiver for a grandchild. Moreover, African-American children were twice as likely to be raised by a grandparent. Hispanic children followed by Caucasian children were the next most likely in the study. As reported in the most current Census Bureau, (U.S. Census Bureau, 2008) 2.4 million of the nation’s families are living in grandparent-led households, with one or more of their grandchildren living with them. There has
been an increase of 400,000 (19%) of grandparent–led families since 1990. These families make up 7% of all families with children under age 18. A little more than half (1.3 million) of these 2.4 million grandparent-led households have both grandparents living in the home; 1.0 million have only a grandmother; 1150 have only a grandfather. The total sum, 2.3 million grandparent-led families contain a grandmother and 1.4 million include a grandfather. The grandfathers are more likely to be employed (66% compared with 51%) and own their home 81% compared with 69% but less likely to be poor 12% compared to 23% (U.S. Census Bureau, 2008).

Surprisingly, of the grandparents who were sole caregivers for their grandchildren, 55% of grandmothers and 47% of grandfathers are not yet age 55. In addition, 19% of grandmothers and 47% of grandfathers are under age 45. About two-thirds of grandparent-led household with only a grandmother present ranges for households with only a grandmothers present to $63,632 for families with both grandparents and at least one of the grandchildren’s parents living in the household (Messing, 2006).

Grandparent caregiving is made up of three main segments; grandparents who have sole custody; grandparents who live in the same house as their grandchildren without the authority or responsibility of primary caregiver; and grandparents who watch their grandchildren while their parents are working, such as in a daycare arrangement (Hayslip & Shore, 2006). The data is scant in the latter group.

Fundamentally, as noted by Minkler, (1997) most of the situations that led to the surge of grandparent–led families is the overwhelming poverty dilemma plaguing the United States. Families living at or below the poverty level are vulnerable to a myriad of social problems. Drug use, (e.g., the crack-cocaine epidemic), and mental illness attribute to the dramatic increase in grandparent-led households. It is because of these troubling circumstances that a child welfare
agency will often be the vehicle to facilitate the arrangement for the care of the grandchild. However, the arrangement sometimes is informal between only the parties involved. It also can be as formal as adoption or legal guardianship arranged through a child welfare agency and the legal system (Messing, 2006).

**Health Consequences for the Grandparent(s) Raising Grandchildren**

Grandparents who are raising their grandchildren report that their health is adversely affected since assuming the role of parenting their grandchildren (Burton 1992; Goldberg & Sands, 2000). Custodial grandparents report dissatisfaction with their health. Consistent with this report, African American grandparents report heightened medical problems while assuming the custodial/parental role (Burton, 1992). Mental health appears adversely affected as well. In particular, Szinovacz, DeViney, and Atkinson, (1999) noted that the onset of depressive symptoms began when the grandchild came to live with the grandparent. Concurring with this study is a report that for custodial grandparents, the rate of depression is two times greater than that of non-custodial grandparents (Fuller-Thomson & Minkler, 2000). However, causality isn’t clearly established in any of these reports. Further, non-custodial grandparents reported higher levels of emotional well-being, pleasure and satisfaction. Not surprisingly, Oberu and Palermus, (2005) found that the custodial grandparents often experienced higher levels of stress when the children required more social resources due to behavioral challenges than the non-custodial grandparents. Many grandparents have children come to them who have been abused or suffer from a variety of mental health issues. Commonly, grandparent-led families start out as part-time caregivers and then suddenly, become full-time caregivers, dealing with a host of financial, legal and emotional ramifications. Caregiving stress typically comes with the territory for grandparents who have assumed the full-time parental role of raising their grandchildren.
Further, according to a study conducted by Kelly (1993), on six of the nine symptoms measuring psychological distress (Kelly, 1993), custodial grandparents scored showed notably higher in areas using the Symptom Checklist-90-Revised Inventory (SCL-90-R); (Derogatis, 1989, Musil, 1995). Yet, 44% of the custodial grandparents scored notably higher which is thought to fall in the clinical range. This means that the grandparents level of emotional (psychological) stress were at levels giving reason to pursue mental health interventions. (Minkler & Roe, 1993) conducted a survey in which 37% indicated that their psychological health had worsened since becoming the primary caregiver for their grandchildren (Kelly, Sipe & Whitley, 2001).

The number of grandparents raising their grandchildren today is particularly prominent in families of color. Recent findings report that approximately 44% of all children living in grandparent-led households are African American, which is six times greater than in White grandparent-led families (Hegar & Scannapieco, 1999). Certainly, grandparent-led households are not a new phenomenon and the impact of the ramifications are felt among all racial and socio-economic groups. The life expectancy between the members of racial minorities and white people have widened since the mid 1980s. The overall life expectancy for the total population is 75 years and 69.4 years for African American (U.S. Department of Health and Human Services. According to Healthy People 2000 (DHHS, 1991) health statistics analyzed by race reveal that African Americans have a higher incidence of heart disease and hypertension than white people and that they are more likely to die from stroke and lung cancer. African Americans suffer from diabetes 33% more than White people; being overweight increases the chances of becoming diabetic. Health problems arising from diabetes include stroke, kidney failure and blindness, also more prevalent with African Americans than the White population.
Healthy People (1991) reports that irrespective of their age, African Americans are more inclined to evaluate their health as less than optimal, and to a great extent report their health as poor.

Associated with health care problems for elderly people, is the consideration of advancing age, therefore the age of the grandparent taking on the responsibility of raising his or her grandchildren is an element that cannot be ignored. Several studies report that the average age of grandparents who assume the custodial caregiver role for their grandchildren is 55 to 57 years of age (Burton, 1992; Dowdell, 1995; Kelley, 1993; Minkler, Roe, & Robertson-Beckley, 1994). In yet another study (on kinship and caregiving), 66% were grandmothers, 57% of the caregivers were at least 50 years old or older, including 29% over age 60, and 8% over age 70 (Feig, 1997). If the group of grandparent caregivers statistics were evaluated independently of this study (such as in the kinship caregiver study) the age of the grandmothers would generally be older whereas the kinship caregivers would more likely be in the same age bracket as the birth parent (Whitley, Kelly & Campos, 2010).

Grandparents parenting without a (mate) or partner were more likely to cite health problems. Additionally, the grandparents who reported a decline in their health since assuming the full time caregiver also reported trouble with finances and negligible family support. Due to the rampant problems with the crack cocaine quandary, Minkler and Roe, (1993) discovered that 29% percent of the grandmothers articulated a downward spike in their health during the past year. Moreover, 38 % confided that their health had declined since stepping in to the role of parenting their grandchildren. Discouragingly, reported by the grandmothers, is that despite, their deteriorating health, half of the custodial grandmothers confided that they failed to keep a medical appointment because of child care duties. Furthermore, one half of the participants in this survey, conveyed significant on-going worries regarding their health, yet, one-third
neglected to be examined by a doctor in three years and more (Minkler & Roe, 1993). Despite their complaints of their declining physical condition, lower stamina and a reduced level of energy, the grandmothers claim that their physical health does not impede their ability to perform duties as a caregiver for their grandchildren. This journal article stresses that due to the fragile and vulnerable state of the grandparents’ health, there is likelihood, that the grandparents failing health may have injurious effects on the care they are able to give to their grandchild.

**Perceptions of the Losses which are Experienced by Custodial Grandparents**

In light of the continual growth in the grandparent-headed household, it is as critical as ever to gain understanding of the relationship between a grandparent and his or her grandchild. In order to understand the grandparent-grandchild relationship it is imperative to view the relationship within the context of the grandparent’s losses (Hayslip & Glover, 2008). Often the grandparent raising his or her grandchildren perceives a disapproving society: one that is casting judgment for the mistakes made when parenting their own children. Because of these perceived mistakes the grandparent will forego his or her physical emotional and mental health needs as well as those of the grandchild. The perceptions held by society have a direct correlation to the grandparent’s motivation to address his or her needs.

A recurrent worry from custodial grandparents is that of isolation and the loss of peer relationships. The grandparent may become more isolated if the grandparent now has sole responsibility for one or more grandchildren with neurological, physical, psychological or emotional problems. These circumstances will make it more difficult for the grandparent to socialize when and if the invitations for a social outing are extended. Isolation exacerbates the psychological stresses which already accompany the new parenting role for the grandparent (Hayslip, Shore, Henderson & Lambert, 1998). The perceived losses are far-reaching for
grandparents who step into the role of raising their grandchildren after raising their own children. A barrage of negative effects accompany this role, therefore, it is not remarkable that the grandparent surrogate role poses a detrimental effect on the physical, and mental well-being of the grandparent. These ill effects include isolation, lack of relationships with peers and financial burdens (Kelly, 1993). Many custodial grandmothers have commented that they would allow someone to step in to the fulltime caregiver role, if it were a suitable fit for the grandchild (Hayslip and Shore, 2000). Studies indicate that there are specific stressors and repercussions of caregiving for the custodial grandparents that are unlike those who live with grandchild but do not have sole responsibility for their care. Moreover, some studies suggest that grandparents with full-time custodial duties are found to have high levels of emotional distress, as well as depression and somatization. Added to the struggles for custodial grandparents is the often adversarial relationship with the grandchild’s parent. Grandmother’s perceptions of their overall well-being tend to be complicated, perhaps because of their desire to forge ahead despite their health worries (Minkler et al., 1992., Minkler, 1994).

If the child comes to live with the grandparent(s) because the parent has died, or is incarcerated, there is enormous grief associated with the loss of their child, for the grandparents. Certainly, the grandparent may grieve for the grandchild’s loss of a parent as well (Reed, 2002). If the adult child is imprisoned, it is a reminder for the grandparents of the lost dreams, hopes and promise they once held for their adult child (Miltenberger, Hayslip, Harris & Kaminski, 2004). When incarceration has been the factor which led to the grandparent as primary caregiver, “African American grandmothers were perceived to be experiencing the most loss, with Caucasians and Hispanics being significantly lower in this respect” (Miltenberger et al., 2004, p. 144). To corroborate this finding is the fact that incarceration is highest among African
American males. In the case of maternal incarceration, the burden to care for the children falls heavily on the grandmother’s shoulders (Hanlon, Carswell & Rose, 2007). Because of the strong link that exists within African American families, there is more of a tendency to have family members care for their children while imprisoned than for Caucasian mothers. As evidenced by research, women are the fastest growing prison population (Arditti, 2012). Recently cited in a study conducted by the National Council on Crime and Delinquency (NCCD) was the assertion that “of 66 caregivers of children whose mothers were incarcerated found that most of the custodial care provided to the children was by maternal grandmothers over age 50 with low income levels and on public assistance” (Bloom & Steinhart, 1993, p.113). Reported in this study, was that on the average the grandmothers had responsibility for the care of 2.3 children with the average age of the child being 8.5 years old. It is not uncommon for grandparents caring for the children of incarcerated mothers and father to have other family members living within their household (Dressel & Barnhill, 1990). Not unexpected, is that the factors that led to the imprisonment of the child’s parent are often the very factors that put a child at risk for mental or physical abuse and general negligence by the parent. Substance abuse, mental illness, family violence, are often associated with a parent’s arrest and subsequent imprisonment thus leading to further jeopardizing circumstances for the child and putting him or her at risk for ill treatment (Phillips, Detlaff, & Baldwin, 2010).

One of the most distressing features of the parent’s incarceration is the dismal interconnectedness of the family court system, negligible care and ill treatment of the child. Further reported is that one in eight children who were the focus of a Child Welfare Services (CWS) investigation citing maltreatment, had a parent who recently engaged in criminal conduct and was arrested. Although a correlation between the parent’s arrest leading to incarceration and
GRANDPARENTS RAISING GRANDCHILDREN

subsequent involvement of the child welfare system it is not always that clear cut. Frequently, there are extenuating circumstances and indirect consequences of the parent’s previous offenses within the criminal justice arena (Phillips, et al., 2004). Despite the widely accepted belief that a parent’s incarceration has a paramount effect on his or her children, the agencies that provide care for the children are not mandated to take special note of the parent’s imprisonment, asserts Bernstein, 2005, (as cited in Arditti, 2012). Interestingly, is the report by (Glaze & Maruschak, 2008) reporting that 11% of imprisoned mothers and approximately 2% of incarcerated fathers have children in foster care.

Grandparents who have assumed the surrogate parent role as a result of incarceration, have cited numerous problems with the youngsters they are raising, such as trouble with academics, conduct problems, and health and mental health troubles (Bloom & Steinhart, 1993; Harm & Thompson, 1994). These problems are difficult to rectify for the grandparents whose children are incarcerated, largely because the grandparent caregivers are hesitant to ask for assistance from institutions that could offer resources such as social services. Furthermore, for the single parent family in particular, in the situation of a parent who is incarcerated it is unlikely that government agencies will be offering assistance. There will be little or no validation of the single mate’s loss. This is especially painful for the children and those left to grieve the loss of the loved one who is now incarcerated.

The qualitative data in Arditti’s prison study captured the thoughts of one mother’s attempt at parenting following her husband’s incarceration: ‘No peace, no break, no patience, and no help” (Arditti et al., 2003, p. 200). Because of the disproportionately younger population of men of color making up the prison population, most of the custodial caregivers raising the children of the inmates are African American women. The repercussions of incarceration fall
heavily on the shoulders of a substantial group of women who already have few resources and little financial support.

There is an additional burden on the aging parents of the inmate because they are often procured to provide sustenance when the incarcerated parent is freed from prison (Arditti, 2012). The act of going to prison in and of itself takes a heavy financial toll on the one left to care for the children he or she shares with the incarcerated parent. The ramifications of the incarcerated parent are far-reaching causing further marginalization and severe consequences.

In some cases, there is stigmatization associated with the loss of the parent. In situations of drug abuse, suicide or incarceration, the loss is exacerbated by the stigma attached to the loss. The grandparent will likely feel shame, humiliation, guilt, betrayal and sorrow. Additionally, in cases where abuse has occurred at the hands of the estranged parent, the grandparent is may be riddled with guilt, thinking he or she has failed as a parent (McElvy & Draimin, 2002). For the grandparents who are raising the grandchildren as a result of incarceration; an underlying judgment or blame prevails in society because of the perceived notion that the family contributed in the criminal event that led to the imprisonment of the inmate (Arditti, 2012).

These losses are called disenfranchised and are not usually validated by society. In these circumstances, grandparents are hesitant to ask for social support. For the grandparents who are raising the grandchild as a result of incarceration: an underlying judgment or blame prevails in society because of the perceived notion that the family had some contribution in the criminal event that led to the imprisonment of the offender (Arditti, 2012). The grandparent who is plagued by disenfranchised grief is not allowed to carry on with life as a bereaved individual, because the public does not acknowledge his or her loss. Ordinarily, this kind of reaction takes place “when a stigma is attached to death, such as that associated with AIDS and suicide”
One researcher described stigma in this way, “a stigma is a distinguishing mark, establishing a border between a stigmatized person and others attributing negative characteristics to this person” (Baumann, 2007, p. 131).

The social stigma attached to the bereavement often prevents the bereaved from receiving the validation of their grief and loss. The grandparent hides his or her pain under a blanket of shame and guilt. Disenfranchised grief robs the bereaved persons of the crucial help they need but will not seek on their own, perhaps, because they feel they are unworthy due to the factors that led to the death of their deceased child. Without the proper social support, optimal adjustment to bereavement is unlikely (Corr et al., 2003; Doka, 1989; 1999). The grandparent often suffers in silence because of the stigma associated with the incident that led to the abandoning of the grandchild-creating the surrogate parent role for the grandparent (Miltenberger et al., 2004). The magnitude of the grandmother’s grief appears to be underestimated in some instances, depriving them of the freedom to openly grieve. This was indeed the case for Hispanic, African American and Caucasian grandmothers as evidenced by research. Because of the disenfranchised grief they bear, often the grandmothers’ will not make the effort to get the help needed to get through the post-bereavement process. Further, it is not likely, that others in the community will reach out to the grandparent, because of the stigma associated with the death of their adult child (Hayslip & Shore, 2000). The most recent literature reemphasizes the continued role of social services in helping grandparent-led families and all other types of families care for society’s children. Services continue to be needed to support emotionally, physically, and spiritually those families who are desperate for our assistance.

Due to the crises leading to the grandparent becoming the custodial caregiver, the bereaved grandparent may not get the psychological support and counseling needed due to his or
her perceived guilt and unworthiness (Corr, Nabe, & Corr, 2003). This is especially true when the reason for the abandonment was incarceration, mental illness or substance abuse. The grandparents who are ashamed of their loss may want to hide their grief. In other instances of bereavement (i.e. the deceased adult child has not been marginalized by society) the individuals who struggle with post bereavement adjustment are thought to have low social support. It is believed that they have a more difficult time with the post bereavement period because they lack support from friends and families—and the absence of a supportive community (Gass, 1997; Lennon, Martin, & Dean, 1990). There is a strong likelihood that this also could be true in the case of the case for the grandparents’ poor post-bereavement. Custodial grandparents perceive yet another kind of personal loss: independence. The life they planned on living once they retired is no longer possible. The full-time custodial grandparent is more isolated. His or her peers can no longer relate to a life with babysitters, curfew and other restrictions and stop extending invitations to the events the grandparent once enjoyed. Often their own family doesn’t understand their struggle and is not willing to jump in and assist with household errands or even spend time with the grandchild. In some cases, a grandparent must return to work, at least part time, to provide for additional expenditures: groceries, health insurance, clothes, housing and schooling expenses for the grandchild or grandchildren (Burton, 1992; Jendrek, 1994).

Another perceived loss is that of the more conventional grandparent-grandchild relationship that was once experienced is now forever changed. To further complicate the situation, custodial grandparents must now alter their relationships with the grandchildren who are not living with them (Hayslip & Shore, 2000). The time and availability of the grandparent no longer permits the spontaneous outings because there is little money for any non-essentials.
The extra gifts have become sparse. Grandparents are now scrambling to make ends meet and often find that they are dipping into whatever was tucked away in their “nest egg” for retirement. “Grandparenthood is frequently viewed as a role without any definitive characteristics because there are no explicit or set expectations” (Landry-Meyer & Newman, 2004, p. 161). This is especially true for the surrogate grandparents without legal custody. This role ambiguity hinders the way in which these grandparent-led families relate to each other. In light of this indistinct role, support groups for the grandparent–led family could address this, as well as the other situations that are beleaguering the grandparent in the new caregiver role. The following have been suggested as approaches which may be applied by the psychologist when working with the grandparents who are raising their grandchildren:

- Assess grandparents’ appraisals of the situation such as whether they focus on the stressors, challenges, or potential emotional rewards of caregiving.
- Assist them in finding meaning in parenting again (Whitley, et al., 2010).
- Offer practical and theory-based interventions a needed to enhance the grandchildren’s school-related functioning (Whitley, 2010).

**Grandfathers who Grandparent their Grandchildren**

The prevalence of the studies on grandparents rearing their grandchildren has largely zeroed in on the grandmothers’ emotional and mental health, including the social and economic stressors they face. There has been little written in scholarly journals about the effects of the grandfathers who are raising the grandchildren. Commonly accepted is the notion that women carry out the majority of the work; the grandfather’s role is sometimes understated and often overlooked. A significant portion of the information gathered has come from grandparent-led families living in urban areas (Bullock, 2004).
Throughout the United States, rural areas have felt the pains of job loss, depopulation and overall economic turmoil. As these rural areas diminish in population, the main headquarters of the community weakens dramatically, making it nearly impossible for the availability of the social support resources for the caregiver grandparent (Bullock, 2004) as compared to the grandparents raising their grandchildren in urban areas (Burnette, 1999, as cited in Bullock, 2004).

In a study of twenty-six men, age 65 and older, caring for at least one grandchild, 81% of the grandfathers interviewed in this study confided that they felt powerless in their role as a grandparent rearing their grandchild. The grandfathers further shared that specifically they viewed themselves as powerless both in either the transition of assuming the new surrogate grandparent role or in the daily tasks of parenting in general. One of the factors contributing to the feeling of powerlessness as expressed by these grandfathers is the idea that men, conventionally have been the breadwinners in the family. They have been socialized to think of themselves as needing to provide for their family, primarily in the economic sense. One African American grandfather lamented his frustration with these words: “If it was up to me, I’d have more money to pay the bills, to buy the food, and pay for the medicine.” But there is no way I can do all of that on my Social Security” (Googins, 1991, p. 49). It is no wonder that 32% of the grandfathers surveyed said they viewed themselves as having no power to influence the amount of financial sustenance they could acquire. This lack of ability to procure the means to provide substantially for their grandchildren left them feeling defeated and utterly powerless.

The grandfathers of all ethnicities in this study shared worries regarding their anticipated length of life. They further shared concerns about how long they will continue to be able to parent their grandchild. Another element of distress among the grandfathers was the fear that
they would not see their grandchild grow up. Recognizing the limitations of their health and their decreasing stamina, they were worried who would care for their grandchild when they were no longer able. Grandfathers in this study further reported that they anticipated that they would continue to live with the feelings of powerlessness for the duration of time they were parenting their grandchildren. Interestingly, is that this has not been discussed or suggested in the literature that focuses on the grandmothers who rear their grandchildren (Bullock, 2004).

**Goals for the Grandparents Raising their Grandchildren**

Research unequivocally asserts that in order for grandparents to attain success in the families they are leading, they must have stated goals that will help them with the difficulties they will most likely face. The first goal that researchers discuss that sets the stage for tackling all the other goals is the idea of maintaining optimism while acclimating to parenting for the second time. This challenge of maintaining optimism is often met with resistance (Strom & Strom, 2000). After all, the grandparent has now raised his or her own family and has waited years for the luxury of traveling, pursuing new interests, while uncovering dashed dreams of living a life with newfound freedoms. Now, without warning the grandparent’s role abruptly changes. This unexpected and overwhelming transition is often the result of their adult children failing to responsibly manage their own lives. The grandparent feels that he or she must step in and rescue the grandchild. Many, grandparents caught in this conundrum feel bitter, after all, they were not prepared to be spending their later years parenting again (McElvy & Draimin, 2002). Moreover, it is not uncommon for the grandparent to feel sadness and remorse, blaming his or herself for not having been a better parent. Blaming oneself for their children’s mistakes only exacerbates an already precarious situation.
While the notion of this unexpected role is difficult to bear, it is imperative that the grandparent remain positive for the sake of the grandchildren who are caught in the midst of an unfair situation (Strom & Strom, 1992). Children who are exposed to negativity and live in a climate of pessimism will develop pessimistic personality traits and not fare as well in difficult situations. As empirical studies assert optimists will typically perform better scholastically do better in athletics and work because of their ability to put their best face forward with determination. They have learned how to meet their disappointments with a mindset of perseverance and a cheerful attitude. “Pessimists are more likely to suffer from depression” (Seligman, 1992, p. 135). However, as true with many commonly held beliefs, although there is truth in this statement, further discussion is needed to explain the reasoning. Murray, (2006) contends that pessimistic thoughts don’t cause depression, but result from the same factors that underlie the disorder: childhood stress and trauma. Keeping in mind that pessimism and depression are neurologically similar leads to the discussion of the theory of “learned helplessness,” a style in which pessimistic thoughts results from constant setbacks and disappointments (Seligman, 1992, p. 135). Furthermore, the grandchildren who witness pessimism are not as likely to create new possibilities for themselves. They often feel stuck and cannot perceive themselves as happy individuals (Murray & Fortinberry, 2006). By cultivating a climate of optimism, the grandparents are giving a gift with immeasurable value to the grandchildren they are rearing. It is reasonable to say that by fostering a strong sense of hope, it like planting seeds of optimism and joy into their spirit. This paves the way for optimal mental health in the lives of the grandchildren in grandparent-led households. Children who are the recipients of encouragement while living in an environment that models optimism will not only fare better in crisis, but will persevere in the face of trial. Conversely, children without a strong
GRANDPARENTS RAISING GRANDCHILDREN

sense of hope, as well as children deprived of optimism and encouragement are likely to see
themselves as victims when setbacks occur. “Optimism and resilience arise from succeeding,
even after setbacks, sometimes major ones” (Murray & Fortinberry, 2006, p. 142). When
optimism is reinforced and modeled by the grandparent the grandchild quickly learns that it is a
precious asset that his grandparents have come to count on to shape their attitude toward life and
others (Strom & Strom, 1992).

According to Dreikurs, Cassel and Ferguson (2004), the goal for encouragement is to
build the child’s confidence in his self by letting him know that he is good enough as he is--not
just as he might be. A child will develop courage only when he or she is encouraged by the
parents and teachers in his life. “Encouragement produces courage…. Undefeatable courage is
the courage to be imperfect” (Dreikurs, Cassel, & Ferguson, 2004, p.75). Too often, they assert,
children and adults alike throw away their talent trying to be perfect, either by thinking how
great they are or, on the other hand, by thinking how inferior they are to others. They spend
precious time contemplating whether they will succeed or fail. It isn’t until such th
oughts are
entirely banished, that we can utilize our strengths to face the grit of the circumstances and deal
with the problems that confront us. Further, the desire to be perfect, they argue, threatens the
child’s natural impulsivity and imagination because the child may be afraid of the peril of
making a mistake.

Learning to recognize discouragement as soon as it occurs is vital, so that we can combat
it before it diminishes a child’s belief and confidence in his or her self. Courage is needed,
because it enables us to face the tasks of life and in doing so, achieve our full potential.
Discouragement takes away a child’s strength and courage. We all need courage according to
Dreikurs and Stolz, (1991) in order to face the tasks of life and ultimately, realize our full
potential. From the very first appearance of discouragement, a child’s personality is altered. Stunningly, this quote by Dreikurs, Cassel and Ferguson (2004, p. 76) captures the essence of this powerful force called discouragement, “regardless of how limited the onset of discouragement may be, it affects the child’s self-evaluation, diminishes his self-respect, renders him vulnerable, and makes him timid and fearful” Encouragement is mentioned later in this paper in regard to goals for the grandparent. The notion of encouragement is significant, as it will set the tone for creating an environment of hope. Grandparents who encourage their grandchildren are giving them the freedom to learn and create. When seeds of encouragement are planted daily into the lives of the children, it is likely that good behavior will follow. Conversely, when a child is raised in a climate of negativity, (being put down) and his or her opinions are criticized, misbehavior will follow. When we praise children for their effort (irrespective of the outcome) and not the outcome, the child’s self-esteem flourishes. When we discourage children, we are taking away their freedom to fall in love with learning and to receive the pleasure it gives.

Grandparents would be prudent to follow Dreikurs, Cassel and Ferguson’s teaching on encouragement. Encouragement, they assert, is not so much what one says and does, but how we do it. Grandparents’ may demonstrate their belief in their grandchildren by conveying to the grandchild that they have significance and value just as they are. In other words, by affirming the effort the child is showing. Equally significant is the directive to avoid criticizing the grandchild’s mistake. When the grandparents focus on the good the child does, despite the achievements or lack of accomplishments, the grandparent is instrumentally building the grandchild’s self-worth.

Encouragement is more critical in the raising of a child than any other feature of child-raising according to Dreikurs and Stolz (1991). In fact, it is so vital in child-rearing that without
encouragement a child will most always misbehave. “A child needs encouragement like a flower needs water” assert Dreikurs and Stolz (1991, p. 44). Without even being aware of it, simply by rejecting them (without realizing it) we are diminishing them and treating them as if they are incapable of the tasks at hand, thereby creating an attitude of discouragement. Dreikurs and Stolz give parents and grandparents alike (those who are rearing their grandchildren) a firm directive in that he stresses the importance of a parent acknowledging when he or she makes a mistake and in doing so, be quick to realize that feelings of failure and disappointment are actually symptoms of discouragement. Dreikurs and Stolz implore parents and grandparent caregivers to boldly take an academic approach by thinking of actions to make the situation better, rather than giving in to a defeatist attitude. He further emphasizes that parents and (in this case) grandparents must continually fortify the courage they already possess and that is accomplished by having the courage to be imperfect. Dreikurs and Stolz remind us that we are not striving for “perfection, but only for improvement” (1991, p. 56). The courage to be imperfect must be modeled by parents and grandparents who are parenting their grandchildren. Without the courage to be imperfect we will invariably produce discouragement in the child.

In their book, *Raising an Optimistic Child*, Murray and Fortinberry (2006) tell the story of a boy born with a disability that caused him to be unable to use his right and (dominant arm); the boy became enamored with the game of tennis-largely because both his parents were avid tennis players. The parents never discouraged him from playing the game, instead, they encouraged him as he launched thousands of tennis balls over the net to his captive fans (his parents), and even his teachers encouraged him. Throughout his youth and teenage years, he played competitively, losing many tennis matches, but he never gave up. He practiced feverishly and never stopped practicing. Because of his perseverance he acquired a “wicked underarm serve
using only his left arm” (p. 146). Although, he didn’t make it to Wimbledon, he achieved a far greater prize in that he developed the extraordinary gifts of infallible perseverance, self-esteem and resilience which would enable him to achieve just about anything he set out to accomplish.

Additionally, the belief and encouragement shown by his parents allowed him to see his setbacks as temporary inconveniences and little disappointments along the way. Similarly, grandparents who are rearing their grandchildren, despite the adverse circumstances can be that positive beacon of hope and encouragement; raising children who see themselves as victors rather than victims.

Achieving success in the grandparent–led household requires a concerted effort in establishing goals with the idea of overcoming difficult predicaments by anticipating the challenges that lie ahead (Strom & Strom, 1992). Foreshadowing the difficulties that conceivably will occur will help the grandparent to calmly deal with the obstacle without overreacting.

The second goal for success in grandparent–headed families is to stay abreast of child and adolescent development within the context of today’s society. Third, it is prudent for the grandparent to cooperate with the parent with whom the grandparent shares responsibility. This would depend of course on many extraneous factors. Additionally, success in the custodial grandparent role depends on the grandparent’s commitment to monitoring the social development and academic performance of the child (Strom & Strom, 1992).

It is a wise choice on the grandparent’s part to connect with as many of the parents or caregivers of the grandchild’s peers. Fundamentally, it is critical that a grandparent gain insight from as many of the child’s social contacts as possible. Establishing a relationship with the grandchild’s friend’s, by inviting them into the home shared by the grandparent and the
grandchild initiates a connection. Equally instrumental in maintaining a connection with the
grandchild are the connections with the parents of the child’s friends, teachers, coaches, youth
ministers and others who interact regularly with the grandchild. Further recommended is that the
grandparent becomes knowledgeable about the services and resources available. Becoming
educated about the resources in place to assist grandparent–led households is beneficial in regard
to obtaining the knowledge of the grandparent’s rights and obligations. Finally, on the list of
goals for a successful grandparent–led household is the necessity of seeking periodic relief from
the rigors of the role. Support groups are cropping up all the time in communities for
grandparents entering this challenging and unexpected season in their lives. Websites and blogs
are surfacing as well on the Internet and serve as a valuable venue for communication with other
custodial grandparents- for sharing the joys as well as the frustrations while connecting with
peers who share similar roles. The grandparent must find a network of support within his peer
group as a measure to prevent the slippery slope that leads to depression. Grandparents, who join
a support group for those who are parenting again, are in need of four basic things. These
grandparents are looking for: friends for themselves, empathy from their peers who are going
through the same struggles; playmates or new friends for their grandchildren; and tools that will
guide the grandparent in the raising of their grandchild in a world that sometimes feels quite
dissimilar from the world in which the grandparent raised their own children (Wayscie, 2006).
Resentment is likely to creep into the relationship when a grandparent does not create goals that
are harmonious with his or her new position in life. The grandparent must create new interests
that are compatible with the new undertaking. The grandparent who possesses Social Interest
will be more apt to spring back from the temporary setbacks. The grandparent must seek avenues
of respite by engaging in activities once enjoyed, such as card playing or bowling. Simple
family night dinners with board games and friends around the table will add to ease the grandparents stress. The custodial role flows more smoothly when the goals align with the new family unit (Strom & Strom, 1992).

It is not uncommon that a grandparent will experience sadness and some feelings of anger because of the isolation and disruption to the life they were planning on living. This is why it is not only necessary that the grandparent make constructive goals which align with the grandparent role they have assumed, but critical for the sake of the grandchild. Despite a grandparent’s best effort to adjust to the new role, a danger may still exist in grandchildren sensing grandparents’ regret and disappointment with their new state in life. All efforts must be made to make the youngsters feel wanted and to dismiss the notion of anything that would suggest that a child is unwanted or an obstacle to the life the grandparent has envisioned. Should the circumstances be such, that a child has reason to believe that he or she has created an impediment to the grandparent’s happiness, or well-being, the better choice may be foster care, rather than living with a relative who cannot adjust to their new role, thus causing psychological harm to the child (Strom & Strom, 1992).

Grandparents who are able to give their grandchild a loving, stable and secure environment are making a far superior choice over foster care or another arrangement decided by social services (Edwards & Daire, 2003). “It seems that no matter how the grandchildren behave, they impact the well-being of their grandparents, for better or worse, simply because of their presence” (Harrison, et al, 2000 p. 113). Moreover, grandparents who become surrogate parents to their grandchildren strongly affect the social and scholastic outcomes as well as the overall well-being of their grandchildren (Edwards, 2003; Harrison et al 2000).
Grandparent Education and Community Resources

Grandparents who minimize what they need to know to train and teach their grandchild will (despite their good intentions) actually be doing a major disservice to their grandchild. Grandparents might be unreasonable in thinking they need further parenting tools, after all, they have already raised their own children. Even a suggestion from one of their peers might be thought of as judgment. Grandparents might act defensive--thinking a parenting class is unnecessary. However, quite the contrary, as childhood and adolescent knowledge is ever-growing the information gleaned will greatly aid in rearing the grandchildren. Tips about adolescent behavior, academic expectations, discipline and the latest parenting practices can only serve to enrich the child’s life and better equip the grandparent in this new role (Strom & Strom, 1992).

While it is commendable when grandparents step up to take on the role of custodial grandparent, it goes far beyond the willingness to effectively rear the youngster. Further, courses designed specifically for parenting the second time around, will help to keep the grandparent informed and provide a venue to share commonalities with peers.

Schools as the Training Ground in Supporting Custodial Grandparents

Schools, libraries and community centers are a practical venue for grandparent caregiver groups to meet and receive support for the many issues facing the custodial grandparent. Schools, in particular, can serve as an invaluable resource for the custodial grandparent(s). Within the schools, grandparents will find individuals who have the knowledge and skills to assess the needs of children who are being raised by their grandparents. These trained professionals will be astute at building rapport with the children of custodial grandparents; thereby, having the ability to arrange for counseling/interventions when needed. Further, children
may need to come to grips with the new family dynamic by requiring help in adjusting to the way in which the grandparents’ new role fits into his or her life (Hayslip et al., 1998; Gibson, 2005). “Grandparents can be allies with school professionals in ensuring their charges’ appropriate social-emotional development and school related functioning.” (p.78.) When cohesiveness exists, within the team of professionals at the school, (teachers, psychologist, and staff) it is likely the grandparent will aptly connect with a supportive school staff and feel comfortable asking for guidance as needed (Gibson, 2005). Moreover, when this feeling of connection exists, it creates a supportive climate for the grandparent or grandparents in assisting them with the raising of their grandchild. A grandparent is more likely to become involved in school activities as well, when these previously mentioned characteristics are present.

Additionally, school professionals, need to be attuned to the realization that along with the emotional stress, there are also the financial worries, which come with the territory for the caregiver grandparent (Reynolds et al., 2003). Sensitivity must be exhibited by the school professionals, in terms of understanding that the grandparents may have little knowledge of the current education system. In some cases grandparents who are rearing their grandchildren, have had little formal education and may be intimidated by the system, thereby foregoing the questions that should be asked (Strom et al., 2005). Consistent with the strength–based approach school, professionals should speak to parents using words that build on strengths (e.g., “You might already know this…” and I’m so pleased that you are so dedicated to helping your grandchild do well,” etc. (Gibson, 2005 p.76). With this affirming display of understanding, the grandparent is more apt to be motivated to help his grandchild excel both academically and socially in school, and the community.
The vitality of a strength-based approach cannot be stressed enough when interacting with the grandparents facing this new and challenging role as a custodial surrogate parent (Gibson, 2005). Above all, the school educators and school professionals must be understanding and reflect empathy for the grandparents in facing the challenges that arise due to the change in the family dynamic. Any hint of blame or judgment directed toward the grandparent will not be tolerated if the school is committed to the success of the grandchild (Gibson, 2005). Sensitivity and encouragement will go a long way when working with the grandparents. When the grandparents sense the school professionals are caring individuals committed to the children’s wellbeing, despite the past or current predicament, they will be more likely to give their support (Gibson, 2005). If a school counselor determines that an intervention is needed the grandparent led-family is more likely to cooperate with one who has already established trust. The benefit of receiving emotional support and active involvement from those who are significant in the child’s and grandparent’s life enhances the likelihood a child will thrive, physically, emotionally and academically (Gibson, 2005).

There are few studies available that examine the functioning of children who are reared solely by their grandparents. Most of the studies, center on the children who are raised by relatives, other than their grandparents. That being said, it is worthy of noting that children reared by relatives suffer from an array of health problems: including anemia, asthma, and dental problems (Dubowitz, Feigleman, & Zuravis, 1993). In one study, a sizable sample of low-income families found that children raised by relatives suffered academically, performed dismally on tests, (indicated by low test scores) when compared to their equivalent classmates. The study further concluded that the children who were deserted or neglected by their parents told of feelings of emptiness; felt rejected and suffered from attachment disorder (Dubowitz &
Sawyer, 1994). However, the two empirical studies found in recent literature, which solely deals with the examination of children who are raised by their grandparents, asserts that these youngsters interact, behave, and perform in school, similarly, to those youngsters reared “in other alternate family structures” (Harrison et al., 2000; Solomon & Marx, 1995 p. 119).

Further noted, in this study, was that boys, who were raised by their grandparents, showed more conduct problems at home and in school than girls. Surprisingly, it was noted that the children performed better scholastically, when they were raised by older grandmothers than youngsters who were raised by younger grandmothers. The researchers of this study submit that, perhaps, the younger grandmothers begrudingly accepted the role of grand-parenting, thereby, giving less time and value to helping the grandchild with their studies (Solomon & Marx, 1995).

The second empirical study consisted of children who were referred to an outpatient child and family therapy clinic for counseling. The findings of this second empirical study indicated that while the youngsters did exhibit raised levels of elevated emotional and behavioral difficulties, it was not any more significant than those of the other children who were also referred for counseling because of behavioral concerns. Irrespective of this finding, the grandchildren’s emotional problems were considered to be at a level greater than those who were not referred and lived in a one or two parent household (Harrison et al., 2000).

There are a number of interventions that are instrumental in helping children who are being raised in grandparent-headed households. Social support has been a consistent strength, because it works to combat stress and the symptoms of stress (Poehlmann, 2003). Social support theory is the foundation in which to build the support system which then sets up the resources to provide the intervention services for the grandparent-led families. The whole idea behind the social support services is to reduce the stress and discomfort of the family which is transitioning
from a traditional family unit to a grandparent or (alternate) family structure. When the grandparent-led families receive this type of support, it is expected that the levels of emotional and behavioral duress will be lowered for the grandchild who is transitioning to a new family structure. Both the grandparents and the grandchildren need to take a proactive role in easing the transition to the new arrangement, by seeking support networks or church, or faith–based entities to lighten their individual stress level (Gibson, 2005).


A population of children being raised solely by a grandmother has developed over the last 25 years. This growing population is especially vulnerable due to the impoverished conditions in which they are rearing their grandchildren (Thomas, 2011). These grandmother-led households have few resources and are found to be living amid dire conditions. These dismal conditions thwart the grandmother-caregiver’s strength, both physically and emotionally. These surprisingly high numbers represent women of mid-life and older women who are raising children alone, without the help of a spouse or partner. Families in crisis with socioeconomic struggles tend to be linked to the growing number, of this troubling phenomenon of “grandmother-mothering.” Substance abuse, criminal activity, child abuse/neglect is often cited for the growing surge in grandmother-mothering. Parental illness, (AIDS) is yet another significant factor leading to this rapid growth (Joslin & Brouard, 1995; Kelly & Damato, 1996; Roe, Minkler, & Barnwell, 1994). Although recent advances in human immunodeficiency virus (HIV) treatment has helped to reduce the number of deaths related to this frightful epidemic; AIDS remains the third leading cause of death claiming the highest toll on African American and Latina women aged 25 through 44 (Winston, 2003).
Just as it is conceivable that the caregivers of the elderly may suffer the cumulative effects of caregiving, it is also quite probable that the custodial grandmothers may also suffer the effects of built up stress. After all, grandmothers who are raising their grandchildren are providing care, often for 18 years, which increases their chances of reaping the cumulative effects of caregiver stress (Moen, Robison, & Dempster-McClain, 1995). Many women in the “grandmothering” role are still raising their own families, which is yet another factor that exacerbates the effect of cumulative stress (Musil & Standing, 2005).

Studies report that the grandmother raising her grandchildren frequently complains of feeling depressed, worn out and depleted of physical strength to tackle her responsibilities she reports feeling valued, useful and significant (Thomas, 2011). On the other hand, raising her grandchildren gives her life meaning and purpose, bringing her joy and a sense of significance. She feels valued and worthwhile. In one study, nurses made home visits to grandmothers living in urban areas who were raising their grandchildren. The nurses together with social workers concentrated on fostering resiliency as they helped the women take command over their lives. This endeavor was to help the women develop a sense of competency and feel empowered with their ability to handle this unexpected challenge. The focus of the end result after working with the grandmothers was that when they felt in control and competent their physical health and emotional well-being would improve (Whitley et al., 2010).

When the grandmothers were queried by the registered nurses regarding the amount of physical exercise they engaged in on a seven day basis, 55% asserted they exercised on the average one to three times a week. However, 45% confided that they did particular exercised less than one time a week. They did not report the type of exercise, nor did they report how long each exercise took to perform. Moreover, there were no specifications regarding the level of intensity
of these particular exercises that they claimed they performed. The last inquiry pertaining to the grandmothers “risk behaviors,” sought to find out if their diets were healthy (Whitley, Kelly & Campos, 2010). A high number of the grandmothers, (88%) reported eating high fiber foods on a definite basis. Discouragingly, close to one-half (48%) of the grandmothers confided eating frequently, almost daily, foods high in fat and cholesterol. The grandmothers were also queried as to whether or not they used tobacco: 22% claimed that they regularly smoked cigarettes or preferred smokeless tobacco over cigarettes. Most of the grandmothers asserted that they did not drink alcoholic beverages: 19 grandmothers said they did drink beer, wine or consume mixed drinks as a weekly habit; although one grandmother caregiver told of imbibing in 24 glasses of wine each week.

Four physical health questions were given to the grandmothers as an attempt to reveal how adept the grandmothers were in attending to their preventive health. Based on the information received from the grandmothers it was reported that 70% of the grandmothers had mammograms, pap tests, and breast exams as recent as in the past year, and encouragingly, over half shared that they had rectal/colon examinations. Seven grandmothers said they had never had a mammogram and 10 reported they had never had a colon/rectal examination. When the grandmothers were asked to rate their overall health; 45% reported that the estimate of their overall health was fair or poor.

Understandably, the grandmothers experienced significant losses that undoubtedly impacted their personal health as well as their emotional well-being. To evaluate the full impact of the losses on the grandmother’s health, they were asked specifically if the loss or tragic situation occurred over the last 12 months 52% of the grandmothers confided that they had indeed suffered one or more losses during the last twelve months. When factoring in the
significant impact of the grandmother’s losses on their overall health, the grandmothers were asked how they viewed their life in terms of overall satisfaction. Strikingly, in spite of major crises of both a physical and emotional nature, endured by the grandmother, 65% of the grandmothers claimed that they were mostly satisfied with their life; whereas, 35% of the grandmothers said that they were neither satisfied nor dissatisfied, or only somewhat satisfied with their lives (Whitley, Kelly & Campos 2010).

The Grandparent-Parent Relationship

Grandparents typically have a strong bond with the grandchildren they are raising (Goodman, 2007; Waldrop & Weber, 2000). For instance, a recent study found that in most instances, the grandparents portrayed a solid union with their grandchild by using words like, closeness, mutual support, confidences and shared support when describing the relationship with their grandchild (Dolbin-McNab & Keiley, 2009).

Interestingly, despite the surge in grandparent-led families, there are few studies that discuss the grandparent-parent relationship. Depending on the situation that led to the grandchild coming to live with the grandparent, the parent’s role is varied (Dolbin-McNab & Keiley, 2009). In some cases, there is daily contact between the parent and the child, other times, contact is intermittent. Yet, in other cases, the contact with the child is totally absent. Often times there is a legal restriction forbidding the parent to have contact with the minor child(ren). There may be restricted or supervised contact. This supervised contact is either facilitated through a social service welfare agency, or arranged as an informal supervision by the grandparent (Crumbley & Little, 1997). It is often the case that the relationship between the parent and grandparent is severely strained. Other times, the parent is not emotionally stable, or has a history of chemical abuse and can’t be trusted to be sober when around the child, even in the presence of the
grandparents. There are a myriad of factors that may impede the parent–child relationship once the child comes to live with the grandparent. Despite the circumstances which determine the parent’s involvement, it is important to remember that the parent(s) of their grandchild will always have a prominent place in the life of the grandchild. Moreover, the biological parent will almost always be an integral piece of the family unit (Goodman, 2003; Weber & Waldrop, 2000).

As for the children in regard to the grandchild-parent relationship study, the allegiances of the children were split. Emotions experienced by the children in this study were ones of rejection, loss, anger and guilt (Crumbley & Little, 1997). Focus groups conducted by Messing (2006), discovered that children who were raised by their grandparents, aged (10-14) frequently felt let down and saddened, upset with their mother’s lack of ability and failure to spend time together. Some of the children perceived their mother as acting irresponsible, not like a grown-up. The same group of children viewed their mother as self-centered whereas, some thought of their mother as a sounding board, or close friend. In the same study, fathers were fundamentally nonexistent. The prominent emotions related to the child–father relationship, were resentment and hurt for the girls; sadness and rejection for the boys. It is not unexpected, nor startling, given the dynamics of this wounded family unit that the grandchildren often perform poorly in school and have conduct issues. As evidenced by this study the children not only have great difficulty in school, but will have social and emotional troubles when the emotional tie with their parent(s) is dismal (Keller & Strickler, 2003).

Family systems theory, posits (Cox & Paley, 2003 p. 164) that “interdependent individuals and subsystems that are hierarchically organized and form patterns of interaction that maintain equilibrium.” The term ‘interdependence’ as it is used here, means that the actions or
lack of actions (participation) of one person(s) in the family unit has a direct impact on the behaviors and actions of another person in the family unit. Such as, the behavior of one family member affects all other members of the family system. As addressed earlier in this paper, it is not unusual that adversarial situations will erupt between the grandparent and parent when the grandchild is living with his or her grandparents. It is not unusual that a parent will undermine the grandparents’ authority argue Crumbley & Little, (1997), particularly, when they must go through the grandparents’ to arrange to spend time with their child (Poehlmann, 2005). The actions of the parents are as influential in the life of the child, (Weber & Waldrop, 2008) as the grandparents’ methods used in raising the grandchild (Campbell & Miles, 2008).

Perceptions of the Parent who has Children who are being raised by the Grandparents

While parents have a significant position in the grandparent-led family unit, there is little known about how parents feel about their role in this new arrangement. It would not be surprising that parents would feel emotions of guilt, anger and rejection. Moreover, it is likely that there would be ambiguous feelings about their new position within this family system. It would not be unusual if the parent is holding a grudge toward the grandparent or harboring unforgivenesss— for real or imagined hurts, inflicted by the grandparent. There is always the danger that the parent will pass on his or her projected injustices to the grandchild as an attempt to jeopardize the grandparent-grandchild relationship. Often times the parent may deliberately plot to create an acrimonious climate between the grandparent and child in the hope of retaining custody and gaining back the parental role. It is not uncommon for the parent to undermine the grandparent, particularly, when the parent must work through the grandparent when arranging a visit with his or her child/ren (Crumbley & Little, 1997). For parents who are facing the loss of custody, the stress of being separated from their children is tremendous (Arditti, Smock &
Parkman, 2005; Kovalesky, 2001; Poehlmann, 2005). There is anguish and loneliness along with guilt, perhaps, for the circumstance which led to the grandparent, or other agencies, intervening. Undoubtedly, the parents who are separated from their children due to incarceration also shoulder profound grief.

Social Interest and its Influence for the Grandparents who are Raising their Grandchildren

Esteemed psychologist and philosopher Alfred Adler contends that we are born with Social Interest, but it must first be cultivated in childhood and nurtured throughout our family unit. Social Interest enriches our interactions and heightens our awareness causing us to reach our full potential by embracing our talents, gifts, and personalities—mindful of the goal which contributes to the welfare of another. Further, Adler explains when we have Social Interest our personalities; attitudes, and actions illuminate the compassion, care and empathy we carry in our hearts for others. Adler describes Social Interest as being able “to see with the eyes of another and to hear with the ears of another and to feel with the heart of another,” Social Interest is all encompassing and without it we are not fully engaged in our world. Through our interactions with others our striving for the betterment of others in society and through the simple kindnesses we show to ease the burden of another human being expresses our Social Interest. The level of participation we demonstrate by engaging with others in a compassionate thoughtful and productive way is an indicator of our emotional health. In other words, we are thought to be emotional healthy when we demonstrate active and regular Social Interest according to Adlerian theory (Oberst & Stewart, 2003).

To create social interest, Adler contends, that a teacher should get to know his students personally. Ideally, he suggests, the students should have the same teacher for a few years. In doing so, the teacher would be able to uncover mistakes in the child’s style of life. By
developing a personal relationship with his or her student, the teacher would be building “a cooperative social unit out of the class” (Adler, 1956 p. 403). Adlerian social interest is paramount to the health and well-being of the grandparent who is raising his or her grandchildren because when an individual’s Social Interest is enhanced, he or she can participate usefully and optimistically, knowing that despite one’s disappointments, missed opportunities and trials, collectively we can be strong. It is reasonable to assert that the grandparent who displays a healthy dose of Social Interest will tend to fare better and perhaps carry less psychological stress. The grandchild will benefit from witnessing the grandparent’s level of participation and involvement—even if it is minute.

As previously mentioned, it is not always possible for the parents to have visits of any length or type with their children. Additionally, when the situation has been such that visitation is not permitted, limited or restricted entirely, it is unlikely that reunification with the child will occur. Further, when substance abuse, mental illness and a history of abuse are part of the absent parent’s profile, the chances of regaining parental custody are slim (Arditti & Few, 2006). Adler states that, well developed social interest is the main measure of mental health (Ansbacher & Ansbacher, 1956). Adler is quoted by the Ansbachers, detailing the value of heightened social interest as a measure of improving one’s mental health” …the feeling of worth and value is heightened, by giving courage and an optimistic view, and there is a sense of acquiescence…The individual feels at home in life and feels his existence to be worthwhile just as far as he is useful to others, and is overcoming common instead of private feelings of inferiority” (p. 135).

The influence of Social Interest has a striking effect on the grandparents’ ability to function wholly and effectively. The transition from grandparent to parent again comes with a plethora of difficulties. Aside from the daily parenting duties, a grandparent must now learn how
to navigate through the bureaucratic red tape in order to solicit support in order to attend to the needs of the grandchildren. It is clear from the present studies (referenced within the text of this paper) that many of the custodial grandparent caregiver’s needs go unaddressed. It is imperative to our children and our grandchildren’s future that as a community we recognize and help them become visible. Regardless of the circumstances which led to the grandparent saying yes to this daunting commitment, the grandparents deserve the support and encouragement of all who are invested in the welfare of others. For the most part, and for the reasons previously alluded to in this paper, this group of grandparents who are selflessly rearing their grandchildren are invisible in the eyes of many.

Adler further describes that Community Feeling represents every human action, tendency and emotion in an individuals’ life. Moreover, Community Feeling, according to Dreikurs and Stolz (1991), is not only significant in the development of one’s character, but takes in to consideration every aspect of one’s personality. While community feeling is all encompassing, it further is able to convey the willingness to give, to change someone’s outlook, or life, if even by the smallest measure (Dreikurs & Stolz, 1991).

The author of this paper believes that when awareness is created through school participation, churches and other community outreach programs, we can pave the way to lighten the burden for these courageous grandparents who stepped up when they could have said no. Irrespective of the circumstances which led to this new role, the grandparent needs the help of the community. It is probable that social workers and those who work in social services could be good resources to help with the facilitation of much needed new community outreach programs for the grandparents. The author of this paper suggests it could be done on a neighborhood by neighborhood basis. Community centers would be a likely venue to hold support groups for
grandparents, or schools would, in fact, be ideal. The school professionals and counselors could serve as a vital resource for the grandparents. Graduate students in psychology and counseling fields could earn internship peer and family hours by facilitating a support group for the custodial grandparent caregivers. Undergraduate and graduate students in the social work field could serve as interns as well. Professionals in the areas of health care and finance could share their expertise by teaching segments of the various parenting classes. By heightening the grandparent’s knowledge base on a variety of household and parenting topics the grandparent will become more confident in his or her ability to parent again. The classroom structure will also serve as a social outlet for the grandparent. Churches and other community groups could arrange pot-luck suppers, while the youth from a neighborhood church assists the grandchildren with homework. Moreover, church youth groups could offer household help with yard work or shoveling. As part of a church service project, youth and teenagers could read to the youngsters and help with homework in the grandparent led-families. There are a myriad of ways we can stand by this underserved, but deserving population.

**Conclusion**

This thesis has examined the various elements associated with the increasingly common phenomenon of grandparents rearing their grandchildren. These elements include the factors which contribute to grandparents assuming this responsibility, the losses and other consequences associated with that responsibility—including its impact on the multi-generational relationships it entails. Special attention was given in this paper to the findings suggesting a relationship between the grandparent with the full time role of rearing his or her grandchild (ren) and deteriorating health and diminished stamina. Further, discussed in this paper is the examination of the grandparents’ report of the onset of depression and feelings of isolation developing after
the grandparent assumes his new custodial role. Undoubtedly, limited time and financial
constraints exacerbate the feelings of isolation for the grandparent raising his or her grandchild.
The author of this paper suggests that continued research is needed to assess whether or not the
correlation is because of the added stress caused by the grandparent’s newly assumed role as
custodial caregiver of his or her grandchild or a host of other possibilities.

Additionally, of further significance in this paper is this study is the discussion on the
grandfather’s perspective regarding his role as solo caregiver or sharing the responsibility with
the grandmother or partner. In any case, the grandfather who is rearing his grandchild holds a
perspective that is wholly unique, yet has been given little attention by researchers in this field.

Moreover, in this paper the author sought to address the vital role that schools, educators
and counselors play in an educational setting while serving this vulnerable population. This
paper seeks to provide an understanding of a population of individuals who are striving to raise
their grandchildren in a world vastly different from the world in which they raised their own
children. Not surprisingly, the grandparent-led families often do not have the proper tools, nor
do they have the knowledge of all the resources that may be available to them. These special
families are in need of a mentor and guide to help them navigate the social service quandary and
a plethora of other systems that can help them in their relentless quest to provide a safe and
stable environment for their grandchildren. The author of this paper believes wholeheartedly that
in the interest of these children whose parents are not present, we have a duty to walk alongside
these grandparents and assist them--if only in the smallest way. The conversation needs to begin.
After all, this is the meaning of Adlerian Social Interest in its purest form.

Finally, this paper has attempted to delineate recommended approaches to facilitating
these relationships within the context of Adler’s concept of Social Interest. This has been done
with the hopes that the demands of this responsibility might receive greater social support and thus, be made more manageable for this underserved segment of grandparents who are demonstrating unconditional love as they selflessly strive to raise their grandchildren in a safe and secure environment.
References


