Lesley University

DigitalCommons@Lesley

Counseling and Psychology Dissertations

Graduate School of Arts and Social Sciences (GSASS)

Summer 8-27-2020

Grandparent Caregiver Well-Being and Identity Development

Brittany Torelli
btorelli4@gmail.com

Follow this and additional works at: https://digitalcommons.lesley.edu/counseling_dissertations

Part of the Social and Behavioral Sciences Commons

Recommended Citation

GRANDPARENT CAREGIVER WELL-BEING AND IDENTITY DEVELOPMENT

A DISSERTATION
Submitted by

BRITTANY TORELLI

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
2020

Dissertation Final Approval Form
Division of Counseling and Psychology
Lesley University

This dissertation, titled:

Grandparent Caregiver Well-Being and Identity Development

**as submitted for final approval by Brittany Torelli under the direction of the chair
of the dissertation committee listed below. It was submitted to the Counseling and
Psychology Division and approved in partial fulfillment of the requirements for the
degree of Doctor of Philosophy Degree at Lesley University.**

Approved:

(Chair) Peiwei Li, PhD, MS, HSP

(Committee Member) Rakhshanda Saleem, PhD

(Committee Member) Laura Maggio, PhD

(Program Director) Susan Gere, PhD

(Interim Dean) Sandra Walker, MBA

 8-27-20
 Date of Final Approval

ACKNOWLEDGEMENTS

impressive beyond words. I appreciate you honoring me with your stories and am blessed

to have met you all.

ABSTRACT

This dissertation aims to understand the experience of grandparent caregivers in the United States, exploring well-being and identity development as grandparents navigate their roles, both familiar and different at the same time. The investigation of well-being and identity development as they intersect and interact is crucial to understanding the complex and multilayered shifts this population faces as they transition into different roles. Grandparent caregivers experience impacts to their emotional well-being, physical health and financial status while simultaneously experiencing an impact to their identity development, carrying with it unique challenges.

This narrative inquiry obtains rich narratives from 9 participants, recruited from an ongoing collection of grandparent caregiver support groups in the Northeast region, and through a community sample. Data were collected through interviews, visual representation, observation and field notes. Thematic analysis was applied to produce 7 themes and 34 subthemes. Results showed that relationships are interwoven throughout grandparent experience and accompanied major themes in expression of well-being, identity development and resilience. Within well-being, participants voiced their navigation of physical and emotional health, often dependent on relationships with the biological parents of their grandchildren. Echoing their struggles emotionally, participants narrated ways in which their shifts in roles bring challenges in their identity development, again experiencing impact on the decision making and involvement of the biological parents of their grandchildren. Participants voiced and exhibited their resilience through their adaptability and overall work to maintain positivity in their roles. These major themes together lead to implications for professionals supporting this

population. Additional focus on the family units as a whole, involvement of the

biological parents and resources for grandparents to better navigate these dynamics are

needed. Identity and well-being, among relationships and resilience as emergent themes

converge to show significance in grandparent caregiver experience, and create space for

further exploration into each with this population.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1: INTRODUCTION

Grandparent caregiving is not an entirely new phenomenon. Grandparenting has deep historical roots, woven throughout cultures and communities. Over the past two decades, there has been an increase in the amount of United States households with grandparent caregivers assuming full responsibility for their minor grandchildren. More recently, the US Census American Community Survey (2017) estimates that 41% of children under 6, 33% of children 6 to 11 years and 26% of children 12 to 17 years currently live in homes with grandparents responsible. Further, of the number of children living with grandparents responsible, the survey estimates that 23% of children under 6, 37% of children 6 to 11 and 41% of children 12 to 17 years currently live in homes "with no parent present" (US Census American Community Survey, 2017).

Grandparent roles and expectations differ cross-culturally. Increase in life expectancy over the past few decades for the elder community has added to the involvement of grandparents in the lives of their children and grandchildren (Berrios, 2020). Grandparents are seen as sources of leadership, wisdom, guidance, and knowledge in many cultures, African American, American Indian/Alaskan Native and Latino respectively (Sneed & Schulz, 2019, Weibel-Orlando, 1997, Whitley & Fuller-Thompson, 2018). Many cultures have historic traditions in which grandparents are an integral part of child raising and community connection. Although these traditions still ring true, grandparents are increasingly stepping in to take over care of their grandchildren for additional reasons. In the United States, parental substance abuse and parental incarceration are the leading causes for shifts in family structure, however they are not the only (National Center for Health Statistics, 2018). Economic instability and

increasing rates of divorce also lend to the continually rising trend of grandparents caring

for their grandchildren (Berrios, 2020).

Impact on Grandparent Caregivers

      Shifts in family structure has contributed to a number of challenges for

grandparents raising their grandchildren. Emotional health and well-being are at stake,

with higher rates of depression and anxiety reported in this population (Backhouse &

Graham, 2012; Bundy-Faziolo & Law, 2005; Dunne & Kettler, 2007; Jendrek, 1993;

Kroll, 2007; O'Leary & Butler, 2015; Sands & Goldberg-Glen, 2000). For example, in a

study conducted by Dunne and Kettler (2007), the researchers found that grandparent

caregivers, compared with non-caregiving grandparents scored higher in the anxiety, and

depression. An additional study conducted by Dolbin-MacNab (2006) provided context

to the increase of mental health difficulties faced by grandparent caregivers. The

researcher found that context played a role in the higher rates of depression and stress

reported by grandparent caregivers. Grandparent caregivers, for example, that have

grandchildren with specific mental health difficulties, such as anxiety or depression, rated

their own stress higher than grandparent caregivers whose grandchildren do not

experience such mental health difficulties. Grandparent caregivers whose grandchildren

experienced physical health difficulties, mental health challenges or behavioral issues,

reported higher rates of anxiety, depression and stress for themselves (Dolbin-MacNab,

2006). Grandparent mental health status once they take over care of their grandchildren is

complex and multilayered, with varying challenges faced on an individual level.

      Additionally, accepting full time care responsibilities of their grandchildren has

contributed to an impact on physical health for caregivers. Physical health practices of

grandparent caregivers are shown to change, decrease or even discontinue (Dolbin-MacNab, 2006; Gibbons & Jones, 2003; Jendrek, 1993; Mohahan, Smith & Greene, 2013; Whitley, Kelley & Sipe, 2001). The results of a survey conducted by Gibbons and Jones (2003), for example, showed that grandparent caregivers scored highest on the physical limitations subscale, and that more than half (57%) of participants reported caring for their grandchildren had an impact on their physical health. Further, a quantitative study conducted by Whitley, Kelley and Sipe (2001) found that in the cases of participants with high blood pressure and diabetes, grandparents' specific health habits were directly correlated. Grandparents for whom health habits were supportive, in which they were physically active, non-smoking and abiding by the recommended caloric intake, had less rates of high blood pressure and diabetes. In the converse, those grandparents for whom healthy habits were difficult, smokers, not physically active and high caloric intake had higher rates of high blood pressure and diabetes (Whitley, Kelley and Sipe, 2001). These results are impactful because grandparent caregivers have reported in other studies that they feel their own physical health practices have taken less priority after gaining care of their grandchildren (Dolbin-MacNab, 2006). Although the previous study (Whitley, Kelley and Sipe, 2001) did not directly correlate high rates of diabetes and blood pressure to grandparent caregiving, the lack of follow through on health practices by grandparents is a direct link to the reported health status of grandparent caregivers. Grandparent caregivers for whom healthy practices are not prioritized prior to taking over care of their grandchildren may face additional challenges with regard to health when making the transition to full time carers.

Financially, already burdened caregivers become more so, with the added layer of support needed to provide for their grandchildren (Barnard, 2006; Okagbue-Reaves, 2005; O'Leary & Butler, 2015; Rubin, 2013; Sands & Goldberg-Glen, 2000). Different than weekend visits and holidays, there are day-to-day monetary added responsibilities for these caregivers. Many grandparents find themselves giving up retirement, going back to work, becoming financially unstable and surrendering their 401K plans (Okagbue-Reaves, 2005). These challenges lead to caregivers downsizing their homes, taking out additional mortgages, borrowing money from lenders and in some cases bankruptcy (Rubin, 2013). Grandparent caregivers as a population also may have additional difficulties in navigating the complex systems of both state and federal support, causing gaps in accessed resources.

Family systems have the potential to undergo various changes as grandparents are stepping into parental, disciplinarian, caregiver roles. These changes vary cross-culturally however, as it depends on how involved a grandparent was prior to needing to take over care. Grandparents for whom discipline and guidance was already part of their day to day care might experience less difficulty in this shift. In comparison, grandparents for whom roles consisted of weekend visits, vacations or sporadic involvement may have increased difficulty in adjusting. Regardless of prior involvement in the lives of their grandchildren, there is frequent reported loss and grief associated with the transition to full time caregiver (Langosch, 2012). Shift in role, no matter how small, can have ripple effects on planned future life course for grandparent caregivers. That is, grandparents are forced to alter the views of what they expected as they reached retirement age and beyond (Bertera

& Crewe, 2013). This disruption in their expected plans can have an impact not only on their well-being but also on their identity development and definitions.

Grandparent caregivers face a multitude of experiences that have the potential to impact their self-view, the way they connect with people socially, and the different roles in which they inhabit. All of which therefore have the potential to impact their identity as a whole. In a qualitative study conducted in Australia by Backhouse & Graham (2012) the "non-traditional role" was studied with focus on impact, if any, on identity. The study utilized interviews to obtain accounts of experience from 34 grandparent caregivers to seek narratives about both how the grandparents came to care for their grandchildren, and about their overall experience (Backhouse & Graham, 2012). The study found that grandparents who were now taking over care of their grandchildren experienced tension between being simultaneously parent and grandparent. In identity development, it is proposed that having two conflicting identities can lead to internal dissonance (Burke, 2003). For participants in this study, the shift in role identity resulted in complex experiences that grandparents faced on a daily basis. Grandparents in addition to traditional role identity now have a second identity of parent-again, which can cause friction within grandparents as they try to navigate both identities.

Grandparent Caregiving in Literature

Grandparent caregivers as a population are not a newly studied area of research. Included in the field are studies that have investigated the multiple challenges facing grandparent caregivers, historical and cultural protective factors, and evaluative reviews of resources and supports given to this population. Thematically, quantitative methods in the United States have been focused on physical health and grandparent perceptions of

stress (Bunch, Eastman & Griffin, 2007; Gibbons & Jones, 2003; Kelley & Whitley, 2002; Monahan & Smith, 2013; Rubin, 2013; Schmidt & Treinen, 2003; Whitley, Kelley & Sipe, 2001). Utilizing standardized scales and other statistical methods, these studies focused on understanding grandparent health status, to further inform doctors and physicians providing care. In addition to quantitative inquiry, qualitative methods in the United States have been focused on grandparent caregiver experience through experiential inquiry. Thematically, these studies have investigated emotional well-being, financial impact on caregiving, motivation behind taking care, perception of agency and social services support and overall perception of taking over care (Bundy-Fazioli & Law, 2005; Dolbin- MacNab, 2006; Gleeson, et al., 2009). Although grandparent caregiver voice has been elevated by the numerous qualitative studies reviewed, there are two identifiable gaps that this project seeks to fill. One, narrative methods provide the utmost space for participants to share their experience in whatever way they choose, not limiting them to specific responses to interview questions. Second, identity for grandparent caregivers is a crucial area of study as it provides insight into additional needs this population may have, with regard to how they view themselves, the world around them and how they interact with others.

The purpose of this study intends to build upon research conducted in the United States and internationally. Additionally, to create space for narrative inquiry in the United States specifically focused on grandparent caregiver identity. This study is guided by one main research question: What are the experiences regarding well-being and identity development for grandparent caregivers as they navigate their new roles? If grandparent caregivers continue to take over their care at increasing rates as they have in the past 10

years in the United States, inquiry into challenges faced are important to consider. Specifically, understanding what, if any, impact on identity grandparents experience will help provide additional information to inform the helping agencies providing care to this population. Focus on identity development will help add an additional layer to the already extensive list of areas of need for grandparent caregivers.

Research Design

This study sought to understand grandparent caregiver experience with a focus on identity and well-being. To do so, qualitative research methods have been employed, with the use of narrative inquiry as a central focus. The choice of narrative inquiry was intentional and was done so with the hope to obtain rich, uninterrupted participant narratives to understand salient themes in caregiver experience. Recruitment has used multiple methods of information dissemination, primarily an already developed coalition for grandparent caregivers here in Massachusetts. The intention was to access this recourse and connect with already developed grandparent caregiver support groups running across the state. This method of recruitment yielded five participants. In addition to this resource, interest cards and mailers were sent to local pediatrician's offices, posted on community boards in libraries, and coffee shops, sent to family therapists offices and shared with this researchers' colleagues in the field. This method of recruitment yielded four participants. Participants navigated their narratives with varying levels of detail and content, each presenting their story in a uniquely different way. Nine participants have engaged in semi-structured interviews that lasted between approximately 30-90 minutes, in which they responded to two larger interview questions. Participants also completed an

identity pie chart, to serve as a visual representation of any experienced shifts in identity as they transition or have transitioned to their new roles.

Once the nine interviews were concluded, transcription and data analysis occurred using narrative inquiry methods. Transcription was done by the researcher and consisted of multiple read throughs to ensure it aligned as closely as possible with recorded interviews. Data analysis was conducted thematically, with identification of emergent themes and sub-themes. Findings are included in Chapter 4 and outline emergent themes drawn directly from participant narratives. Upon the conclusion of development of the findings chapter, all nine participants were contacted to engage in member checking. Six participants responded back with interest and were sent their original transcript and the findings chapter for review. Four of the six participants engaged in follow up discussion and shared their thoughts, comments or any further reflections they had.

Findings and Discussion

Participant narratives were rich with experience, sharing details about how they have come to care, what roles their families play, their relationship with time, challenges they face, ways they sustain in their role, how they understand and make sense of their identity, all intersecting with various levels of emotional expression throughout. This study found that thematically, relationships, well-being, identity and resilience all interact, intersect, and diverge to create an understanding of grandparent caregiver experience. Relationships were at the core of emergent themes, overlapping with all other themes in various ways. Well-being related to the ways in which caregivers expressed their physical and emotional needs being met or unmet, and how this impacts their role. Shifting of role expectations, for both themselves and the biological parents of their

grandchildren, created areas of unrest with regard to identity, and their identity

development. Additionally, captured throughout all participant narratives was the

resilience of participants, expressed in their adaptability and sustainment in their roles

despite the multitude of challenges faced.

Summary of Chapters

In addition to situating grandparenting historically and currently, summarizing

grandparents in the literature and within my research design, I would like to give an

overview of the remaining chapters of the dissertation. The following chapter will present

a literature review to further solidify historical context, relevant research and gaps in the

field as they relate to my study. In Chapter 3 my methodological choices will be outlined,

reviewing decisions made around recruitment, sampling, data collection and data

analysis. Chapter 4 contains findings, shaped by emergent themes drawn directly from

participants narratives, supported by the additional visual element of identity pie charts

completed. Finally, Chapter 5 engages in a discussion dialogue connecting emerging

themes to previous literature, commentary on areas of unexpected development and

interest, presents limitation of this study and provides area for future research.

CHAPTER 2: LITERATURE REVIEW

Introduction

Research in the field has shown that grandparent caregivers are becoming a new population based on parental substance use, parental incarceration and parental death due to chronic illness or sudden loss of life (Jendrek, 1999). These leading causes of shifts in family structure have contributed to identified challenges for these grandparents. Emotional health and well-being are at stake, with higher rates of depression and anxiety reported in this population (Backhouse & Graham, 2012; Bundy-Fazioli & Law, 2005; Dunne & Kettler, 2007; Kroll, 2007; Jendrek, 1993; O'Leary & Butler, 2015; Sands & Goldberg-Glen, 2000). Physical health of grandparent caregivers is shown to decrease when taking over responsibilities of their grandchild, placing their own health practices at risk (Dolbin-MacNab, 2006; Gibbons & Jones, 2003; Jendrek, 1993; Mohahan, Smith & Greene, 2013; Whitley, Kelley & Sipe, 2001). As a whole, the family systems that house both grandparent caregivers and their grandchildren undergo changes. Grandparents are now tasked with roles in which they may have minimal experience- i.e. disciplinarian versus casual visitor (Bertera & Crewe, 2013; Dolbin MacNab 2006; Langosch, 2012). Financially, already burdened caregivers become more so, with the added layer of support needed to provide for their grandchildren (Barnard, 2006; Okagbue-Reaves, 2005; O'Leary & Butler, 2015; Rubin, 2013; Sands & Goldberg-Glen, 2000).

Literature Review Process

The literature compiled in this review comes from a variety of data bases. To begin the search on grandparent caregivers, multiple variances on search terms were used. "Grandparent" and "caregiver" and "well-being" were the three first initial search

terms. From this set of conducted research came identification of the use of "kinship care" to describe the phenomenon of grandparent caregiver. "Kinship care" was thus used in future data base searches to reach studies conducted using this terminology.

Following this first initial search, additional searches were conducted with focus on the central themes this researcher was a looking to explore. "Identity", "Role", "stress" and "grandparent caregiver" were then used to investigate research conducted. This set of results provided information that was used to uncover broader themes, such as mental health, caregiving arrangements, definition of terms, and resources related to the population being studied. This researcher reviewed qualitative, quantitative and mixed methods studies, along with literature reviews and case study-based research. Additionally, books and periodicals were reviewed, in conjunction with online based community support resources dedicated to supporting the population in question. Data bases used include: PsycARTICLES, PsycINFO, JSTOR Journals, Academic OneFile, FLO eResource Catalog Lesley University, Science Direct, Social Sciences Citation Index, and Teacher Reference Center. Approximately 75 articles were used for this review, along with 5 books.

This literature review consists of three integral themes basing off relevant empirical and theoretical literature. The first explores the historical policy changes that contribute to grandparent caregiving. The second addresses the unique challenges grandparent caregivers face-including emotional well-being, physical health, financial stability, and role confusion. Finally, there is literature that focuses primarily on the interventions created to support this population. Some studies connect more than one of these themes.

Cultural Expectations of Grandparenting

Grandparenting ideals can differ among families. Cross-culturally however, grandparents may have similar beliefs and experiences with their grandchildren, regardless of culture. Historically, grandparents were not commonly involved for lengths of time in families due to lessened life expectancy (Berrios, 2020). In more recent decades, advances in technology and health care has increased life expectancy for the grandparent population. According to research conducted by Roser in 2015, life expectancy for an individual has shifted from age 50 to age 70, since the late 1990's. This creates additional opportunity for grandparents to engage in the lives of their children and grandchildren at a higher rate.

Involvement of grandparents in the lives of their children and grandchildren varies for a multitude of reasons. Across cultures, economic uncertainty, divorce, separation and financial loss could provide space for entry of grandparents in additional areas of need (Berrios, 2020). Childcare in the United States continues to be a large financial burden for many working-class families, increasingly as the cost of living continues to rise. Grandparents may be called upon to provide childcare for working parent(s) to offset these costs. Economic uncertainty and housing shifts could also cause families to co-reside, moving in with additional family members to lessen costs, bringing grandparents into the fold of family structure. For instance, some American Indian/Alaskan Native grandparents, find themselves taking on additional responsibilities to support their grandchildren, as their parents need to go off reservation for employment (Fuller-Thompson & Minkler, 2005).

Not all grandparents become involved for negative reasons, however. Many cultures view grandparents as very positive sources of wisdom, knowledge and resource. In Latino culture collaborative parenting is the norm, the term *familismo* is used to describe "cultural traditions that underscore family connections" (Whitley & Fuller-Thompson, 2018). Co-parenting in Latino culture has been linked to better health practices and less stress for grandparents, compared to peers leading their households' solo (Whitley & Fuller-Thompson, 2018.) American Indian/Alaskan Native culture is founded in strong spiritual tradition with an emphasis on the importance of family specifically grandparents, "elders have traditionally been revered in American Indian/Alaskan Native cultures, and their roles as wise advisers and keepers of the cultural legacy contribute to their esteemed status" (Weibel-Orlando, 1997, p 132). Grandparents of American Indian/Alaskan Native cultures are seen as a point of socialization for grandchildren, with their connections used to spread cultural traditions, wisdom and religious training (Fuller-Thompson & Minkler, 2005). African American grandparents are also looked to as guides in their communities. African American families have "strong traditions in which grandparents often serve as surrogate parents" (Sneed & Schulz, 2019, p 430) and are often expected to provide guidance, discipline and inhabit roles of authority. In contrast, White grandparents are often expected to occupy roles that are "companionable" with their grandchildren, "with more differences between the grandparenting and parenting role" (Sneed & Shulz, 2019, p 430).

The above differences in grandparenting cross-culturally can speak to historical differences in opportunity for people of color in the United States. Although there are deep cultural connections rooted in tradition that cause involvement by grandparents,

many become involved due to racial disparities such as job loss, teen pregnancy, single

parenthood or incarceration. For example, Black or African American men and women as

a whole are unemployed at a rate twice than their White counterparts, 7.1% compared to

3.7% according to the US Bureau of Labor Statistics in 2019. Also, African Americans in

the United States are incarcerated at more than 5 times the rate of Whites; African

American females are imprisoned twice as frequently as White females (NAACP,

Criminal Justice Fact Sheet, 2020). Along with cultural traditions, these disparities in the

African American communities can lead to higher rates of grandparent involvement.

Additionally, Latino families encounter disparities in the workplace, remaining stagnant

at low paying jobs "with poor access to higher status employment and upward mobility"

(Goodman & Silverstein, 2005, p 314). Barriers to access may cause families to fall

under the poverty line, and cause grandparent involvement for financial support in

addition to their cultural value. White families do not remain unscathed however, they

make up the leading deaths from opioid overdose in the United States (Kaiser Family

Foundation analysis of Centers for Disease Control and Prevention (CDC), National

Center for Health Statistics, 2018). Death or incarceration of a parent due to substance

use is a leading reason that White grandparents are stepping in to care at higher rates.

Currently in the United States there are structural disparities at play that may have

an additional impact on the grandparent caregiver population. Family resources and

access are based in systems that are not equal across class or poverty lines. The United

States historically has not seen an even distribution in wealth across class lines, with

large discrepancies between the wealthy and the poor. Standards of living in the United

States continue to become higher, increasing the amount of wealth needed to acquire the

necessities of living and maintenance of lifestyle. Standards of living are based in a multitude of factors, including income, employment, poverty rates and housing affordability. According to the US Census, approximately 18.6% of grandparents responsible for their grandchild's care has income over 12 months that is below the poverty line (US Census, American Community Survey, 2018). For grandparent caregivers they may be the sole financial provider in the family once they take over care. Class status of grandparent caregivers can impact their ability to access resources and may decrease their ability to rely on familial support as class is often intergenerational. Grandparent caregivers regardless of race face challenges based in class and income. Within class and income status, race plays a role. Historically in the United States, African American families' income differs than their white counterparts (Baker, Szolnki & Cahn 2002; Minkler, 1999). This may account for additional challenges facing African American grandparent led households.

Grandparents are a multifaceted population in the United States. Grandparenting has historical significance as a source of support and resource as leaders of their families. Additionally, systems at place in the United States further lead to grandparents being involved in the care of their families due to racial disparities impacting various communities. Grandparents are being called on to care in larger numbers than ever before, some voluntary and some not, regardless of culture.

Kinship Care

Foster care and kinship care are related but distinct terms that require definitions. Historical policy changes that have contributed to the rise of grandparent caregivers will be outlined. Demographics of literature included in this review will be outlined.

Defining the Terms. According to the U.S. Census Bureau, *grandparent caregivers* are "those "who have assumed full care of their grandchildren on a temporary or permanent live-in basis" (U.S. Census Bureau, 2013, p. 330). The important piece of this definition is the use of the word "full." This implies that all needs of the child are being met by the grandparent- i.e. emotional, medical, educational and financial.

In the literature there is a larger scale term used when discussing grandparent caregivers: *kinship caregiving*. The U.S. Census Bureau (2013) defines kinship care as "the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with a child" (p. 349). Therefore, grandparent caregivers fall under the umbrella term *kinship care*. Two types of kinship care exist, *formal*, and *informal*. As the names suggest, *formal kinship care* comes with engagement with agencies for resources and support, with an additional legal component, while *informal kinship care* lacks an agency connection and is most often carried out on an in-household level. Although *kinship caregiving* includes family members other than grandparents leading households, the literature included in this review when using the term *kinship care* refers to grandparent caregivers. Multiple studies included in this review opt to use *kinship caregivers* to describe their study participants, even if their sample includes other types of kinship caregivers such as great-grandparents or aunts. This grouping is done based on the number of grandparent caregivers that agree to participate in kinship care inquiries. In many studies reviewed, proportionally grandparent caregivers as a population are most frequent in studies investigating kinship care. Therefore, in the

literature, *kinship care* is most often used to describe households, with the implication

that grandparent caregivers make up the majority of kinship caregivers.

In addition, kinship care has been distinguished from *foster care*. The primary

goal of kinship care is the preservation of a family unit. This limits the amount of

disruption to the child/children. In contrast, foster care involves transitioning to a whole

new family unit. Children placed in foster care are placed with non-biological relatives,

for an undetermined amount of time. Foster care families engage in routine background

checks, home checks and visits by children's services. Further, it has been documented

that on average kinship care arrangements receive fewer financial resources, fewer

services, and limited in-home follow ups after placement than foster care (Ehrle, Geen &

Main, 2003; Scannapieco & Hegan, 2002). Foster care families have access to parenting

training prior to taking over care of children, daycare vouchers during the time a child is

in residence and frequent in home visits by social workers (Ehrle, Geen & Main, 2003;

Scannapieco & Hegar, 2002). This literature review will further expand on these

differences.

Policy

Certain policy changes in the United States can be viewed as underlying currents

that have led to more frequent grandparent caregiver headed households. The most

frequently highlighted policy changes or acts that have been most cited in the literature

from the United States will be reviewed. This section will provide historical context for

the rise of grandparent caregiving.

In 1979, the Supreme Court ruled on an influential case, Youakim vs. Miller.

Originated in Illinois, four children were placed in foster care after removal from their

parent, and two of them returned to care with a relative caregiver. The state refused to

pay the foster care rate to the caregivers, based on their familial relationship to the

children. This case argued that biological kinship care families are entitled to the same

financial supports that foster families are when taking over care of children who have

been removed based on parental abuse or neglect. Further, this case ruled that there

should be no distinction between foster care and kinship care; that is, relative caregivers

should have the same licensing opportunities and receive the same access to resources as

nonrelative foster caregivers in each state (Jordan Institute for Families, 2000). This shift

changed the process of social service agencies' removal of children from their parents.

Instead of looking into foster care options, social workers were now looking to close

family members to take over care, primarily grandparents. As a result, over the following

twenty years, 29 states had taken steps to ensure that preference be given to kinship

caregivers compared to foster caregivers (Minkler, 1999). This court ruling provided both

benefits and downfalls to various entities involved. It has been documented that children

who remain in care with a family member have positive outcomes later in life. Family

ties and connections are important in developing a sense of oneself, forming identity and

influencing beliefs and values one upholds. In this way, the ruling with preference giving

to kinship care placements are a benefit to the children who are being placed. A potential

downfall to this ruling comes to those grandparent caregivers that are not involved in

social service agency care after taking legal steps with regard to their grandchildren.

Once adoption is finalized for grandparent caregivers, grandparents may experience a

removal of agency sponsored support. As permanent placements for their grandchildren,

funds that were available to them under foster care type status may no longer be

accessible (Baker, Silverstein & Putney, 2008).

The child welfare system in the United States has been a cause for concern in

Congress since the mid-1970s. In 1974 the Child Abuse Prevention and Treatment Act

was enacted. This legislature was the first passed to exclusively dedicate itself to the

prevention, identification and treatment of child abuse and neglect (Rollin, Vandervort, &

Haralambie, 2005). Crucially, state funding was dependent on the passing of laws

surrounding reporting, confidentiality and appointment of court guardians for children.

This legislature brought child welfare to the forefront in the country. In response to the

increase of child removals this act influenced, in 1980 the United States passed the

Adoption and Assistance and Child Welfare Act. Its purpose was to establish a program

of adoption assistance; strengthen the program of foster care assistance for needy and

dependent children; and improve the child welfare, social services and aid to families

with dependent children programs (Mutchler & Baker, 2004). With the passing of this

Act, short term placements for children were emphasized. The reunification of children

with their parents was paramount for this body of legislature, supporting short term, out

of home placements. Thus, grandparent caregivers and other family members became

viable placements for children that need alternative caregiving for short amount of time.

The 1996 Welfare Reform Act is cited as important to consider in understanding

how kinship care became a frequent family option (Minkler, Berrick & Needell, 1999).

This Act enabled additional protection to children in order to avoid abuse or neglect in

families. Under this legislation, parents had opportunities to use available resources,

however if not used appropriately, out of family placements could occur to support the

children. These out of family placements included alternative family placements, known as "kin" placements. Thus, kinship care began to increase as viable placements in comparison to foster care placements.

Dialogue of Culture and Policy

The makeup of the United States population is such that white individuals are the majority. African Americans as a whole make up 13.4 % of the population (US Census data, 2010), however the number of African American grandparents raising their grandchildren (approximately 49%) surpasses the number of white grandparents raising their grandchildren (approximately 42%). African American grandparents therefore are about three times overrepresenting grandparents whom are raising their grandchildren, compared to their representation in the general population. Systems in place to provide support to individuals in the United States are based on the interests of the majority population, white individuals. For example, in the overarching school system of the United States, a disproportionate amount of resources is allotted for mostly white affluent school districts, compared to inner city, mostly black, African American and Latino school districts (Norton, 2013). It is possible that within the contrasting communities the ability to offer after school programs or aftercare is different. This may serve as an example of an unsupportive system leading to higher rates of grandparents raising their grandchildren in African American and Latino(a) communities.

In dialogue synthesizing culture and policy, it is difficult to see which came first, the cultural beliefs of certain cultures to prioritize family raising of children, or policy and systems that forced cultures to adapt these beliefs. Culturally, it has been established that families in African American communities, Latino(a) communities and American

Indian/Alaskan Native communities involve grandparents in care at a higher frequency than white families (Fuller-Thompson & Minkler, 2005; Sneed & Schulz, 2019; Whitley & Fuller-Thompson, 2018). Historically, these same communities have been discriminated against outwardly and subtly by policy and practices in the United States. For example, redlining in the United States in the 1960's discriminatorily practiced by the government, allowed banks to avoid investing in certain communities, primarily those of black neighborhoods (Norton, 2013). Communities that faced housing crises potentially had no other choice than to cohabitate with family members, including grandparents. Grandparents therefore may have started to become involved in care at higher rates, possibly explaining the disproportion between African American grandparents and White grandparent in raising their grandchildren.

The above two examples illustrate the ways in which culture and policy/systems are possibly interacting within the larger grandparent caregiver population. Both seem intertwined and have the potential to influence grandparent caregiver experience. It is unclear if these differences in experience will make themselves known in this project, however attention to cultural influence on experience will be noted.

The next section will further explore research conducted on and with grandparent caregivers in the United States. The demographics of these studies will be broken down, with attention paid to type of study, a brief overview of the most frequently studied thematic focuses and a surface introduction to the use of international literature as part of this project.

Demographics

An investigation of the literature on this special population has compiled studies conducted in the United States (Baker, Silverstein & Putney, 2008; Bertera & Crewe, 2013; Berrios, 2019; Bundy-Fazioli & Law, 2005; Bunch, Eastman & Griffin, 2007; Dolbin-MacNab, 2006; Gibbons & Jones, 2003; Gleeson, Wesley, Ellis, Seryak, Talley & Robinson, 2009; Jendrek, 1993; Langosch, 2012; Minkler, 1999; Monahan & Smith, 2013; Moore & Miller, 2007; Rubin, 2013; Sands & Goldberg-Glen, 2000a, 2000b; Whitley, Kelley & Sipe, 2001; Williams, 2011), Australia (Backhouse & Graham, 2010; Dunne & Kettler, 2007; Kirlay & Humphreys, 2013; Valentine, Jenkins, Brennan & Cass, 2013), Ireland (O'Leary & Butler, 2015), Canada (Devine & Earle, 2011) and the UK (Kroll, 2006; Templeton, 2012) respectively. This review has a focus on research conducted in the United States however includes international research to present comparisons and contrasts. Further, including international work helps to inform understanding about the phenomenon being studied.

Research conducted in the United States has been done through various methods, quantitative, qualitative and cross-sectional inquiries included. Thematically, quantitative methods conducted in the United States focused on physical health and grandparent caregiver perception of stress (Bunch, Eastman & Griffin, 2007; Gibbons & Jones, 2003; Kelley & Whitley, 2002; Monahan & Smith, 2013; Peterson, 2017; Rubin, 2013; Schmidt & Treinen, 2003; Whitley, Kelley & Sipe, 2001). Studies included the use of physical health assessments, stress questionnaires and Likert scales to further assess physical health in grandparent caregivers, as well as perception of stress. Generally, these studies found that there is a conclusive relationship between taking over care of a grandchild and

grandparent health status. It is argued however that there is a variety of reasons for this relationship and impact. For example, a study completed by Bertera and Crewe (2013) illustrated that grandparent health practices prior to taking over care are important to review, as this directly impacts the grandparent report on self-guided assessments and surveys. They found that self-reported negative health status was related to pre-existing medical conditions or practices, and that knowing this prior to drawing connections to the impact of taking over care of their grandchildren was crucial.

Compared to quantitative studies in the United States, qualitative studies focused on experience-based inquiry. Giving voice to participants was a prominent goal of multiple qualitative studies conducted with grandparent caregivers. Studies included in depth investigation into multiple areas of grandparent caregiving, for example, motivation behind taking over care (Gleeson, et al., 2009), perceptions of second-time parenting (Dolbin- MacNab, 2006) and investigation of voluntary kinship services (Bundy-Fazioli & Law, 2005). The primary data collection method in qualitative inquiry was interviews, with incorporation of surveys into some studies as supplemental information gathering, more specifically into the interventions and resources accessed and grandparent assessment of their helpfulness. Qualitative inquiry seemed to represent involved parties well, with research conducted with solely grandparent caregivers, grandparent and grandchild duos, grandchildren, and helpers such as teachers and therapists.

For this review, included studies named grandparent caregivers as the focus, or grandparent and grandchild duos as the focus. Generally, these studies found a few prominent themes. Emotional well-being was a frequently studied aspect of grandparent

caregiving, findings most often showed that grandparent caregivers experience an impact

to their emotional health, evidenced by participant reported increase in frequency of

anxiety and depression (Backhouse & Graham, 2012; Bundy-Fazioli & Law, 2005;

Dunne & Kettler, 2007; Kroll, 2007; Jendrek, 1993; O'Leary & Butler, 2015; Sands &

Goldberg-Glen, 2000). Social connection was also prominent in the research,

emphasizing and reinforcing the supportiveness of support groups as a resource for

grandparent caregivers (Kelley, Yorker, Whitley & Sipe, 2001; Strozier, McGrew,

Krisman & Smith, 2005; Szolnki & Cahn, 2002). Finances for grandparent caregivers

also presented as a common focus area in the field (Barnard, 2006; Okagbue-Reaves,

2005; O'Leary & Butler, 2015; Rubin, 2013; Sands & Goldberg-Glen, 2000). Changes in

financial structure for grandparent caregivers was seen as a source of additional stress.

Although not entirely summative of all findings from all research, emotional well-being,

social connection and finances were the most commonly observed.

The makeup of kinship caregiving arrangements differ from family to family. In

2016, it was estimated that out of the 4% of children living with an adult other than their

parent, 55% lived with their grandparents, 24% lived with other relatives, including

cousins, aunts, uncles, and 21% lived with non-relatives. (America's Children: Key

National Indicators of Well-Being report, 2017). This trend was illustrated throughout

research included in this review; studies conducted on kinship care specifically showed

higher rates of caregivers as grandparents, followed by other family caregivers, aunts,

uncles. (Bunch, Eastman & Griffin, 2007; Bundy-Fazioli & Law, 2005; Cranwell

Schmidt, & Treinen, 2016; Gibbons & Jones, 2003). The studies included in this

literature review from the United States have documented that participants most often

were women, showing grandmothers as primary caregivers (Dolbin-McNab, 2006; Whitley, Kelley & Sipe, 2001). In the United States, African American families were seen to have the most households led by grandmothers (Baker, Szolnki & Cahn 2002; Minkler, 1999; Bertera & Crewe, 2013; Lawrence-Webb, 2001; Silverstein & Putney, 2008). Single grandmothers resoundingly lead households (Bertera & Crewe, 2013; Dolbin-MacNab, 2006; Minkler, 1999; Rubin, 2013) and most all grandparent caregivers in the United States are either at or below the national poverty line (Bertera & Crewe, 2013; Mutchler & Baker, 2004; Williams, 2011).

Use of International Literature

In this review, international research has been included to provide further context for grandparent caregiving as not solely a trend in the United States. It is not my intention to give a comprehensive review of grandparent parenting literature, and I acknowledge the included studies used to compare with the United States are from similar White dominant countries. This body of literature has been brought into this review to illustrate additional areas of focus for research on grandparent caregiving, to provide additional interventions carried out for this population, and to show grandparent caregiving as a larger phenomenon. Grandparent caregiving continues to grow in other countries as well creating implications for policy, practice and development of resources.

Many of the trends seen in the international research included echo those of the United States. Emotional well-being, physical health, and financial status emerged, as well as other more specific focuses. For example, a study by O'Leary and Butler in Ireland (2015) performed an examination of relationships of grandparents to their drug-dependent children, while they were taking over care of their grandchildren. They

explored the complexities of these shifting relationships and argued that in Ireland many

grandparent caregivers are doing so without agency support with a lack of resources, and

suggested policy improvements to be made (O'Leary & Butler, 2015). Qualitative

research methods and mixed methods among international literature included in this

review were prominent. An area of focus that seemed to diverge from studies conducted

in the United States was family contact and structure. Out of the included seven

international articles, four spoke at length about the importance of exploring family

contact. Involvement of biological parents in the care of grandchildren, either remotely or

in the same living situation, added additional concern for grandparents that did not seem

to be raised by research in the United States in the same way. This added an additional

area of focus not previously included in this review.

In Australia, researchers have used qualitative and mixed methods studies to

further inquire what, if any, mental health, physical health, and/or financial risks face

grandparent caregivers as they take over care of their grandchildren (Backhouse &

Graham, 2013; Dunne & Kettler, 2007; valentine, Jenkins, Brennan & Cass, 2013). More

specifically the included research from Australia in this review examined grief and loss

for grandparent caregivers in their roles (Backhouse & Graham, 2013), examined the

dissemination of information for grandparent caregivers, identifying any gaps (valentine,

Jenkins, Brennan & Cass, 2013) and examined role-identity conflict for grandparent

caregivers as they shift their parenting roles (Backhouse & Graham, 2012). Researchers

cite the increase of grandparent caregiving as a policy concern, and include multiple

implications of results in order to support additional policy funding for grandparent

caregivers. (valentine, Jenkins, Brennan & Cass, 2013). For example, a study conducted

by valentine, Jenkins, Breenan and Cass (2013) found that information was not made accessible in an appropriate way for grandparent caregivers. That is, the agencies that are tasked with supporting grandparents were not attending to geographic needs, language differences and viewing grandparent caregivers not independent of foster caregivers, and biological parents. They argued that to best support this growing population in their country, grandparents needed to be separated from their foster care counterparts and provided age sensitive services and communication of information.

In Ireland, a study conducted by O'Leary and Butler (2015) sought to understand challenges facing grandparent caregivers as they are taking over care as a result of parental drug-dependency. Grandparents involved in the formal helping system were interviewed, to unpack experience to further inform policy in Ireland (O'Leary & Butler, 2015). The researchers expressed that there was no formal research completed in Ireland with regard to grandparent caregiver experience and direct responses to the agencies that support them. This study sought to further inform accessible resources for grandparent caregivers. Additionally, this study sought to shed light on an increasing trend in Ireland with regard to a growing trend of drug and alcohol use in parent population, leading to increased rates of families needing intervention by social service professionals (O'Leary & Butler, 2015). This substance use trend in itself is not a novel one to the United States, as there has been a rise over the past decade of illicit drug use, more specifically opiates. According to the Centers for Disease Control and Prevention in the US, "two out of three drug overdose deaths in 2018 involved an opioid" and overdose deaths including prescription and illicit opioids has increased almost six times the rate since 1999 (Centers for Disease Control and Prevention, 2020).

The United Kingdom also has conducted studies on this population, and much like Ireland have a specific focus on parental substance misuse (Kroll, 2007; Templeton, 2012). The studies included in this review from the UK explored challenges facing grandparent caregivers employing the use of qualitative methods. Echoing the trend occurring in Ireland and the United States with regard to parental substance misuse, research focused on the implications to families that have a substance user, more specifically grandparents that have been tasked with taking over responsibility for their grandchildren. For example, a study conducted by Templeton in 2011, asserted that grandparents are bridging two vastly different roles as they accept care; first, their role as parent to their own child struggling with substance use, and second, their new role as parent to their grandchild. Templeton argued that for social service agencies to appropriately support grandparent caregivers as a population, they must first acknowledge and treat family bonds, grandparent-parent, grandparent-grandchild and grandchild-parent. Finally, a mixed methods study conducted in Canada sought to further explore how grandparent caregiving roles differed from traditional grandparental roles (Devine & Earle, 2011). Devine and Earle (2011) carried out their grandparent caregiver focused study to further inform policies in certain provinces in Canada, with growing senior population and the highest median age for grandparents. Their study assessed the willingness of grandparent caregivers to take on responsibility of their grandchildren, an aspect, the researchers argue, that had not yet been taken into consideration. The cited international inquiries are included in this review to show that grandparent caregiving is an international phenomenon, not solely regulated to the United States. Additionally, the

focus on family contact and willingness to take over care were two areas of further information not yet considered with the included research from the United States.

The themes reviewed within the research conducted in the UK, Australia and Ireland emphasize similar themes in the United States. The accompanying research emphasizes the impact on emotional health and well-being grandparent caregiving can have, with additional focus on health challenges and/or concerns. A review of the international literature also shows how frequently cross-sectional studies are conducted in different countries, and how the United States may benefit from additional studies such as these to gain further insight into the grandparent caregiving population.

Theoretical Framework

Review of the literature integrates four theoretical lens that are used to further understand the phenomenon of grandparent caregivers. As identity is central to this project, identity theory and social identity theory are used to provide further understanding of grandparent caregiver identity development. Grandparents experience a shift in role as they become grandparent caregivers, that can be further unpacked with a role theory lens. Grandparents are experiencing these family shifts at later times in their life trajectories, implications of these shifts can be further understood by life-course perspective theory. All included theories help to provide space for exploration into grandparent caregiver experience from multiple perspectives, with all interacting to formulate even deepened understanding.

Identity Theory and Social Identity Theory. The overarching goal of this study is to gain further insight into identity in grandparent caregivers. Thus, a leading theory incorporated and utilized to further understand this phenomenon is identity theory.

Identity theory can be traced back to Burke and Tully in 1977 and has further

conceptualization by Stryker in 1980 and later (Burke & Stets, 2000). The central

understanding of identity theory is that one's identity is placed into context by the roles

an individual inhabits (Burke & Stets, 2000). These help to create a categorization of the

self within those roles by adhering to expectations and meanings of inhabited roles

(Burke & Stets, 2000). Roles therefore are fairly concrete and specific, mother, father,

grandmother, grandfather. One's identity allows for individuality in how one inhabits

said roles, providing space for a performance like aspect of identity.

     Identity theory has been chosen to further understand grandparent experience for

two reasons. First, a focus on how each grandparent caregiver defines themselves in their

roles can further conceptualize their experience. Individual definitions in roles can vary,

highlighting one's unique path of identity formation. This makes it crucial to gather

additional information as to what impacts a grandparent caregiver's path to identity

formation, in order to explore if there are improvements to be made in the ways they are

supported. Secondly, roles are often created as individuals interact with others, either

within their same roles or outside their same roles. Grandparent caregivers experience a

distinct change in role, moving from grandparent to, in some cases parent. This

experience is sought to further explore how interactions between in or out groups does or

does not have an impact on identity in grandparent caregivers.

     In addition to identity theory, social identity theory has also been chosen to

further place in context grandparent caregiver experience. Although the field has

historically felt both identity theory and social identity theory have no overlap and are

two distinct processes, there are preliminary arguments that the theories in fact have

much overlap. Social identity theory has its beginnings from Tajfel as early as 1959

(Hogg, Terry & White, 1995). The core of social identity theory surrounds intergroup

relations, group processes and the social self (Hogg, Terry & White, 1995). As one

interacts with the world on a social level, the social categories that an individual falls into

or ascribes to help to define the self. These self-definitions then further influence one's

self-concept, using characteristics from the social categories one belongs to. Grandparent

caregivers have a multitude of social categories they inhabit. Nationality, cultural

background, geographic location, career according to social identity theory all play a role

in defining oneself.

Social identity theory has been chosen to further understand grandparent

experience for two reasons. First, a focus on which roles a grandparent chooses or

declines to interact with can further help understand how these caregivers situate

themselves in their day to day lives. This can help bolster information on what needs are

important to meet when supporting this population. Second, support groups are the

foremost leading resource documented for grandparent caregivers. Social identity theory

has the potential to further understand how support groups aid grandparent caregivers,

and if there are any implications for support group leaders with regard to practice.

Identity theory is a cornerstone to this project and will be used to create space for

theoretical understanding of grandparent experience. Social identity theory will be used

to gain further insight into what implications come from pre-determined subscription to

social categories. Societal expectations will be reviewed and conceptualized as part of the

dialogue surrounding social identity theory and grandparent caregiver experience.

Role theory. Role theory is grounded in social sciences, more specifically sociology. B. J. Biddle (1986) explains that role theory is the way in which we can understand people based on the social identities and situations they interact in and with. There are four key concepts in role theory *consensus*, *conformity*, *role conflict*, and *role taking*. *Consensus* refers to the participation in social norms by individuals who accept, know and can act on what is expected of them within structures and systems. *Conformity* refers to the practice of individuals modelling behaviors of others. Further, conformity places emphasis on the behaviors and actions of others that cause individuals to form expectations therefore leading to changing their own actions. *Role conflict* refers to the presence of two or more incompatible expectations of behavior for a single person. Role conflict is what occurs when an individual does not uphold consensus or conforming behaviors and can lead to an individual needing to "resolve" both conflicting expectations to achieve contentment. *Role taking* asserts that an individual that can uphold similar expectations of another person can then step into the other person's role, leading to more successful social integration. *Role taking* explains the sophistication needed for an individual to presume the thoughts and behaviors of another to then adapt their thoughts and behaviors to successfully take on someone else's role. Biddle (1986) explains that an individual at any point in their life has experienced one or more of the central concepts of role theory.

Role theory provides increased awareness to the multi-layered experience of grandparent caregivers. Role theory relies on the link between the individual and society. It explains that throughout one's life one can inhabit multiple roles, or social identities (Landry-Myer, 1999). The way that a person conceptualizes these roles is directly related

to their social perspective. Many grandparent caregivers as second-time-around parents are experiencing a shift in role. This shift in role may go against social norms. For example, a grandparent may engage in retirement activities prior to taking over care of their grandchildren, a normalized experience for someone at an advanced age. After a role shift occurs and the grandparent obtains care, they may not be able to interact with peers in the same age expected way. This has the potential to cause social isolation, and inner conflict with regard to role for the grandparent.

Life course perspective. Life course perspective operates on the assumption that development occurs at all stages of life, including older adulthood. Life span theorists focus on three main tasks: description, explanation and optimization (Baltes, 1973). *Description* refers to the capacity to understand how a person changes throughout different developmental stages. *Explanation* is concerned with understanding how current events or behavior interact to take the form it does over time. *Optimization* refers to the concept of encouraging change that fosters in a way that prevents unhealthy development (Baltes, 1973). Further, life course perspective emphasizes a multidisciplinary approach; to best understand the multiple life transitions that an individual experience focus on interrelated influences is key.

Life course perspective provides an additional layer to help conceptualize grandparent caregivers. Life course perspective "positions individuals within the context of historical time and place" (Purcal, Brennan, Cass & Jenkins, 2014, p. 469). This perspective does this through careful exploration of the individual's experience of events over the course of one's life that can either redirect or shape a life's path. Life-course theory explains that each person, throughout the course of their life, experiences

individual moments that help situate the individual in time, and will impact their future. For grandparent caregivers, an event that will redirect their life's path is found in taking over care for their grandchildren. Life course perspective argues that consideration needs to be given when supporting this population as they are experiencing unique age-related changes (Crosnoe & Elder, 2002; Purcal, Brennan, Cass & Jenkins, 2014).

Identity theory, social identity theory, role theory and life course perspective are theoretical lenses that have been identified as ways to further understand this special population. When a grandparent accepts responsibility for a grandchild, they are shifting their trajectory of life, while also agreeing to inhabit a different role. All theories interplay and should be considered while exploring grandparent caregiver experience.

Impact of Kinship Care Arrangements

In this section the most documented impacts of kinship care arrangements will be reviewed. These themes come from a review of the literature with focus on the impact of grandparent caregiving arrangement has on grandparents filling the role. Emotional well-being, physical health, identity perspective and financial impact have been well documented. Any tensions identified in the field with relation to these themes will be explored.

Emotional Well-Being. The literature on these guardians show that there is a significant impact on emotional well-being as a result of change in family structure (Backhouse & Graham, 2012; Bundy-Fazioli & Law, 2005; Dunne & Kettler, 2007; Kroll, 2007; Jendrek, 1993; O'Leary & Butler, 2015; Sands & Goldberg-Glen, 2000). For many grandparents this shift in role cases distress.

Grandparents raising their grandchildren surveyed about their emotional well-being scored higher on assessments of anxiety and depression in a study conducted by Australian researchers Dunne & Kettler (2007). In this mixed-methods, cross-sectional study the researchers used both semi-structured interviews and standardized scales to assess psychological health in grandparent caregivers. Fifty-two grandparent caregivers completed assessments of the Depression, Anxiety and Stress Scale 21 (DASS21) and the Strengths and Difficulties Questionnaire (SDQ). Dunne & Kettler found that caregiving grandparents, compared with non-caregiving grandparents scored higher on the DASS21. Further, they argued that grandparent scores that were elevated on the SDQ were in direct correlation with their grandchild(ren)'s behavioral and emotional needs. This point is echoed in a study conducted by Dolbin-MacNab (2006) in which grandparent caregivers were encouraged through qualitative research methods to provide a narrative of how their lives are different as they parent "a second time around" (2006). The researcher contests that grandparents raising their grandchildren now are faced with additional educational needs with regard to childhood disorders such as depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD). Additionally, these mental health difficulties, with high rates of emotional dysregulation and delinquency have been attributed as a predictor of reported poor emotional health in grandparent caregivers (Dolbin-MacNab, 2006; Rubin, 2013).

Grandparents whom are now taking over care often report feeling higher levels of stress, trouble with managing multiple needs of their grandchildren, helplessness, and grief during this transition (Backhouse & Graham, 2013; Dunne & Kettler, 2007; Sands & Goldberg-Glen, 2000). The impact of grief and stress on grandparent caregivers has

been studied twofold by Australian researchers Backhouse and Graham (2013). The researchers conducted two studies that uncovered both grief and loss themes for grandparents, as well as a paradoxical nature of grandparent caregiving. In the first, semi-structured interviews were conducted with 34 grandparents who had taken on the full-time care of their grandchildren. Results of this study found that although grandparents cited benefits and strengths of their arrangements, themes of grief and loss were woven throughout all narratives provided by participants. The authors argued that this ongoing process of grieving and loss cause grandparents to remain in a state of emotional stress during this transition. In the second, two rounds of in-depth interviews were carried out with 34 participants seeking to further understand caregiving experience. The researchers found that binaries exist in the grandparent role, that is within each caregiving experience the participants narrated a story of love and desperate frustration about the circumstances their families find themselves in (Backhouse & Graham, 2011). The authors further emphasize the emotional stress that these tensions can contribute to for grandparent caregivers.

  Contributing to this stress, O'Leary and Butler (2015) report that grandparent caregivers spend increased time bringing grandchildren to a variety of appointments, contributing to grandparent(s') daily lives needing to be altered. Participants included in the qualitative study completed interviews, and in analysis themes of health needs arose. O'Leary and Butler (2015) report that participants commented at length on the health needs facing them as caregivers, expanding to share that large amounts of time were now dedicated to attending to the needs of their grandchildren, that puts grandparents' own health care on the back burner.

Additionally, grandparents that have participated in the included studies who are now at the helm of caring for their grandchildren have reported a shift in their social supports (Minkler, 1999; Williams, 2011). Williams (2011) argues that emotional stress occurs because there is a change in the amount of leisure time grandparents now have, leading to less time for breaks and "recovery" in the role of parent. Research by Jendrek (1993) and Minkler (1999) documents the lessened social interaction and fractured peer relationships experienced by these grandparents. Jendrek's qualitative study conducted in depth interviews with 114 participants, seeking to understand the impact of caring for grandchildren have on grandparent daily lives. The study found that over one third (38.9 %) of participants reported their contact with friends and social supports changed when they began to provide ongoing care to their grandchildren. More specifically, grandparent caregivers whom were legal custodial guardians reported the most change in their friendship networks (37%) with regard to maintenance of friendships. Minkler (1999) expands on this shift in a report on the effects of grandchild caregiving on grandparents. Minkler's review cites the social isolation that grandparents experience as they shift into a new role, as a result of added caregiving responsibilities. The amount of time spent carrying out personal activities decreases when grandparents take over care of their grandchildren. No longer do these caregivers find themselves experiencing commonalities with those around them. Peer groups focusing on later in life planning, such as vacations and retirement are now not on the same life track as grandparent caregivers. Grandparent caregivers are now tasked with parenting, in some cases for the second time, having different focus than their similar aged peers. Baird (2002) reports

that this leads to emotional stress as grandparents often cannot find a space that feels comfortable or safe in their new role.

More and Miller (2007) argue that the psychological stress perceived by grandparents manifest differently across cultures. In their study they found that African American grandparents that have strong familial bonds are less likely to endure psychological stress as surrogate caregivers (More & Miller, 2007). The authors report that this is due to the cultural connection in the African American community of co-parenting between generations. More and Miller (2007) explain that in the African American community of their study, participants reported that taking care of their grandchildren was a natural part of their life. Further, that the expectation was normal for a grandparent to be highly involved in their grandchild's care, even if their child (the grandchild's parent) was still actively involved. Although this is an important distinction in the field, it is important to not generalize cultural differences in these grandparents as it ignores racial injustices that can occur. It is possible that many African American grandparents acting as caregivers were not given a choice in the decision, further perpetuating oppressive systems. Without a level of choice, power is absent from decision making. Power is a large part of oppression, those in power making decisions for others that do not have the same abilities. This begs further research into the idea of cultural resiliency in this population of caregivers. Exploring the willingness to step in and care for their grandchildren, and interpretation of emotional well-being from a cultural resiliency lens may provide more specific areas of impact for these caregivers.

Grandparent emotional well-being is at risk during familial transitions. Higher rates of depression and anxiety in this population are common. Stress, grief, and

helplessness are reported symptoms attributed to this transition. Grandchildren behavior

and decreased social connection have been found to exacerbate emotional challenges for

this population. Emotional well-being checks should be one of the first steps conducted

by agencies supporting these grandparents, to ensure proper referrals and supports are in

place.

Physical Health. An additional focus of the literature surrounding these

grandparent caregivers is physical health. Physical health practices of grandparent

caregivers are shown to change, decrease or even discontinue when they take over care of

their grandchildren (Dolbin-MacNab, 2006; Gibbons & Jones, 2003; Jendrek, 1993;

Mohahan, Smith & Greene, 2013; Whitley, Kelley & Sipe, 2001). Physical health impact

is supported in the literature, both in a way that suggests risk and in a way that suggests

success.

It has been shown that after a family transition, the grandparent is less likely to

take care of their own health (Whitley, Kelley & Sipe, 2001). Grandparents may struggle

to prioritize their own health when handing the multiple responsibilities of childcare. A

study conducted by Rubin (2013) found that grandparents reported placing their

grandchildren(s') needs before their own. The study, cross sectional, descriptive,

provided 43 participants with a survey and the parental stress scale. Prioritization was a

large theme in this work of research; this study found that grandparents tended to precede

their own needs with their grandchildren's, potentially leading to delay in taking care of

their own needs.

Conversely, caring for their grandchildren and the resulting increase in activity

has been documented to lead to better health practices for these grandparents (Gibbons &

Jones, 2003; O'Leary & Butler, 2015). Needing to be more "on top" of things has the

potential to create more successful routines for grandparents. Grandparents also express

that they need to focus on their health practices positively to increase the longevity of

their lives for their grandchildren. A study conducted by Gibbons & Jones (2003)

illustrates this point. Their study utilized the Medical Outcomes-Trust SF 36 TM Health

Survey as well as the Grandparent Assessment Tool (GAT) to study health profiles of

grandparent caregivers. Although 57% of the participants (65 participants in total)

reported some impact on their physical health, generally speaking many (45%)

grandparents reported improvement in their physical health. Participants in this study

cited increased involvement in day-to-day activities, sports, groups, community centers,

surrounding their grandchildren as increasing their overall consideration of physical

health (Gibbons & Jones, 2003).

It is important to note that a new study conducted by Bertera and Crewe (2013)

found that although previous studies documented disadvantages in physical health, pre-

existing conditions were not being identified as impacting results. Pre-existing conditions

such as asthma and diabetes were cited. These pre-existing conditions resulted in higher

data showing that health worsened for grandparents when taking over care, something,

the researchers argued due to the nature of pre-existing conditions, that was normal. This

distinction has the potential to alter the interpretation of other conducted research. Bertera

and Crewe (2013) argue that caution needs to be taken when drawing connections

between physical health and grandparent caregiving. Interpretation should be based on an

inclusion of review of any prior physical health challenges. Doing so will provide an

understanding that Bertera and Crewe (2013) argue is more grounded in actuality.

Gibbons and Jones (2003) within one single study found both that health practices are somewhat compromised by changes in role and that now raising their grandchildren improved their physical health. This tension within the study was suggested to be impacted by caregiver perception. That is, how grandparents perceived their caregiving experience directly related to the way they rated their physical health. Grandparent subjective perception and objective measures (blood pressure, cholesterol) within this one study differed. Participant medical conditions were assessed, gathering further information on their specific conditions, for example cholesterol levels and a blood pressure reading. These readings painted a picture of area for improvement for caregivers, with high levels of blood pressure and cholesterol. Interestingly, when tasked with expressing what their perceived impact on health was while raising their grandchildren, participants included shared that they felt that their health practices actually improved. This study illustrated the potential for difference in actual, physical health readings and one's personal perspective. Grandparent perception of health status that is independent of their actual medical status is an interesting finding. This could mean that there is more space for activity-based groups for grandparent caregivers, with focus on health and wellness. If the possibility exists that grandparent perception of health improved as they took over care of their grandchild, it can then be further utilized to improve overall health practices, as a result possibly improving specific medical concerns as well.

Physical health is an important issue to consider when reviewing challenges facing grandparent caregivers. Physically speaking, grandparents are now tasked with additional responsibilities that they need to attend to each day, appointments, household

chores, and grandchild activities if applicable. If grandparents are at risk from a physical

health standpoint, their ability to care is also at risk. Understanding a grandparent's own

perception of health, accompanied with physical health screenings would help to paint a

fuller picture of challenges for said grandparent. It is clear that the field is engaging in

diverging effects with regard to physical health, a direct correlation that once was, is now

being challenged. Providing space to explore individual health practices with grandparent

caregivers would be beneficial to assess and target any practices that may place the

grandparent at risk.

Finances. Financially, these grandparents are now responsible for additional

dependents that were not planned for (Barnard, 2006; Okagbue-Reaves, 2005; O'Leary &

Butler, 2015; Rubin, 2013; Sands & Goldberg-Glen, 2000). Different than weekend visits

and holidays, there are day-to-day monetary added responsibilities for these caregivers.

Many grandparents find themselves giving up retirement, going back to work, becoming

financially unstable and surrendering their 401K plans (Okagbue-Reaves, 2005). These

challenges lead to caregivers downsizing their homes, taking out additional mortgages,

borrowing money from lenders and in some cases bankruptcy (Rubin, 2013).

Another factor to consider when reviewing the financial burden for these

grandparents are the differences between kinship care they are providing and foster care.

Due to the emergency-based nature of taking over care, many of these grandparents face

financial instability. Unlike their foster care counterparts, these grandparents are not

trained, prepared, or financially supported. Foster care families have allotted funds to pay

for day care, after school clubs and the eventual adoption proceedings. Kinship care

funds are somewhat blurry, perhaps in part to the pre-existing familial connection to the

child (valentine, Jenkins, Brennan & Cass, 2013). Taking over care as a biological

grandparent may come with an expectation that the grandparent would be supporting the

grandchild anyway over the grandchild's life and may lead to an assumption that

additional resources are not needed.

Although different families experience different financial burden, there is lack of

understanding from these caregivers as to what resources are available to them (valentine,

Jenkins, Brennan & Cass, 2013). Often, grandparent caregivers experience themselves in

a metaphorical vacuum as they experience their familial shifts, an experience that has the

potential to be isolating (valentine, Jenkins, Brennan & Cass, 2013). Since resources for

grandparent caregiving vary state to state, it is unclear if there is a set step by step

resource explanation given for caregivers as to what they have the right to request, access

and to whom they can reach out to for support. In Massachusetts for example, there is a

developed Commission for Grandparent Caregivers, that provides online and in print

resources, including support groups in geographical areas, yearly conventions, parenting

resources, lists of therapists and financial support (The Commission on the Status of

Grandparents Raising Grandchildren of Massachusetts, 2019). For grandparents involved

in formal care in this state, this resource is widely known and is information is shared by

specific support group leaders, other grandparents and social workers from the

Department of Children and Families. Although this resource is fundamentally

supportive, the possibility exists that it does not reach grandparents involved in informal

caregiving, without agency support. Knowing what resources can and cannot be accessed,

for example day care vouchers or summer camp grants, is a potential challenge for

grandparent caregivers.

Identity. During the transition from grandparent to grandparent providing care there comes an unavoidable lifestyle change for all involved. Grandparents who assume care for their grandchildren most often do so unexpectedly, causing sacrifices (Langosch 2012). Time, social activities, finances, and retirement are examples of changes grandparents have had to make as they take over care of their grandchildren. Grandparents are now tasked with a new reality, altering their previous daily routine, schedule and structure. This new reality can have an impact on how grandparents see themselves in their role, causing structural shifts in identity.

Child rearing for these grandparents is something that already occurred, having raised their own children. Life-course theory helps to further understand this transition (Bertera & Crewe, 2013; Dolbin MacNab 2006; Langosch, 2012). Life-course theory places emphasis on moments or experiences that either change an individual's life-course or stays in line with an individual's life-course. Grandparent caregivers who are parenting again, are experiencing an event that changes their life-course. Further, grandparents who are becoming parental figures again experience a loss of projected future. Suddenly these guardians are thrown into activities with their grandchildren that are generations removed from their own experiences, such as Parent Teacher Association (PTA) meetings and parent-teacher conferences (Crosnoe & Elder, 2002; Jendrek, 1993; Minkler, 1999).

In addition to the age differences grandparents may be confronted with, they are simultaneously balancing a shift in role. Studies exploring identity in grandparent caregivers has shown this is an increasingly difficult task (Backhouse & Graham, 2012; Devine & Earle, 2011; Dolbin-MacNab, 2006; Jendrek, 1993; Templeton, 2012). Some grandparents have a casualness to their relationship with their grandchildren. Instead of

disciplining, they often leave that to the parent. When the parent is now taken out of the

equation, discipline falls to the grandparents. This seemingly innocuous shift in authority

can have lasting impacts on the grandparent-grandchild relationship. Children that have

experienced their grandparents in one position, a non-authority, may resist that

grandparent becoming an authority, causing stress and disagreement in the home.

Grandparents that have become comfortable with their role in their grandchildren's life,

may become dysregulated when they are now tasked with a different role. Devine and

Earle (2010) claim that any shift in grandchild-grandparent relationship can lead to

feelings of lack of ability and leadership on the part of the grandparent. Furthermore,

these "dual identities" of grandparent now parent can often find themselves colliding

(Templeton, 2012). These "dual identities" cited by Templeton can also be used to

explain how grandparent caregivers are feeling with regard to their own children, the

parents of their grandchildren. Many grandparents in this particular study (Templeton,

2012) expressed that they were unsure how to manage their own relationship with their

child, their child's relationship with their grandchild, and their own relationship

(grandparent) with their grandchild. This uncertainty with a grandparent's role has the

potential to lead to further conflict in the home, creating a possibly worse situation for all

involved.

Various reasons why children are now living with their grandparents lead to

uncertain family dynamics. Parents can be away from their children due to incarceration.

While incarcerated, parents and children may continue to have some contact, further

complicating the grandparent's ability to maintain head of the household (Kilray &

Humphreys, 2013). Parental substance abuse can lead to immediate removal of the

children, and then have subsequent visitations while children are living with their

grandparents (Kilray & Humphreys, 2013). Both examples can cause role uncertainty for

these grandparent caregivers. In each situation grandparents can find themselves wanting

to honor the relationship the child has with their parent, while simultaneously trying to

protect their grandchildren from further harm (Templeton, 2012). Studies show that

families can rally around the grandparents by providing financial assistance, day-care,

and emotional support (Kroll, 2007). In the converse, some grandparents are viewed

unfavorable by their families for taking in their grandchildren (Jendrek, 1993). This is

most prevalent for grandparents taking over care of their grandchildren due to parental

substance misuse. Often times, extended families view grandparents accepting

responsibility for their grandchildren as not holding their adult children accountable and

providing them with an easy way out of providing care, releasing the financial and

emotional burden (Jendrek, 1993).

Although there are clear challenges to this different role, there are some studies

that highlight the strengths of this shift. Grandparents have the capacity to provide strong

assistance to both their grandchildren and their own adult children (Kroll, 2007). Having

parented before, grandparents can rely on past knowledge and experience to help their

grandchildren during transition. Consistency provided in the home by caregivers that the

children are already familiar with can help decrease stress during this transition.

Grandparents are capable of providing supportive spaces for their grandchildren, showing

that there are positives for these caregivers.

Additionally, a strengths-based perspective study carried out by Smith and Dolbin

Mac-Nab (2012) explored resilience within the grandparent caregiver population. They

argued that the research thus far illustrated grandparenting as negative, with not many

benefits in the role to those that took over care. The authors argued that resilience was

present in this population in the way they faced multiple stressors. Further, they used

resilience literature to elaborate within this population, that the "large number of

individual attributes, relationships, and external support systems that are protective and

promote individual resilience" (Smith & Dolbin Mac-Nab, 2012, p. 4). Their study found

that there were four major contributing factors to success in a grandparent caregiver role

that aligned with resilience. Grandchild outcomes, referring to the psychological

capacities of the grandchild, dysfunctional parenting, referring to the discipline and

strategies used while parenting, grandmother's psychological distress, referring to the

emotional well-being of grandmother, and caregiving appraisals, referring to the

interpretation of the grandparenting situation as negative or positive on the part of the

grandparent, all intersected in their study (Smith & Dolbin Mac-Nab, 2012). The authors

argued that in order for social service agencies to best support this population, they need

to review all the aforementioned factors from a strengths-based perspective.

Transitional changes for grandparent caregivers are an unavoidable consequence

of family shifts. Grandparents are now needing to navigate multiple different roles across

all areas of their lives. Individually, grandparents are now tasked with additional

responsibilities such as discipline and direct decision making. This may be in contrast to

previous experiences of their role as grandparent. Further, grandparents are now

managing not only their individual reconciliation of how their role is different, they are

also navigating their relationship with their own children, and the relationship of their

own children to their grandchildren whom are now in their care. Grandparents may not

even be aware of the consequences of these different role shifts, which makes it crucial

for the agencies that are supporting them to have insight.

Interventions

In this section I will provide an overview of the suggested interventions that have

resulted from research conducted surrounding grandparent caregivers. I will outline

modalities that have been tested to summarize what steps have been taken to support

these caregivers. With the limited interventions tested, I will show a gap in the field with

regard to follow through of suggested interventions mentioned in the literature.

Over the past two decades, grandparent caregivers have become a resource for

their grandchildren, physically supporting them, emotionally supporting them and in

some cases financially supporting them. Due to this over time increase, there are already

interventions created to support this population of caregiver. The literature shows four

leading intervention strategies to support these grandparents. Support groups, school-

based interventions, parenting skills, therapeutic interventions, and technology-based

interventions are among the most widely documented in use. I will provide support for

each, as well as outline any shortcomings documented in the literature.

Support Groups. Support groups are widely cited as the most effective resource

for grandparent caregivers (Kelley, Yorker, Whitley & Sipe, 2001; Strozier, McGrew,

Krisman & Smith, 2005; Szolnki & Cahn, 2002). Support groups are places to share

concerns, challenges, and connect with others experiencing similar family transitions

(Kelley, Yorker, Whitley & Sipe, 2001). Although there is no one curriculum for support

groups, many provide individual resources to the group- community agencies that will

support with school lunch programs, local churches or senior centers that have clothing or

food drives, for example. Grandparents are encouraged to discuss challenges had with grandchildren- discipline, follow through, academic concerns- and receive support and feedback from members.

More recently, support groups have attempted to increase their range. One such way is through a program called KinNet sponsored by the Children's Bureau. This program sought to connect resources for this population by enlisting the help of state-wide agencies to create a national network (Smith & Monahan, 2007). The program also sought to create a profile of demographic information of caregivers, in order to provide this information to the agencies supporting them. Notably, this program reinforced that this population of caregiver is unique, and that all resources in place to assist them should be tailored as so (Smith & Monahan, 2007). Emphasizing creation of ongoing support networks, independence and advocacy, this program reinforces the benefits of support groups for grandparent caregivers (Schmidt & Treinen, 2017).

Although support groups are the leading resource for grandparent caregivers based on their created emotional networks, not all literature agrees. Research conducted by Strom & Strom (2000) has documented that grandparent participants report a higher chance of negativity in support groups, leading to isolation and hopelessness. Although most often support groups are a supportive atmosphere, many are not provided the resources professional facilitators. Member participation is a reason why support groups succeed; however, the same member participation can oscillate the other way and get stuck in a negative space (Strom & Strom, 2000). For example, if a member continually identifies feeling unsupported, and the group outlines suggestions that this member does not take, without ongoing facilitation, this dynamic may be missed, causing others to feel

that they cannot speak up or change the member's opinion. This could fundamentally change the relationships in the group and have the potential to be unsupportive to members.

Overall although there is discrepancy in the literature, there is still agreement that support groups, when appropriately maintained and conducted are a positive intervention for this population. Support groups have been largely found to decrease feelings of isolation in grandparents that are now taking care of their grandchildren (Kelley, Yorker, Whitley & Sipe, 2001). These support groups can also provide resources and a practical problem-solving space, increasing the likelihood of success for these caregivers (Kelley, Yorker, Whitley & Sipe, 2001).

School-based interventions. Among the literature examining transitions for grandparents and their grandchildren are suggested interventions to support school-based work. As grandchildren spend the majority of their day in school, these interventions are logical and practical. By aiding grandchildren, schools are thereby aiding the grandparents that are now raising them.

Schools are at a very crucial helping position with these families. By bringing awareness to non-traditional families through changing language in flyers, handouts and on bulletin boards, grandparent caregivers can feel more included (Lee, 2017). This can lead to increased participation by grandparents with schools. In a study conducted by Lee (2017) four major practices were outlined with regard to increasing the effectiveness of aid provided by schools. First, attachment perspective was discussed. Schools should place priority on the grandchild-grandparent relationship, ideally helping to develop secure attachment. With attachment theory in mind, schools work to foster

communication and help grandparents emotionally support their grandchildren (Lee, 2017). Although parenting training for grandparents experiencing a generational gap is important, Lee argues that interventions focused on the relationship between grandparent and grandchild is crucial. Through school suggested activity-based interventions such as co-attended after school programs or volunteer opportunities, along with referrals placed for family therapy, grandparents and grandchildren have the opportunity to form secure attachment.

Second, symbolic interactionism was reviewed. Symbolic interactionism is a sociological theory that "facilitates the innate desire to appropriately interpret events in our lives" (Vejar, 2019, p 2). A framework influenced heavily by George Mead (1929), symbolic interactionism contains three major stages to express main ideas. These are, the "play stage, the game stage and generalized other stage" in which individuals navigate gestures that inform their behavior. The *play stage* refers to the imitation of the behavior of key figures in one's life, that then causes an individual to replicate or emulate those behaviors according to social norms. The *game stage* refers to the process of understanding one's own position as it relates and interplays with others that are in their own roles. The *generalized other stage* refers to the process in which an individual moves through their daily interactions oscillating between the I and the me dictating individual behavior based on socially refined reactions (Vejar, 2019). Symbolic interactionism instructs schools to prioritize cultural and familial contexts when working with families. Priority, Lee (2017) argues should be placed on individual values and beliefs, to strengthen the connection between schools and grandparent led families. For example, celebration of holidays can differ from family to family, carrying individual values for

members of that family. These values are important to understand from a school-based perspective because if they are not, the potential exists that distance can be created between school and grandparent caregivers. Lee (2017) argues that not all grandparent caregivers experience the same day to day life events as others. This acknowledgement is important for schools to be aware of, as it changes the understanding of the caregivers they are supporting. By engaging in symbolic interactionism schools have the ability to deeper their understanding of grandparent caregivers, to better meet their needs.

Third, researcher Lee (2017) raised role theory as an important aspect to consider in schools. Placing emphasis on the experience of grandparents, Lee argues, allows grandparents to feel comfort when interacting with the school. Comfort with schools ideally would equal increased engagement for grandparent caregivers, leading to more access to available resources. Finally, Lee (2017) argued that a strengths-based perspective should be given priority. Strengths-based perspective reviews all assets in the family unit, and plays to those in a supportive manner, which ideally leads to increased family engagement. With a strengths-based perspective schools take a collaborative approach, being open to learning from the grandparent caregivers, as well as providing education to them. Family engagement is an effective tool in supporting students. Family engagement relies on foundational connections with all members, to build relationships from. A strengths-based perspective further creates a safe, supportive relationship with the school, bridging any potential distance grandparents may be experiencing. By creating a welcoming school environment- in which knowledge, skills and information are reciprocally exchanged- utilizing needs assessments and family-oriented communication, grandparents can feel more supported by the schools their grandchildren

are attending (Lee, 2017). This may be as simple as changing to whom communication sent home is addressed, parent versus guardian. Also, celebration of Grandparents Day much like Mother's Day or Father's Day could be an example of a way school can further connect with these guardians.

Grandparent stress in previous literature has been attributed to the behavior and emotional control of their grandchildren (Dunne & Kettler, 2007). School-based interventions, although not specifically targeted to grandparents, still have the capacity to support grandparents indirectly. By providing assistance to children in school, schools have the opportunity to decrease grandparent stress by helping children decrease negative behaviors of their own. One such study conducted by Strozier, McGrew Krisman and Smith (2005) sought to lessen grandparent burden by implementing interventions in school to help grandchildren. Specifically, the study focused on self-esteem building and behavioral interventions in the classroom. Through social groups, mentoring programs, buddy systems and additional academic help, interventions sought to improve both academic performance and emotional well-being for these grandchildren (Strozier, McGrew Krisman and Smith, 2005). Through pre and posttests this study found that children's perceptions of their own self-esteem increased, resulting in children feeling more comfortable in school, thereby decreasing some negative behaviors (Strozier, McGrew Krisman and Smith, 2005). As children's behaviors in school decrease, the potential is there for this to decrease stress on their grandparents (Dolbin-MacNab, 2006; Rubin, 2013). Further, with specific interventions targeted to student and the dedication of schools to assist, grandparents reported more comfortability with reaching out and working collaboratively with the schools (Strozier, McGrew Krisman and Smith, 2005).

Through school-based interventions there is potential to further impact grandparent caregivers. Grandparents now raising their grandchildren have cited stress based on the behaviors of their grandchildren. With increased consciousness in schools regarding non-traditional families in transition, important connections can be made to improve relationships between newly appointed grandparent caregivers and schools.

Family-based Interventions. Grandparents who are now parenting again may come in direct conflict with their past understanding of parental roles and responsibilities. Previous skills they have used while parenting may be outdated and no longer appropriate. Building parental confidence in grandparent caregivers leads to more successful family transitions. It takes a tremendous amount of time and energy for grandparents to be open to altering their parenting skills while also handling the lifestyle changes occurring (Hayslip & Hicks, 2002). Family therapy and family-based interventions are cited as important areas of support for grandparent caregivers.

Emphasis is placed on the newly formed family unit when grandchildren come to live with their grandparents. From an attachment-based perspective, highlighting the relational connection between caregivers and grandchildren can aid in the formation of secure attachment. With the change in role, grandparents are now changing their discipline, communication styles and daily structure. Family therapy uses culturally sensitive techniques to create bonds between caregivers and children (Scannapieco & Hegar, 2002). Team building-type interventions, facilitating and teaching communication strategies, and active listening are some of the specific approaches taken in family sessions. General family therapy has been raised as a resource for these families in transition, however grandparent driven family therapy has yet to be raised.

Within the same category of family work are two practice concepts that Scannapieco and Hegar (2002) introduce. The two concepts stem from a family decision-making model. First is a model that comes from New Zealand- "the family group conference" (Scannpieco & Hegar, 2002). Second is in use in the United States- "the family unity model" (Scannpieco & Hegar, 2002). Both branches of the model highlight the importance of family decision making with the larger agencies that support them. These meetings are called when the child is in need of "care and protection", children are included as appropriate along with any potential family members that would play a role if the child's living situation was to change. Professionals are able to attend in the United States model, unlike the New Zealand meeting. Overall, both set to examine options that are in the best interests of the child. Scannpieco and Hegar report that family meetings lead to more successful transitions for children, through better placements with family members instead of out of home placements. Similar cultural practices, ethnicities and religious beliefs are tied to successful transitions. Children that are now residing with their grandparents have the consistency of knowing and sharing specific cultural practices as they experience a shift in family dynamics. These constants of religion, spirituality, beliefs, and cultural practices help children to feel more confident and comfortable in their homes (Scannpieco & Hegar, 2002).

Family based interventions are important to consider when identifying resources for newly appointed grandparent caregivers. Family therapy is cited as a support for grandparents during this transition. Family therapy can facilitate important conversations, provide parenting support and redirection for grandparents and create a safe space to create relational bonds between grandparents and their grandchildren. Family decision-

making models are an additional way to support grandparent caregivers through collaborative conversations (Jenkins, 1980). Family decision-making models create a specific outline of topic of discussion (for example, going on vacation) with definition of a decision-making unit, outline of participant roles, and actions of each participant (Lackman & Lanasa, 1993). This model provides space for multiple inputs, creates a clear objective and expectations and illustrates that the unit needs to function as one to accomplish their tasked goal. With non-traditional families with grandparent heads, family therapy practices warrant a review to ensure that they are sensitive to differences in family structure. Grandparent caregivers bring with them previous learning and knowledge on parenting that may help or hinder the therapy. Old parenting habits may get in the way of successful implementation of behavioral management practices, for example. Additionally, the literature shows that most grandparent caregivers are single grandmothers (Bertera & Crewe, 2013; Dolbin-MacNab, 2006; Minkler, 1999; Rubin, 2013) and many family therapy practices are based in the assumption of a "traditional" family with two heads of households sharing decision making. With only one primary decision maker, some concepts may not be adequately applied, such as behavioral modification strategies in which parents are told to take space when the child is escalated. A single grandparent would not be able to appropriately do this, as they may be the sole responsible party in the household. In this way, family therapy practices should be adapted to the needs of the grandparent led family system.

Technology based interventions. Although less frequent than the above interventions, there has been exploratory studies conducted to identify the success of technology-based programs for grandparent caregivers. Technology is rapidly growing

and changing the landscape of the world today. From social media to online portals for schoolwork, grandparents will inevitably come into contact with technology when taking over care for their grandchildren.

One successful intervention of note comes from a study done by Loree, Beliciu, and Ondersma in 2014. The researchers sought to implement a technology-based intervention for one calendar year with participants, to see if some basic needs could be met this way. Their intervention was very specific, targeted towards improving grandchildren's academic performance as well as providing interactive, parenting skills for grandparents. The technology provided to grandparents gave video examples, and modules focused on decreasing unwanted behavior in grandchildren. This specific study combined qualitative and quantitative methods and found that overall grandparents reported the software to be accessible, helpful and touched on their specific concerns. Although this study only focused on this software for one year, it paves the way for future development of technology-based software to provide additional support and resources to grandparent caregivers.

Technology based software is still an evolving category of intervention for grandparent caregivers. From the limited study highlighted here agencies supporting caregivers can be cautiously optimistic about implementing interactive, online software. Further research should be conducted to review if technology is accessible by caregivers, being aware of socioeconomic status, and any cultural barriers to participating.

The above interventions are the most widely discussed in the literature on resources for grandparent caregivers. Overwhelmingly, the literature documents the many positive effects of support groups and expresses these as the leading way to support

grandparent caregivers. Even with acknowledgment of concern raised by Strom and Strom in 2000 with regard to in group challenges, support groups remain widely utilized. For grandparents of school aged children, school interventions are crucial in creating supportive connections to aide grandparents with homework and school concerns. This creates a safety in which grandparents may be more apt to share concerns, ask for help and inquire about additional resources. Family therapy also provides potential for support and acts as a resource for grandparent led families. Although newer, technology-based interventions have the potential to provide access to families that may not be able to attend community-based functions or meetings. The way in which grandparent caregivers are supported play a crucial role in their success as caretakers.

Summary of the Literature

Grandparent caregivers are a unique population that has increased over the past ten years. These caregivers are being asked to accept care for their grandchildren, causing an impact on their lives. The literature reviewed has presented three integral themes. First, review of policy and demographics helps to situated grandparent caregivers both historically and practically. Second, a review of emotional well-being, physical health, finances, and identity illustrate the challenges grandparent caregivers face. Third, suggested and reported interventions were presented to examine strategies used to help best support this population. Grandparent caregivers are an important population both in the United States and internationally. It is crucial that resources provided are thoughtful and are the best fit for grandparent caregivers.

CHAPTER 3: METHODOLOGY AND RESEARCH DESIGN

In this chapter I will provide the methodological design of my study. First, I will reflect on my epistemological stance and comment on my role and reflexivity as a researcher. Reflexivity is important as it attempts to decrease the impact of researcher bias on a study. I use reflexivity to both increase my self-awareness during my study and to reduce undue influence during recruitment. I will outline the overall research design and corresponding methods chosen for this study, namely qualitative research and narrative inquiry, and unpack the rationales behind them. I will also discuss validity and ethical considerations in my research.

Epistemological Stance

As a researcher, I align with the basic assumptions of constructivism. Constructivism acknowledges the socially constructed realties individuals create to make sense of their worlds (Ponterotto, 2005). By building on previous learning, individuals make sense of their lives, and "reality is constructed by the actor (e.g. research participant)" (Ponterotto, 2004, p. 129). My research participants are the main constructors of their realities, meaning they are the experts on their experiences. I sought to further understand their experiences, to shed light on any challenges and successes they face in their roles as grandparent caregivers. By prioritizing their voices, I have allowed them to express how they construct the world around them, instead of creating a voice for them to fit into. In this way, constructivism goes against the pre-constructed narratives that may be placed on people by society, mainstream media, and certain policies and practices.

My alignment with constructivism also creates space for thinking critically about the space I inhabit as a researcher, as well as the space my participants inhabit. Many times, those making decisions that impact these families, whether legislators, agency directors or agency workers, do not have the lived experience of these grandparent caregivers. This creates a distance between what guardians may realistically need, and what is actually provided. It is my intent through narrative research with a constructivist alignment to attempt to bridge this gap. In my study I provided space for participants to share their individual experiences and bring light to any themes they find salient. By providing space for a participant led data collection method, with open ended interview questions, I was able to collect data rich in experience and detail. It is my hope that the information collected might help bridge any gaps present in the way grandparent caregivers are supported.

Furthermore, I hold that research is not one-sided, that is, I as researcher cannot distance myself fully from my participants. Instead of viewing myself as a researcher solely intent on collecting data, I instead acknowledge and align with the idea that research is relational. Through discourse, a participant and researcher cannot help but create a relationship. This relationship can be crucial in helping a researcher obtain rich, honest narratives from participants, therefore increasing the value of the study. Constructivism places emphasis on this interaction between participant and researcher (Ponterotto, 2005). Viewing research as relational allows me to create connections with my participants to build a foundation of trustworthiness in my study.

My relational connections with participants evolved and changed throughout my study. At the beginning, I had emails and phone numbers with just first names and

messages of interest. From this early connection I worked to instill trust and connection, through constant communication and follow up, providing as much information as possible. Once I met with individuals in person or online, these connections shifted. In addition to continuing to build trust, extended contact through interviews allowed space for a very real human connection. While participants became emotional, or frustrated or when they couldn't continue, our connection deepened, and I was able to see the people in front of me with more clarity and wholeness. After my interviews concluded, I journaled and memo-ed my reflections and observations. This step provided yet another layer to the relational nature I worked hard to reinforce throughout my study. In reflection I was able to capture participants' essence, preserving them to allow myself to return to them during my transcription and analysis phase to ensure I was remaining connected to them throughout this process. In this way, I believe I embodied the relational nature of constructivism.

Reflexivity

In my effort to explore the experiences of these caregivers, I must first reflect on my own personal experience with this population. From a young age, my father and I relied on my grandparents to provide support for our family. Whether driving me to sports practices, cooking dinners, and overall being accessible emotionally, my grandparents were a vital part of my life. I acknowledge my privilege in having these close relationships. My father's continued connection to my grandparents, his values of family, the fact that we lived within close proximity geographically and my grandparents' own health statuses allowed me to experience the advantage of having my grandparent caregivers present throughout my childhood and beyond.

Through my clinical work I have been fortunate to work with numerous grandparent caregivers, all with varying connections with their grandchildren. Some grandparents became full time caregivers after they had been involved in the child's life for multiple years. Some grandparents became full time caregivers with limited prior interaction with their grandchildren. The relationships between grandparents and their grandchildren varied, from fully attached and comfortable, to wary and disengaged. My experience with my own grandparents is different than the above experiences have outlined. My grandparents, although very supportive, did so out of want, not out of need. That is, my primary caretaker, my father, was still in in charge of my growth as a child. The grandparents that I have encountered through my clinical work have varying levels of contact with the grandchild's parents; this contact may be limited, fractured, or even non-existent, putting the grandparents fully in charge of their grandchildren's lives. My personal relationship with my grandparents is in contract with those of the families I interacted with, that I felt drawn to creating research surrounding this special population. I intend to further understand experiences that differed from mine, in an attempt to create awareness to the unique challenges these grandparents face.

Meanwhile, I bring my identity as a white-middle class woman to my research. This identity comes with privilege as well an acknowledgement that it may impact my vision of the social world. I am from a racial group that historically does not experience systemic racism as my African American, Hispanic, Latina, or Asian counterparts. I was born and raised, and still live in the New England area. I grew up with access to educational settings, resources and finances that allowed me to pursue not only a Masters degree but the very degree I am working towards currently. Although less than my white

male counterparts, my voice in classroom settings was given space and held weight. My white identity has allowed me to very rarely be challenged in social situations, in the community and in scholarly settings.

My accessibility as a researcher is another area I have reflected on. I came to my research as a mid-thirties, non-married, non-parent female. I believed that these qualifiers might make participants more or less likely to connect with me as a researcher. To attempt to provide space to discuss this with my participants, I prepared a brief self-statement that I intended to share before beginning each interview. I was preparing this statement to elaborate on my personal identities I was bringing to my research as well as opening dialogue for participants to share if had any reservations about us proceeding. I found that I only used my brief self-statement three times throughout my study (3 participants out of 9 total), as most participants from the start of our time together seemed to feel comfortable asking me direct questions. The two questions I navigated from most participants were what fueled my interest in this topic, and what my intentions were for carrying out my study. It seemed that participants wanted to get a sense of these questions prior to sharing their experiences. Once the interviews began, I was asked questions about my parental status and my age primarily. I made space to navigate these questions and understand the motivation behind participant inquiry, while also naming my identities. In this way I believe I set the foundation of connection to obtain the very rich narratives I did.

Overall Methodology/Design

Qualitative Research. This study will utilize a qualitative research design to understand the impact, if any, on identity that becoming grandparent caregivers has on

participants. Qualitative research aligns with my epistemological stance in that is

considers participants experts in their own realities (Creswell & Creswell, 2017). Placing

emphasis on the lived experiences of participants (Morrow, 2007), qualitative research is

the most suitable method of inquiry for my study, guided by my research question: What

are the experiences regarding well-being and identity development for grandparent

caregivers as they navigate their new roles? Further, qualitative research acknowledges

individual(s)' underlying reasons, options and motivations through their own narratives

and hermeneutic analyses of such narratives. My emphasis on bringing voice to

grandparent caregivers is supported through qualitative research.

Narrative Inquiry. As an approach of qualitative study, narrative inquiry focuses

on the specific stories an individual may tell. Further, narrative inquiry argues that to

understand one's overall narrative of their reality, we must identify themes that an

individual uses to make meaning of the world around them (Kim, 2016). Narrative

inquiry is grounded in hermeneutics, emphasizing meaning making. Sarbin (1986) is

thought to be the first to coin the phrase "narrative psychology" (Josselson, 2004).

Narrative research takes a stance that individuals make meaning and understand their

lives in "storied forms," while connecting experiences through plots, including

beginning, middle and end points (Josselson, 2004).

Narrative inquiry is most appropriate for exploring the impact, if any, becoming a

grandparent caregiver has on personal identity. Narrative inquiry aims to "capture the

lived experience of people in terms of their own meaning making and to theorize about it

in insightful ways" (Josselson, 2004, p. 225). It is the individual experience, gained

through their overall narrative, that I am most concerned with in my research. Using

semi-structured interview questions aligns with the open format of narrative inquiry. Compared with traditional interviewing, narrative inquiry sets to balance any power dynamics that exist, making the interviewee the expert. In traditional interviewing, multiple questions directed by the researcher create an environment of unbalanced power, with the researcher in control and in the center of the narrative (Kim, 2016). With narrative inquiry however, the focus shifts to the participant, making them and their lived stories the central focus. Kim asserts (2016) "if our goal is to let stories be told (as it should be), then giving up the power as an interviewer and empowering our storyteller instead is natural" (p. 166). Therefore, beginning with a lead off question (Carspecken, 1996) aimed to understand specific experience in role and identity for a participant allows the research to be slightly structured, but also allow the participant to be in control of the narrative they wish to tell. Each individual's narrative has the potential to deepen understanding about successes and challenges that grandparent caregivers face. Through the relational nature of qualitative inquiry, creating a connection with a participant has led to rich narratives. The narratives provided to me by participants not only shed light on their individual experiences, they have the potential to impact larger policy and practice changes. In the field, the way we as providers are supporting grandparent caregivers always has room for improvement. With additional context and understanding around caregiver identity, well-being and the multilayered complexities grandparents engage with in their new roles, participant narratives provide further understanding to the field as to what needs are or are not being met for this population.

Narrative inquiry also has interwoven ties to identity (Murray, 2003). As my study is aimed at experience of grandparent identity, this is an additional reason why

narrative inquiry is best equipped for this research. On a daily basis, individuals use

social cues, experiences and relationships to shape their world views. The shaping of

world views can have a direct connection to a person's own identity. Placing oneself with

relation to social context allows for meaning making and creation of personal identity. If

one aspect of identity is reinforced socially, one may be more willing to claim this as a

defining characteristic of the self. The converse is also true, if an aspect is considered

against the mainstream social expectation, one may be less likely to claim it as their own.

Overall, the relationship between how individuals experience the world directly links to

how they define themselves, i.e. create their identity, in those same worlds.

     Sampling Strategy and Recruitment Process. For my study, I engaged

participants from the Commission on the Status of Grandparents Raising Grandchildren

in Massachusetts. This is a resource for families that was founded in 2008 as part of the

Child Advocate Bill. This legislation led to the formation of a group of whose purpose is

to serve members of the state of Massachusetts that are raising their grandchildren,

grandparents or other family members, and be a resource for families. This chosen

recruitment source is intentional as the group is wide reaching. One of the largest

resources offered by the Commission is support groups to grandparents or other kin

raising their grandchildren. The support groups are located in a number of different

suburban and urban settings, providing access across multiple geographic areas.

Compared with the general population, racial minority groups such as African American

are overrepresented regarding the situation of grandparents are raising their

grandchildren. For example, although the overall percentage of African Americans living

in the United States is 12.3%, 27% of African American children are being raised by

grandparents with no biological parent present (United States Census Bureau, Community Facts Report, 2017). This collection of geographic areas accessed by the ongoing support groups had the potential to reach many families, not just those for example in mainly white suburban areas, or those for example in mainly Hispanic, African American urban areas. This reach was intentional and purposive in my sampling. Given the statistics of African American families raising their grandchildren, I sought to ensure that I was intentional in my recruitment.

My participants are grandparents that have formally, or informally committed to accepting responsibility for their grandchildren. This can take the form of daily care, emotional responsibility and/or legal responsibility. Although each participant spoke to how and why they became to care for their grandchildren, reasons for care is not an exclusion criterion, as it differs from family to family.

After conducting a brief pilot exercise in which I experienced challenges with recruitment I have recognized how vital developing rapport with community agencies is. At the onset, my intention was to recruit from an already established relationship through an ongoing support group leader. I provided specific information cards to her to hand out during her support groups, as well as created an email template she was able to distribute to her co-workers to see if they have any appropriate participants. Through this connection I aimed to form the relationships needed to carry out my project. This was still a prioritized area of recruitment, however due to my inability to connect with my identified group leader during my brief pilot exercise I developed alternative plans. I was able to connect with an individual that leads the Boston based support groups for grandparents, overseeing upwards of seven support groups total. I networked with her

and was able to sit in on two groups and present my research project and answer any questions group members had. This allowed me to be in person with group members, experience a support group for myself, and be a present entity instead of a person behind a flyer.

Utilizing the ongoing support groups formed by the Commission yielded me 5 participants. Alternative plans for recruitment included contacting pediatrician's offices, schools as well as libraries and providing information on my study. I also contacted peers and colleagues in the field and disseminated my flyer with research information. I also posted recruitment material flyers in a variety of settings in local communities, coffee shops, grocery stores, and municipal buildings on community boards. See Appendix D for sample recruitment material. These alternative plans yielded the remaining 4 participants of my study.

Screening Process. Once participants were identified, I conducted informational screenings over the phone for further discussion of my project and a brief outline of what their participation would entail. I shared an overview of the goals of my study, background of my study and brief review of informed consent topics. Once each participant was selected and agreed to participate, we scheduled an interview. The week prior to each interview I confirmed with the participant, whether via email or phone, based on their preferred method of contact. At the beginning of each interview I conducted a demographic questionnaire with participants (See Appendix E). Demographics were collected regarding age, race/ethnicity, gender, employment status, relationship status and highest grade of school completed.

Table 3.1 Demographic Information

	Amelia	Meghan	Mark	Tina	Harriett	Kelsey	Lilli	Kelly	Tiffany
Age Range	80	77	41-50	71-80	71-80	54	85	71	42
Race	White	White	White	Native American	African American	White	White	African American	African American
Gender	Female	Female	Male	Female	Female	Female	Female	Female	Female
Employment Status	Retired	Retired	Retired, working part time	Retired	Disabled, not able to work	Employed, working part time	Retired	Retired	Working full time
Relationship Status	Single	Domestic Partnership	Married	Widowed	Separated	Single	Divorced	Married	Single
Highest Grade of School Completed	Other: PhD, ABD	Some college	Some college	High school diploma	High school diploma	High school diploma	High school diploma	2-year college degree	Graduate level degree
Number of grandchildren in care	one	one	two	two	one (great grandchild)	one	three	one	four
Approximate age of grandchildren	12	7	14 and 17	6 and 8	11	10	32, 30, 27	11	3, 5, 7 and 12

Study Setting. As narrative inquiry forms the basis for my study, setting was key.

For quality interviews I selected spaces that were private and allowed for minimal

interruption. Although I did not use my private office space as originally intended, I was

still able to utilize private spaces that provided a cohesive environment to record an

interview in. I met with 6 of my 9 participants in their own homes. This allowed me to

better schedule based on participant needs, and also allowed me to experience a small

snapshot of their lives while in their homes. For each participant that met with me in their

home, I worked with participants to attempt to limit any interruptions during our time

together. I met with two of my 9 participants in private spaces at their local libraries. We

met early in the morning when libraries first opened to make sure to secure the space and

limit any interruptions. The final two interviews I conducted were via telephone, as the

participants lived out of state and I was unable to access them in person. I used the

Google Voice application on my computer and recorded through a transcription software

and my hand-held recorder. Allowing this method of interviewing made sure that I was

not excluding any participants based on location.

Table 3.2 Setting and Participant Living Situation

Setting:	
1. In person 2. Phone	1. Amelia, Meghan, Mark, Tina, Harriett, Karen, Lilli (7/9) 2. Kelsey, Tiffany (2/9)
Living Situation:	
1. Cohabitating with birth parents	1. Amelia, Meghan (2/9)
2. Living independently of birth parents	2. Mark, Tina, Harriett, Karen, Lilli, Kelsey, Tiffany (7/9)

Data Collection. Data was collected in four different ways for this study.

Interview data was collected on recording devices from individual participants and

transcribed. Visual data was collected on paper from participants engaging in sketching

of identity pie charts. Observational data was collected by myself, in the form of

journaling after each interview. Field notes were compiled and kept on the copy of each

interview protocol I had with me during each interview. All four types of collection will

be described and outlined.

Interview Data. Narrative inquiry allows participants to have control over their

own telling of personal experiences. Narrative inquiry focuses on the creation and

expression of a participant's story. All humans have stories of their lives and it is from

these stories that we chart our paths forward, with decisions, beliefs and experiences that

are wholly our own. Narrative inquiry seeks not only to hear a person's story, but to

understand it in the context in which a participant situates themselves. It seeks to

understand one's story as it relates to larger social and societal structures already in place,

with emphasis of how one rejects or accepts those structures. Keeping with the relational

nature of narrative inquiry, I facilitated semi-structured interviews allowing the

participant to share with me what feels most salient to them about the topic selected.

There are two different narrative type interviews, *life history* and *episodic*. *Life history*

interviews focus on the continuum of life for a participant. Timeline is emphasized and a

larger scope of detail is anticipated due to the openness of this type of interview. *Episodic*

interviews, in contrast, focus on detail for a specific event or experience. For my study,

episodic interviews were the utilized vehicle of narrative collection. In comparison with

life history interviews, episodic interviews allowed me to provide a topic in which the

participant can elaborate on, more specifically identity in grandparent caregivers. I

limited interruptions, leading questions or redirection, instead I focused on collecting the

entirety of the study each participant chose to tell me. This process, according to Murray

(2003), "gives the research participant much more central control in shaping the agenda"

(p.101). Different than a traditionally interview in which the researcher chooses theories

or questions to explore; a narrative interview allowed the participant to identify the major

themes on the topic selected. See Appendix B for sample semi-structured interview

protocol. During the interviews, I recorded with two devices, in case one malfunctioned.

 Visual Data. In addition to each participant's recorded narrative, I asked

participants to complete what is referred to as an identity pie chart. I created two circles

on the back of my interview protocol sheets and presented to participants with the prompt

to split the circles into what they felt visually represented their identity prior to taking

over care of their grandchildren, and then comparatively what they felt visually

represented their identity after taking over care of their grandchildren. This process was

not completed with the final two participants, as they were conducted via telephone.

Figure 3.1
Identity Pie Chart Before- Amelia
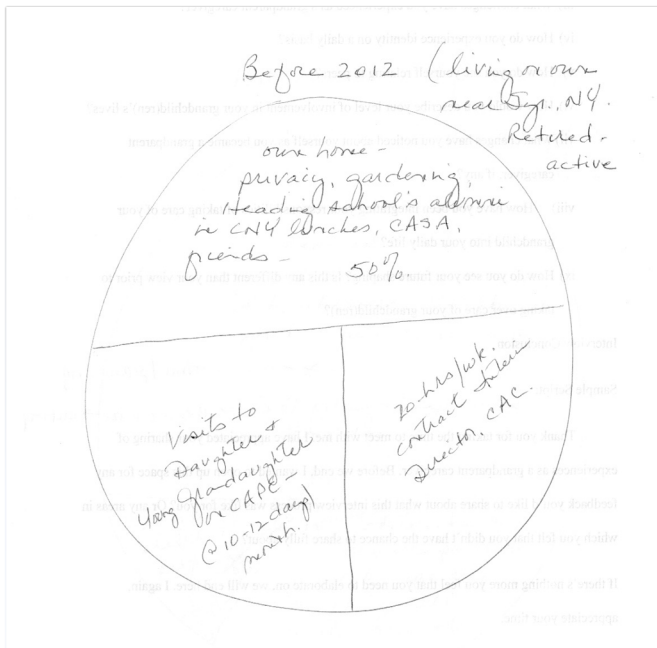
Figure 3.2
Identity Pie Chart After- Amelia
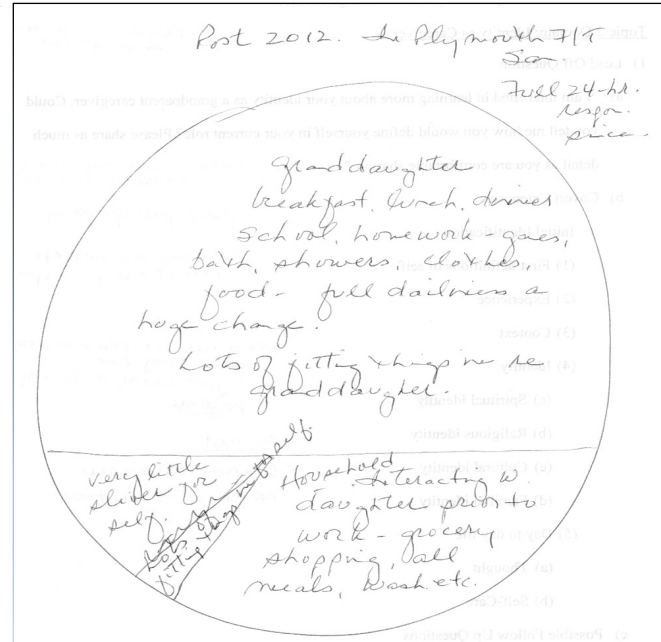
Utilization of visual data in my study was an attempt to further understand how participants conceptualized their identity. This process is referred to as 'respondent-generated' visual data in narrative inquiry and is used in research to represent a participant's reality and serve as documentation of already existing phenomena that surrounds them in their daily lives (Kim, 2016). I sought this additional vehicle of participant experience to further illustrate identity and participant perception. In my experience, participants struggled to identify specifics about their identity, seeing it as a larger philosophical question and had some difficulty answering it concretely. To help this process, an identity pie chart creates an additional way that participants can express any changes they experienced. Facilitating this practice also led to further conversation and understanding of how participants viewed identity. For example, some spoke about identity as it closely related to time and shifts in time, illustrating a before and after of how their time was spent. Others spoke about identity as it related to priorities and energy

levels, and the comparison in the pie charts provided rich explanations of these shifts for participants.

Each participant also completed a demographic questionnaire at the beginning of our interviews. These questionnaires were recorded and kept as a data source to represent specifics about participants included in this study.

Observation data. In the field, I also completed a process of observation notes and memo-ing after each interview conducted. Kim explains "we need to be keen observers of our participants' life worlds in order to retell their stories in full, closer to their reality" (p. 175). After meeting with each participant, I created a document in which I created my own observation narrative and first thoughts on the interview. I wrote about context, environment, participant presentation, and anything that struck me as salient while listening to the interviewee. In comparison, during the actual interview itself, I attempted to participate as wholly an engaged listener and take little to no notes. This was intentional to attempt to combat what Kim (2016) refers to as the observer's paradox, taken from Labov (1972). Labov describes the aim of research to observe participants as closely to their natural state as possible, that is, free of imposing systems. Although this aim is important, Labov elaborates that it is near impossible, as researchers are imbedded in systemic roles that differ than our participant's, creating a distance from a participant's true authentic reality. Further, a researcher taking copious amounts of field notes and the physical presence of a recording device could impact what the participant chooses to share, therefore possibly limiting the attainment of a rich narrative. Although there is no direct way to combat the observer's paradox, decreasing the note taking, and engaging in

conversational moments prior to starting recording were two ways I attempted to decrease any impact.

Data Analysis. Narrative inquiry calls upon the collected data to ascertain themes. Analysis for each type of data will be presented and provided context of how it was analyzed and integrated.

Interview data analysis. Through multiple readings of transcripts, narrative inquiry posts that the salient themes are the ones provided in vivo, not previously compiled prior to conducting the interview. Thematic analysis was used to draw out themes raised by participants across my study.

Data collected was transcribed by the researcher. I utilized a transcription software, Otter, to aid in transcription. Since the software did not pick up on pauses in narration, punctuation, and missed some words, I was heavily involved in the process. The process of transcription can be viewed as a crucial one in analysis (Davidson, 2009). By reading, re-reading and spending time paying attention to utterances and sighs, I engaged very intimately with participant narratives. This allowed me to have concrete basis for my emergent themes, as I had engaged with each transcription at least four times prior to formal analysis.

Taken from Polkinghorne (1995) my coding method began at the basic, thematic level first. Once interviews were transcribed, I engaged with the data by first reading through each interview without identifying themes, then creating my own summary of the interview. Then, I read through each interview a second time to attempt to identify themes imbedded in the narratives. Themes were then organized into two levels of thematic findings, first level larger, more general, and second level, more specific. All

participant's codes are included in the following pages, even if a single participant identified a code, as this aligns with the narrative method used in this study.

Visual Data Analysis. Once participants completed both identity pie charts, I facilitated discussion on what resonated with them, if anything looked different and their overall thoughts. Their responses were recorded and used in the interview analysis identifying any themes that emerged. In addition, the pie charts were analyzed for themes, connected directly to identity for participants. Variance in ways participants split up their pie charts were recorded and helped to further understand and inform comments about identity, time, and overall well-being.

The identity pie charts supplemented the analysis of interviews by providing a visual representation of how participants conceptualize their identity. Identity as a theme is often difficult to define and to make tangible. The pie charts helped to illustrate themes in which participants used for example, time, activity involvement, and career, to express understanding of their own identity development.

Observation Data Analysis. Observations were kept on separate, individual documents and helped to inform the narratives presented at the beginning of the findings chapter. My notes about what was observed and experienced during each interview provided not only illustration of participants for my readers, but also provided context for further understanding participants as a whole. For example, Tina, my fourth participant, mentioned her Native American heritage as an identity, however I would have not understood the gravity of this identity without observing all of the Native American dream catchers, statues or religious artifacts throughout her home. In this way, I was provided additional context of which to situate my participants.

My observation analysis also helped support the individual narratives created to present the reader with a snapshot of participants. Each participant in the findings chapter has a two- paragraph narrative to introduce them to the reader. Observational notes also provided context regarding socio-economic status and living environments that helped to inform discussion.

Field Notes Analysis. During each interview, I took minimal field notes, instead doing my best to remain fully engaged with participants. My field notes consisted of one- or two-word quotes or phrases that I wanted to be sure to come back to in the transcription at a later point. These phrases were either expressions I had not heard before, introducing new themes, or hit on a particularly salient point for the participant, expressed by heightened emotion. After transcribing the interviews, I pulled out each set of field notes when beginning thematic analysis, to further emphasize any themes, or to point me in a direction in which I found important while sitting with a participant.

Validity Considerations and Strategies

The type of knowledge I sought to gather in this study is primarily based on individual experiences. Through my chosen recruitment strategies, I sought to obtain a sample from urban and suburban geographic settings. This was done in hope to obtain different narratives from a range of socioeconomic and cultural backgrounds. I feel that this further increased the importance of my work, as it intended to decrease the acceptance of the mainstream narrative. Individual experiences largely fall under the subjective knowledge claims, which follows a validity principle that emphasizes the sincerity and openness of the participants (Carspecken, 1996). Although subjective knowledge claims are the most foregrounded in my study, both normative and objective

claims come into play. Included participants made comments throughout their narratives about duty and "shoulds" in their roles. These comments fall under normative claims as they focus on the "ought to" which draw from social norms. The process of double checking my transcription falls under the objective domain, as it allows others to check the accuracy of my transcription. Wishing to obtain the most honest, open, narratives from my participants underscored the importance of the relational connection between participant and researcher. Participants were in control of how much of their narrative they are willing to share, providing limited information, or a rich story. Their ability to share was based on trustworthiness they feel with myself as researcher. To create strong foundations in the research relationship, I spent time attempting to build rapport with participants. We connected regarding general conversation prior to beginning the interview, with the intention of creating a relational connection. This was done in attempt to increase the likeliness that they are more comfortable and therefore more able to be honest and provide meaningful narratives.

Due to my personal connection to this research, I have engaged in peer debriefing to help eliminate any assumptions, biases or areas of omission from my research. Peer consultation has also paralleled analysis, to ensure that themes and analyses identified are consistent. Frequent check ins and meetings with my chair have also been utilized to ensure validity and identification of any areas of bias or omission. I also engaged in journaling and reflection throughout my study. This process has further helped prioritize ethical considerations throughout. Also, as part of the co-constructed narrative process, I have engaged my participants in member checking to assess and evaluate for consistency and truthfulness of themes identified. Member checking allows the space for any new

thoughts that might emerge from participants during this process. Member checking also helps further explore developed themes, if they align, misalign or if any themes resonate with participants.

To facilitate member checking, I contacted all participants either via phone or via email, based on their initial preferred method of communication. I provided an overview of the process of member checking, and what it would entail for them if interested. I was interested in what reading through brought up for them, if there was anything that resonated with them or anything that they think I portrayed differently than their intention I explained that this process was fully voluntary and asked that they respond back to me if interested in engaging in this process. Six out of nine participants responded back with interest. Three participants were comfortable with exchanging these documents electronically, so a copy of their transcript and Chapter 4 were sent to them, with an accompanying email message reiterating the goals of this process. Three participants wished to engage with paper copies, so their transcriptions and Chapter 4 were compiled and sent to them. A week after sending, I contacted them to confirm receipt of the documents, all three confirmed they had received them. All six participants were provided with their pseudonyms for reference in their review. Out of the six, four participants shared their feedback within a month of obtaining the documents and their responses are included in the findings chapter. I shared with the participants that had not yet responded that although their feedback would not be able to be included past the month deadline, I would find value in connecting with them at any time if they so choose.

Ethical Considerations

Ethical perspectives are an important part of all research. Within qualitative research, ethical considerations must be made when viewing the relational obtainment of participant narratives. Throughout my study, I worked to uphold the ethical standards of conduct set forth by the American Psychological Association. There were multiple areas for me to do so, within explanation of consent, my own boundary as a researcher and inclusivity in my project.

Consent. All participants have been informed of the purpose and goals of my research. They were given an informed consent form that outlined the purpose and methods of data collection. Each participant has been made aware that their participation is voluntary and that they can withdraw themselves from the research at any time, with no repercussions to them. Participants have all been given pseudonyms throughout to maintain anonymity and confidentiality. I as a researcher have abided by the ethics set forth by the American Psychological Association's Code of Ethics.

Due to the experience based, relational nature of this study, there was a possibility that participants may become upset at the content discussed and the expression of their narratives. To ensure the safety of all my participants, I outlined informed consent and reiterated that they may withdraw at any time, no questions asked, if needed. I also emphasized that they were able to stop the interview at any time. I believe that providing this space allowed participants to feel safe enough to share the intimate details that they did. When participants became emotional, it was left up to the participant as to whether or not they felt up to continuing. In this way we were able to navigate any emotional

reactions they had. Although I did not provide additional resources to participants, I was

prepared to do so if they desired and if their presentation of needs warranted it.

Boundary. With any qualitative inquiry the researcher needs to be mindful of

relational connections being formed with participants. Although I wanted my participants

to feel comfortable enough to give a detailed interview, I stayed away from providing any

type of counseling, or advice. I had planned to direct grandparents in need to community-

based referrals for mental health support, however this was not needed nor wanted by

participants.

CHAPTER 4: FINDINGS

In the previous chapters, I outlined a review of the literature and methodology for my study. This chapter presents the results of the data analysis in response to the main research question: What are the experiences regarding well-being and identity development for grandparent caregivers as they navigate their new roles?

Narrative Introduction to Participants

I include here a narrative introduction to participants. Each participant will be introduced, and specifics given about our meeting, how we came to meet, and what the interaction was like, to provide the reader with further context as to who specifically my participants are.

Amelia.[1] Amelia and I first connected via email when she responded to a flyer I disseminated through her support group leader. We connected via email twice more, then conversed on the phone before setting up our interview. I met with Amelia at the Plymouth Public library on a sunny Friday morning in September. The library is a large brick building with large windows and lots of green grass surrounding it. Amelia is an 80-year-old White woman that introduces herself to me on the steps of the library. She is slight, tall, with salt and pepper white and grey hair, wearing a purple sweater and jeans. We chat briefly waiting for the library to open about the beautiful grounds and location. We settle in at a private table in the library, and she tells me a bit about the history of the library, their group offerings and programs for children. She settles in a wooden, high backed chair across from me at a square table. As I set up my recording device, Amelia

---

[1] All names are pseudonyms

told me her granddaughter was very into dinosaurs at the time, and that she had her eye on a book to bring home to her when we were done.

Amelia is thoughtful throughout, taking her time to answer questions, leaning back in her chair while thinking. She keeps eye contact and has an open body presence. She is soft spoken, intentional in her speech and during the interview you can tell when she is something that makes her happy/she enjoys because her face lights up with a smile. Amelia shared her struggles, joys and experience openly, with lovely stories about her granddaughter. When we conclude, she thanks me for my time, and reports she's "on to the next thing" of the day, grocery shopping. We leave the library and go our separate ways.

Meghan. Meghan and I first connected via email when she expressed interest in my study. She had been given my flyer in her support group and shared that she'd love to speak to me about her experience. We chatted via email and phone, ultimately setting a time for an in-person interview. I meet with Meghan in her son's home, where she currently lives, on Cape Cod. It is another sunny Friday morning in September, and Meghan greets me at her front door. She ushers me into the home, through the hallway by the door to the living room. She introduced me to the two resident cats, Bentley and Brandy, siblings, the former with black and white fur, the latter all black. They are friendly and curious as we settle in.

Meghan sits on a tan couch across from me and I set up my computer and recording device- placing this close to her. She settles in with a glass of water and apple pieces she was eating. Meghan is a 77-year-old White woman, tall, with gray hair, wearing a chambray shirt over black pants with sandals. She wears glasses to read the

informed consent documentation, and they sit on the paper next to her while we speak. She is seemingly comfortable, sitting casually on her couch. She is open, engaged and expressive as we talk. She speaks with conviction and makes sure to highlight the positives of her role- is very diplomatic. Meghan is warm, friendly and has obvious love for her family. Meghan shares openly, and narrates her experience with clear, concise language. At the end of our time together, she asks questions about why I am interested in this work, and we engage in dialogue about my intentions and hopes of my study. She concludes by sharing with me that "grandparent voice is crucial" and thanks me for coming to meet with her. I wave as I walk back down her front steps to my car and begin my journey home.

Mark. Mark was referred to me by a colleague and reached out via phone. Mark and I engaged in approximately a week of phone tag, he shared that he was an Uber driver part time so that his schedule was a little "all over the place." We settled on a Monday holiday in October, and I met with him in his home in Lynn. I walked up the front steps and rang the doorbell, inciting multiple barks from inside. Mark opened the door, introduced himself and shook my hand, all the while telling the three small dogs he has to remain in the home. Mark is a 50 something year old, tall, White man, and wore a white button down over jeans. Mark led me through an open living room into his kitchen, sharing he'd be most comfortable meeting in there if that was okay with me. We settled diagonally across from each other at his large kitchen table, he has a bowl of cereal next to him as we begin.

Mark oscillated between his joy and his challenges in the current role he holds. Mark was high energy, and spoke with his hands, gesturing throughout. He explained that

he was a talker, and at points during the interview self-policed and reported "getting off track." Mark was open, engaged and agreeable throughout, at points laughing at both himself and his situation. As we were wrapping up the interview, Mark inquired about my role as researcher. His inquiry came with the hope that I may have connections to improve the supports provided to grandparent caregivers by the formal helping systems he encounters. I shared with him my goal and aims of my project, and he suggested further areas for me to look into, mainly parenting groups for birth parents that have lost custody of their children. I thanked him for his input, and he walked me out the front door of his home.

Tina. Tina and I connected via phone when she responded to my flyer about my project. Tina and I had some trouble setting up our interview, as she needed to reschedule twice due to unforeseen family emergencies. She was communicative throughout the process, and we finally were able to set a time to meet in her home in Dorchester. Tina lives in a community with a security guard, and was notified internally once I checked in. I took the stairs to a second-floor apartment with a door that was ajar to allow me entrance. From inside the apartment, Tina met my knock with a firm "c'mon in."

Tina sat at a square kitchen table in the middle of her living room, with a notebook and pen in front of her, and she instructed me to sit in the chair across from her. Tina is a Native American woman in her 70's and wore a purple housecoat with slippers, and a gold cross necklace. Tina's home was adorned with many Native American decorations, with intricate dream catchers, statues and paintings filling the space. Tina was friendly and warm, and it was easy to converse with her. She had prepared for the interview and had a notebook in front of her with a brief timeline sketch of the timeline

when she took over care of her first four grandchildren, and an additional timeline when she took over care for her great grandchild, the one she currently resides with. Tina spoke with conviction throughout, very matter of fact and informative about her process. It was clear that she was proud of the work she's done for both her grandchildren and great grandchild, and that she always attempts to "keep it moving" something she repeated often as we spoke. We concluded the interview and she warned me to go through the exit that met the main street instead of the other, "that is just such a headache." I thanked her and headed to my vehicle.

Harriett. Harriet and I organized our meeting through phone calls, and some phone tag. Harriet shared she'd preferably meet in a room at the Mattapan Public Library as she is currently residing in a shelter. The Mattapan Public Library is large, recently renovated, with lots of workspace and a large teen/adolescent room that offers after school meeting space. Harriet and I settled at a small square table, across from each other in matching wooden chairs.

Harriett is in her 70's African American woman, wearing a quarter zip Patriots fleece with a jacket over it, glasses on and spoke with a slight lisp- caused by absence of top teeth. Harriet smiles at me, and before we start the interview, halfway through informed consent, she asks why I am doing this work. We have a discussion and it was very clear that Harriet was wary of speaking to someone as she was interviewed for a book previously and remarked that she didn't feel appropriately compensated, whether financially or through recognition. We chatted about that experience for her briefly- it seemed as if she was trying to separate that experience from this one. Once we started talking, Harriet settled in and regaled her tales as a grandparent caregiver with humor and

candor. She was impressive with her ability to advocate for herself while also holding the belief in the bigger picture of her life, that things are going the way they should. As the interview was wrapping up, Harriett shared that something that would be impactful would be to have presenters or speakers come to her support group and present. We discussed the benefits of this type of program, and I thanked her for her time. She accompanied me to the parking lot of the library to fetch my car, wanting to make sure "I got outta here okay." Harriett walked slowly to the bus stop in front of the library and waved as she saw me drive away.

Kelsey. Kelsey and I scheduled and rescheduled our interview about three times before meeting on a sunny Saturday in October. We were put in touch through her support group where my flyer was presented. We met in Kelsey's home in Carver, a large blue house on a dead end. As I parked and walked up, there were dogs barking, both from inside and from the neighbor's homes. I met Kelsey's daughter in the driveway, and she led me into the home to meet her mother.

Kelsey is a 54-year-old petite White woman, her hair tied back in a ponytail with athleisure pants, shirt and sneakers on. She leads me through the house, explaining that her granddaughter's other set of grandparents had just recently stayed with them for two months, and had just left the weekend before. We sit in her living room, on a brown couch, angled towards each other. Her two dogs settle near to us, one on the floor by our feet, the other on the back of the couch. Kelsey is bright and cheerful and laughs often throughout the interview. She speaks fast and with her hands, gesturing often. She is friendly and warm, and often thanks me for taking the time to come out and see her. Kelsey is a self-identified "talker" and apologized a couple of times during the interview

for "going rogue" I assured her this was absolutely fine. Kelsey shared about the numerous deaths in her life, and her loss that is still very near to the surface for her. As we began wrapping up, Kelsey once again thanks me for my time and shares she feels research on grandparent caregivers is very important. She pulls me in for a hug after she walked me down her driveway after the interview- something that did not happen with any of my other participants. I was surprised at the show of affection, however I can see how speaking so openly about her difficult experiences may make her seek human contact. Perhaps this is why she went for the hug and others did not, it felt very mothering for her to do this. I thanked her for her time and started on my path back home.

Lilli. Lilli and I were introduced through a mutual connection, we were able to meet in person the week of Thanksgiving, as she resides in Connecticut and I was local for the holiday. Lilli and I met on a sunny but cold Saturday in November, at her home. Her home was situated on top of a slight hill, with a winding driveway that I followed to the back of her home. The land spread out beyond the back of the home, with a barn, open space, and a wood burning stove currently lit sending up gray smoke.

A round of multiple barks accompany my knock, and Lilli opens her door while also telling the dogs to stop barking. She ushers me into her home, telling me to take a seat at a large wooden table in her dining room, she disappears to place the dogs in another room and returns and settles diagonally across from me. Lilli is an 85-year-old White woman, wearing black yoga pants and a UNH grandmother t-shirt. We settle in and Lilli begins to tell me her experience as a grandparent caregiver. She is talkative, open, and seems to enjoy speaking at length about her three grown grandchildren. She makes intermittent eye contact, however seems to feel most comfortable looking out her

big picture window at the front of her house to her yard and the farms beyond. She

fidgets often, moving papers around on the table and smoothing the wood of the armchair

she sits in. Lilli's house is a flurry of activity on this Saturday morning, and she confirms

this is the norm most Saturdays, with her sons and grandson stopping by and doing tasks

around the home. Lilli was eloquent, and used dry humor throughout the interview,

laughing at herself along the way. She and I sat together the longest of all my

participants, and she often would apologize for "taking so much time" however reported

that she wanted to give me the full picture, I appreciated this and told her so. We

concluded once she felt she "had no more to give" and she walked me to the door, while

wishing me the best.

Kelly. Kelly and I were put in contact through a colleague that had received my

flyer depicting my needs for my study. She and I played phone tag, as she self-

proclaimed early on, "I'm not a technology person, I don't even have email." We were

able to set a time to connect that would work for her, a Saturday in December before she

needed to lead a group at her church. She and I spoke on the phone, as she resides in

Pennsylvania and I in Massachusetts.

Kelly is a 71-year-old African American, self-identified Christian woman. Since

the interview was conducted via phone, my descriptors are limited however she did report

sitting in a large armchair in her living room, speaking with me on her house phone that

had a long reaching cord. As an interviewer, this method of connecting felt more difficult

than others, I engaged Kelly in additional conversation prior to beginning the interview to

build rapport. Kelly spoke slowly and softly, with great intention. She often remarked

that she was unsure if she was answering my question "the right way" and I encouraged

her to continue in the way she saw fit. Kelly was humorous and thoughtful, with many pauses and self-reflecting thoughts, "oh what do I want to say" before sharing. Kelly spoke about her challenges, joy and overall experience in her role providing sometimes humorous accounts and specifics. Kelly inquired about my decision to study grandparent caregivers and was curious as to what I had found thus far in my process. We chatted a bit about this, seeming to further prompt Kelly to have additional reflections. We conducted with good wishing's about the upcoming Christmas holidays, and she told me to "be well."

Tiffany. Tiffany and I were put in contact because her mother, Kelly (the above participant) had already spoken with me and participated in my project, and suggested Tiffany do the same. Tiffany and I played a bit of phone tag, and had rescheduled twice, however finally set time to speak on a Saturday in December. Tiffany also resides in Pennsylvania and thus we conducted our interview via phone.

Tiffany is a 42-year-old African American, self-identified Christian woman. Tiffany was seemingly distracted throughout the interview, and I later found out that she had just taken in her additional three grandchildren literally the night before speaking to me. Tiffany was working to wrangle a 3-year-old, 5-year-old, 6-year-old and her 12-year-old while speaking to me all at the same time. I appreciated the opportunity to witness a "typical" morning for the family. Tiffany spoke frankly and with conviction, seemingly very confident in her role and decisions. She spoke quickly and used humor when regaling her experience. Tiffany was frank about her inability to speak fully to experience, as she just "started over" again with three additional grandchildren. I told her I appreciated what she could share as it was her real-life experience. We concluded the

interview when it was clear she was being needed more and more by her grandchildren, understandably so. She let me know if I had other questions to call her during her workday, where she might be more accessible. I thanked her for that option, and we concluded with well wishes for the upcoming holidays.

From the above narratives, it is clear that each participant that met with me brought their own unique experiences and knowledge. I enjoyed getting to know each participant as an individual grandparent raising their grandchild and/or grandchildren. The following results will present themes that emerged from our interviews and show differences in experience along with commonalities in experience of included participants.

Results

Six larger themes emerged from the data. These themes included catalyst for care, family dynamics, transformation of time, challenges in the role, ways to remain/sustain in the role and identity. The below table shows these larger categories along with sub-themes that emerged and the frequency of emergence in participant narratives.

Table 4.1 Theme, Sub-theme and Frequency

Theme	Sub-theme	Frequency of emergence
1. Catalyst for care	1.1 Duty/sense of responsibility	7 participants
	1.2 Differences in accepting care	9 participants
2. Family Dynamics	2.1 Relationship of grandparent to own child	9 participants
	2.2 Involvement and relationship of birth parent with grandchild	9 participants (7 emergent, 2 researcher prompted)
	2.3 Familial reaction and input	5 participants
	2.4 Parental role expectations	3 participants
3. Time	3.1 Constraints of time	7 participants

	3.2 Age and energy levels	5 participants
	3.3 Finality in role	5 participants
	3.4 Self-care/time for self	5 participants
	3.5 Generational shift	5 participants
	3.6 Time reset/starting over	4 participants
	3.7 Future orientation/looking ahead	2 participants
4. Challenges in the role	4.1 Inexperience with technology or academics	6 participants
	4.2 Grandchild's mental health or health status	6 participants
	4.3 Finances/Housing	6 participants
	4.4 Participant's mental health or health status	4 participants
	4.5 Court/Legal concerns	2 participants
	4.6 Privacy	2 participants
5. Ways to sustain/remain in the role	5.1 Personal resilience	7 participants
	5.2 Peer supports	5 participants
	5.3 Pride in achievements and progress of grandchild	4 participants
	5.4 Relationship with grandchild	4 participants
	5.5 Bigger picture worldview/future orientation	3 participants
	5.6 Family supports	3 participants
6. Expression of emotion	6.1 Joy	7 participants
	6.2 Sadness	4 participants
	6.3 Stress, worry, anxiety	4 participants
	6.4 Grief, loss	4 participants

	6.5 Anger, resentment, frustration	3 participants
7. Identity	7.1 Role Claiming	9 participants
	7.2 Conflict/tension in the role	7 participants
8. Cultural Influences on experience	8.1 Community Support	3 participants
	8.2 Cultural differences in accepting care	6 participants

1.Catalyst for care

 Participant narratives were rich with detail about how they came to care for their grandchildren. Through these narratives, participants illustrated that most often, it was not one specific incident that caused them to step in, rather it seemed to be a primary reason with secondary reasons that further informed their decision. Overall, participants spoke about their own children being unable to care, whether due to substance use, poor decision making (determined by participants), not meeting the needs of their children or violence in the home. The reasons grandparents took over care is important to consider when gaining an understanding of this population's experience. Although the primary reasons differed somewhat from participant to participant, all participants spoke about a duty or responsibility that they have come to acknowledge played a role in accepting care. Grandparent identity is directly connected to this duty and responsibility; participants spoke about feeling that they had no choice but to step in, that this is what grandparents are "supposed to do" for their grandchildren.

 1.1 Duty/Sense of Responsibility. Seven out of nine participants spoke about this feeling of duty and responsibility. Amelia spoke frankly about feeling as if no one else

would be able to take over care for her granddaughter. She shared "but it was the right thing to do, because there was no one else in the family to take it on or it could be trusted." Her perception that she was the only one that could be trusted enough in the role seemed to reinforce her decision to take over care.

Although Mark acknowledged obstacles in the role, he shared his belief about taking in his grandchildren as something grandparents were supposed to do. Mark commented "So I kind of knew what I had to do when the situation came because it happened to me. So I just brought them in and did what I had to do. You know, we keep going." This perseverance for Mark connected to feeling confident that taking over care was the right decision for he and his wife to make. Harriett took over care of her grandchildren because her daughter was deemed unfit. She shared "And you want the best for them, instead of living the way they live, or was living, I'm sorry. And uhm, that's it." The apology contained in her statement seemed to be directed towards her daughter. Perhaps Harriett was apologizing for judging the way they were living, however the matter of fact way she presented stepping in and taking over care showed her conviction in her decision.

Kelly and Tiffany shared similar sentiments about taking over care of their grandchildren. Kelly being Tiffany's mother reinforced similar beliefs about the role of family and shared care. Both participants shared that one of the driving forces of them taking over care was that family bond. Kelly shared:

> You know that's our child's child, and it's, it's, it is an obligation and you take it on, you don't have to take it on, but yeah, it's a rewarding experience and with me, there was no question. I knew what I had to do. And I did it, because I wanted to, I needed to, and it was just natural to do.

Tiffany echoed a similar message when discussing what drove her to take over care:

Everyone was like well [speaks briefly to grandchild, continues] they're like well why, because you know they were in foster care, why did you do it and because they're my grandkids. Period, exclamation point. [laughs] And that's what we do, that's what we've always done.

It is clear in Tiffany's response that her family connection to her grandchildren was enough reason for her to take over care. Removing her grandchildren from foster care in Georgia and bringing them to her home in Pennsylvania returned her grandchildren back to an area that was rich with family, something held in high regard for Tiffany.

Although the circumstances of coming to care varied for participants, an interwoven theme of duty and responsibility resonated for most. By being grandparents, participants acted in the best interest of their grandchildren, valuing what they perceived as their responsibility to these children.

1.2 Differences in accepting care. Whether due to a specific incident or a general feeling of duty or responsibility to take over care, the way in which grandparent caregivers come to care is important. Although all participants spoke of challenges and obstacles in their narratives, as a researcher I wondered if the circumstances of coming to take over care had a lasting impact. Participants that shared it was an accepted, gradual change in their roles, did not seem to have a different perception of challenges or obstacles in their roles compared with their counterparts that took over care on an emergency-based need. Amelia, Meghan, Kelly and Tiffany all shared narratives that had multiple reasons for taking over care, however lacked an emergency-based situation that needed action. It is important to note that I am basing this perception on their specific narratives and acknowledge that there may be circumstances that were not made clear to me throughout their narratives. Harriett, Tina, Mark, Kelsey and Lilli all spoke about

experiences of parental substance use or violence that prompted them to take over care. Although their experiences differ, there is no definitive correlation to positivity or negativity of experience based on how the grandparents came to take over care.

2. Family Dynamics and Relationships

The second thematic category that emerged from participant narratives was family dynamics and relationships while grandparent is caring for their grandchild, grandchildren and great grandchild. Within this larger category four sub-themes emerged and are organized by frequency. The most frequent sub-theme in this category to emerge (nine out of nine participants) was commentary on the relationship between the grandparent and their own children, their grandchild's parent. The relationship between participants and their children is complex, participants narrated this complexity in a variety of ways. The second most frequent sub-theme to emerge (seven out of nine participants) was through detail about the involvement of the birth parents in the life of the grandchild and the relationship between birth parents and their grandchildren. Involvement varied from participant narrative to participant narrative, and many highlighted the intricacies that come along with this dynamic. The third most frequent sub-theme to emerge (three out of nine participants) detailed familial reactions and input regarding grandparents taking over care. Participants spoke about their extended family's reactions and provided accounts of these relationships as part of the process in their roles. The final sub-theme (three out of nine participants) spoke to the underlying desire of the grandparents that their children were raising their grandchildren.

2.1 Relationship between the grandparent and their own children. All nine participants spoke about their relationship with their grandchild's birth parents (their

children). Relationally, grandparent caregivers are balancing many different interactions

as they shift into their new roles. Specifically, relationships with their children change

and dynamics shift, in some cases causing tension between the grandparent and their own

child. Harriett detailed her relationship with her daughter, "So...she listens to me but she,

she don't, she's still on her same mode. So I have to try to expect that and uh, I don't like

to argue with her I just have to pray on it and hope she gets better." Harriett speaks about

changing her reaction to her daughter, in not arguing, that she had to undergo to feel

better about the relationship between them. Tiffany echoed her thoughts on her

relationship with her daughter and her daughter's decisions, "and it's not about our

children, our children make their decisions and their choices. These kids they don't have-

they didn't ask to come here, and they should, just because my daughter made, is making

the wrong choices, and not thinking about her children at all." In this way, Tiffany is

seemingly distancing herself from her daughter's decisions and choosing to focus solely

on her grandchildren. Kelsey articulated the tension between not being fond of her

granddaughter's biological father and recognizing that he is working hard to be the father

her granddaughter deserves:

> So...but I don't like her father [granddaughter's biological father]. No, no he just,
> me and him we get along with...we're okay- communication issue just because it's
> I know he struggles with his own thing in my head. I would imagine he struggles
> with his own guilt. And... but he's been I believe he's been clean for a while, a
> long while. And I don't want anybody else to pass on. And least of all, I've even
> said to him, someday [granddaughter] is going to know the whole story about her
> Mom or parts of it. And wouldn't you like it if she didn't have to know that's how
> your life is too? So, I give I, I give him credit, I do give them you know, round of
> applause, you know, keep working it.

Kelsey's words further underscore the complexity of relationships between

grandparents and their grandchildren's birth parents, especially if that parent is not a

direct relative. Kelsey's situation may be additionally complex, because she is dealing

solely with her daughter's ex-partner, as her daughter is no longer in the picture of care

due to her death.

Amelia is one of two participants that resides with her daughter and

granddaughter, adding an additional layer to her experience. She is navigating ways in

which she needs to care for her granddaughter while at the same time preserving her

relationship with her own daughter. Amelia speaks of the tension she holds between

being a mother to her daughter, and a mother to her granddaughter:

> It didn't used to bother, but now it infuriates, my daughter, she wants me to be *her* mother while she is going through difficult things. And she says "but you always take [granddaughter]'s side" and I say "no, I am trying to have you understand what she is going through." And I do sympathize when you're [daughter] tired and stressed. But you also never ask when I am tired, but I just get one more thing if something comes up for you. So...that becomes difficult.

Meghan, a second participant that resides with her son, daughter in law and

grandchild, speaks to this tension that she also holds:

> But there were times that I feel like I should be disciplining my son, [laughs] I really do. But I don't. And I once since I've been here, I wrote him a letter, and told him how I felt about an incident. Other than that, I haven't had to deal with much. I have a filter, I run things through now, I've learned the hard way. I don't want to get myself in an adversarial situation here.

By changing the way she is interacting with her son, and quieting herself and her

opinions, she is ultimately changing their relationship. Perhaps living with their children

brings family dynamics to the forefront more so than if both lived independently of their

children.

The frequency of emergence of this theme was striking, as all nine participants

voiced in some way what their relationship looks like with their children. The differences

in narratives about the same experience underlies how personal each relational shift is,

and how this may have an impact in the success of a grandparent in their role. Further

discussion about relational experiences will occur in the following chapter.

2.2 Involvement and relationship of the birth parents in the lives of their

children. Seven of the nine participants raised this theme organically, it was raised by the

researcher for the additional two participants. I was curious as to how the involvement of

birth parents played out in realistic ways for the participants. Participant responses varied,

some, like Tiffany and Kelsey, had a complete absence of parental involvement. Others,

like Mark, Harriett, Kelly, and Lilli had varying ways in which parents were involved.

For Amelia and Meghan, parental involvement was unavoidable as they live in the same

space. Involvement was understandably connected to parental relationships; participants

linked these two in their narratives. It seemed to be that the stronger the relationship and

bond between parent and child, the more frequent involvement occurred.

Mark outlined his position, emphasizing his desire for his grandchild to have a

relationship with their parent, "you know, the child had asked me if the mother could

come stay here. And I let us stay because she was over. So the mother can have a

relationship with the child, the children." Kelly illustrated how she is grappling with

involvement and relationship with her grandson's mother, "He's adjusting and adjusted

and now his mother, they have a better relationship. She visits a lot more which helps him

and it also hurts him, you know?" Kelly went on to elaborate that it was difficult to watch

this polarized, helpful, hurtful relationship as she wanted to look out for the best interests

of her grandson, even knowing that seeing his mother and remaining to live with his

grandmother would have an impact on him. Harriet also seemed to be grappling with a

similar tension, a thought that she'd like her daughter to be more involved but

acknowledging that it may not be in the best interests of her grandchildren:

> So uhm they denied her so she- so she, now, she can't hold them she can't take
> them nowhere she's got supervised visits with me but they had to be with the
> people but uhm...I feel bad in a way because every child needs to know their
> mother no matter what even though the mother messed up or not that's still her
> child.

Tina shared her experience with the involvement of her grandson in the life of her great

grandson:

> That takes care that, now the part on the him taking him out. I am still not 100%
> with that, because I know he smokes. And I don't know what else he might be
> doing. I know he smokes not I'm not talking about the regular cigarettes, the other
> kind. I know he does that. I know he works. I know he drinks. I don't want
> [grandchild] in that environment, environment right now. You know, I'm trying to
> keep him away because [grandchild] is not no fool.

The understanding that the birth parent may not be making appropriate decisions,

and the accompanying boundaries needing to be set by grandparents illustrates an

additional layer to involvement and relationships with birth parents, needing to be

navigated by grandparent caregivers.

Involvement and relationships between grandchildren and their birth parents

varied across all participants in my study, much like I suspect it would across the larger

grandparent caregiver population. Grandparents are tasked with navigating not only their

own relationships with their children, but also the relationships of their grandchildren

with their children, a process that can sometimes be messy.

2.3 Familial reactions and input of other family members. Three out of nine

participants identified this theme. Grandparent caregiver relationships with their extended

families varied according to those participants that shared this aspect of their care.

Participants reported varying reactions by family members to their current grandchild

raising state. While speaking with Meghan, living with her son and daughter in law, she

shared that there is underlying tension with her other children since she has made the

decision to cohabitate. She shares that this is an additional struggle she faces:

> My other kids don't approve. Uhm my other daughter, my oldest daughter I'm
> very close to and she's she feels that I'm- too much as being asked of me and too
> much is... So I have to- I'm assuaging that situation and assuring them that I'm
> okay. But then they will come to me and say oh, well, I see that you're not okay.
> And those times are a little difficult. So, there are a whole lot of factors that come
> into play.

In contrast to Meghan's discussion of her family's reaction, Kelly shared that her

family was very welcoming and open to her grandson. Throughout Kelly's interview, she

spoke at length about the importance of family and remarked often "this is what we do."

She shared:

> My family of course loved him from the moment he was born [laughs]. My
> children- my son, my daughters would take him, you know, they just became that
> extended family, extended family piece for him. And, my son is out of state and
> he would take him for the summer, him and his wife which they adore him.
> [laughs] And they would take him for the summer my one daughter they would
> take him and do things with him. And, you know, I have two daughters. And then
> I have a daughter that's a foster child and if I need babysitting or if I needed
> anything any of them that were here in Pennsylvania in Lancaster, my mom, my
> brothers, they were just a family. This is how we are as a family. We take care of
> our own. And it wouldn't have mattered if it would have been [grandson] or one
> of my sister's children, or my sister has one child, or anybody, we, this is how we
> are as a family. We take care of each other. So it wasn't anything different. You're
> just, it just falls into play. And it just works. It just works.

Kelly's daughter, Tiffany, also spoke briefly about the family understanding of

taking care of one's own. She shared: "So, so I kind of had, I just did what we needed to

do and we- well we come from a family of caregivers, grand kids, non-grandkids, family

uh community people, so this was nothing new to us." Tiffany in so many words in her

interview elaborated that she did take over care of her three additional grandchildren

because it was what her family does. Tiffany's decision based on her family's beliefs shows just how influential family relationships can be.

Meghan, Kelly and Tiffany's experiences with their extended family and their reactions to taking over care vary. I suspect living arrangements and cultural beliefs both play a role in how this plays out for each. For Meghan, I wonder how and if her family's reaction would be different had she not been living together with her son and daughter in law while being responsible for her grandchild. Kelly and Tiffany illustrate beautifully the cultural impact family has on decision making and quality of life in the role. Both spoke at length as to how their family is supportive and "does what they have to do" with regards to shared raising of any child, not just their grandchildren. The knowledge that they have the backing of their family I suspect helps them continue in their role and be confident as grandparent caregivers.

2.4 Parental Role Expectations. Three out of nine participants in some way spoke to this dynamic. Participants had a shared understanding that they wish their children were in their parenting roles instead of themselves. That is, that the expectation of their children as parents versus the reality is different. This was not said in a way that shows the grandparents being unhappy in their roles, however it was more of a commentary that ideally, things would be different. Mark shared, "if one of the parents are here, you oversee them. And that becomes a really a real kind of conflict. That's my child. Well, if that's your child, you should be taking care of your child and not leaving it on the grandparents, you know." Mark's circumstances are additionally complicated because he is the step-grandfather helping to raise his wife's grandchildren. During our time together Mark shared how this was a conflict in and of itself in his role. He repeated

his desire often that parents would be working towards getting care back, elaborating that

he felt once "the grandparents take over that's it" that it feels like the door for parents is

shut. He spoke at length of wanting the social services agency that support all aspects of

this process develop a parenting component that helps parents learn new ways to be in

their children's lives so that one day they can accept care back again. This was Mark's

ideal however he reported that he knew it was "a long shot because of money and all

that." Tina, like Mark, also commented on her existential questioning of being in this

role. She phrased her process in rhetorical questions that illustrate the many unanswered

queries grandparents may be wrestling with. She shared:

> But there's this a clause in there that tells that's trying to tell me that am I
> supposed to be doing this? Why am I doing this?... How come these things occur?
> But which the question is, I can't answer that for myself. The parents have to
> answer those questions. You know, why did I have these babies? And why aren't I
> taking care of these babies? And some of them don't even know where these
> babies are.

Harriett echoed the difficulty of having questions that she doesn't have answers

for in her role. During her interview Harriett shared that her daughter often made

promises she did not keep. Harriett spoke about how this is difficult for the children,

illustrating this struggle here:

> Yeah, it's a, it's a lot. The kids ain't stupid. The kids are growing more. [speaking
> as the grandchildren] "Cause we don't have no father we ain't got no mother what
> happened to- who is my father?" I can't answer that one because I don't know. I
> can answer the one about your mother because I had her but I don't know the rest.
> I ain't gonna lie, it's not my choice to do that. That's going to be the mother's
> choice then, so the mother has to explain why, how come, and how come I got
> there and why you know. Kids ain't stupid, they gonna ask that questions,
> especially the last two gonna ask that questions because this is [inaudible] more
> for the little kids got now, the kids asking they all the time, and they "why my
> mother didn't come to my graduation? Why my mother"- she didn't come to their
> graduation. Those are things she has to answer to, not me. You know?

Although the three participants that commented on this sub-theme provided different responses, the underlying desire that the parent were fulfilling their role was woven through. Mark's comments emphasized his personal opinion that parents need to be rehabbed as parents, to provide a future for themselves and their children. Tina and Harriett had more questions-based narrative, with Tina questioning existentially and Harriett showing the difficulty of grandchildren's questions. Both illustrate the struggle of having questions unanswered in their roles. These questions have the possibility of going unanswered, as they are directly linked to decisions made by parents. As providers, this may feel inadequate to caregivers, further complicating their roles.

3. Time.

The third theme that emerged from participant narratives was time. Participants commented on various ways time plays a role in their care of their grandchild, grandchildren or great grandchild. Participants spoke about time in a variety of ways with comparisons of how their time has shifted throughout their experience. Within this larger category seven sub-themes emerged, they will be presented by frequency of participant response. The first most frequent sub-theme to emerge (seven out of nine participants) was constraints in the role with regards to time. Participant's shared the way their day to day expectations have shifted in their current role comparatively to what their expectations were before becoming caregivers. The second most frequent sub-theme to emerge (five out of nine participants) was time as it relates to age and energy levels. The passage of time equals an increase in age for participants, and most illustrated this age increase equals an energy decrease. The third most frequent sub-theme to emerge (five out of nine participants) was a sense of finality in the role. Here, time is a static aspect of

their role, showing an unchanging quality that grandparent caregivers are tasked with navigating. The fourth most frequent sub-theme to emerge (five out of nine participants) was time for self-care and time to self. Participants spoke of a shift in time ownership, some sharing that their time does not feel like their own any longer. The fifth most frequent sub-theme to emerge (five out of nine participants) was an expression of generational shifts participants have experienced. Comparisons were made to when participants raised their children, or when they themselves were raised, as participants tried to figure out how to situate themselves in the present reality. The sixth most frequent sub-theme to emerge (four out of nine participants) was a reset of time, or a feeling of starting over. The seventh most frequent sub-theme to emerge (two out of nine participants) was time as it relates to future and looking ahead. Participants that shared narratives about their future illustrated the way they are situating themselves in time, and how they are making sense of their reality.

      3.1 Constraints in the role. Seven out of nine participants commented in some way about their experience of unexpected changes to their day to day schedule, feeling constrained by time, and shifting back into planning and scheduling once they've taken over care of their grandchild. Participants illustrated this theme most often in comparisons, discussing what they used to do or used to fill their days with, in relation to what they are doing currently. Kelsey is a single grandmother that has gone back to working part time to support herself and her granddaughter. She shares her experience of time constraints in her role, "even trips you know, [grandchild], I've been very lucky, like girls trips by myself just trips, I don't even do that though, couple of girlfriends [inaudible] they want me to go out on a Friday and I say I can't." Kelsey during our

interview also highlighted that she used to enjoy being an engaged advocate with different groups and that she's had to put that "on the back burner" due to shifts in day to day time constraints, mainly the need to take on work, be home in the afternoons for her granddaughter after school and involvement in unrelated housing stressors.

Mark shared his struggle with additional time constraints when discussing how he and his wife would like to take vacations:

> But I do a lot of times, you know, like, you want to plan to go away. When we did go away a few years ago, we had to make preparations for the kids which we shouldn't have had to do. My son should have been able to stay with the dogs and that's it – but we had to make sure the kids are taken care of make sure this make sure that- bring them here pick them up- all this extra stuff, which you shouldn't have to do when you're retired and kind of the grandparent you just go and visit the grandkids and leave.

Amelia shared aspects of her life that she "used to" engage in, that are sometimes not possible in her current reality. This phrase of "used to" from Amelia, and others, illustrates a sense of loss in their current roles. How a grandparent caregiver is structuring their day matters, and the shift in focus from themselves to their grandchild is important. Amelia shared:

> And once a month there's a Plymouth precinct meeting, I'd hoped to make it Wednesday night and I couldn't. So, even trying to do something like that, I'll get, for whatever reason, pulled away from. And that becomes hard. Because I did so much and I had so many interests.

Kelly, in speaking about how she structures her day to day, illustrates the changes that occur in taking over care of a grandchild. She shared:

> But again, you know, as grandparents you do have to get back into the mindset of you know I need to make sure that all of our arrangements are based around [grandson]. Because before you can just go and do what you want, but now there's another person.

In needing to structure their time around their grandchild's' time, there may be an underlying sense of loss in time for participants that may need to be explored further to better support them in their roles. Harriett spoke at length of how life continues to go on all around her even though her life has inexplicably changed since she has taken over care of her grandchildren. She illustrates her feelings about constrained time in the role here:

> I'm always busy. [laughs] I got the shelter through housing, management, I got two different days, every other Tuesday I'm at Deanna's [support group leader] okay? And then, then you gotta do hospitals, you gotta do uh find out what they're doing at school and see what the school look like. You know, my, my time is always gone, but guess what? It's okay, because God woke me up this morning, I'm good, he gives me all the strength and I can do all things so I am good.

The included participants narrated in different ways how time is constrained in their roles. Whether it serves to impede their ability to travel, create a shift in mindset with scheduling, or speak to an underlying sense of loss, time plays a crucial role in grandparent caregiving considerations.

3.2 Age and energy levels. Five out of nine participants commented on time as it relates to age and energy levels. As participants discussed their chronological increase in age, they discussed a decrease in their energy levels. Amelia summed her thoughts up on this topic with: "I am much more tired than I want to be. It's a long day." Meghan through her narrative illustrated her own reflection on her age and energy level:

> And sometimes I say, is it because I'm older, that I don't handle this as well as I used to? The answer will come to me eventually that I'll just say I don't want to do this. I don't have the mental energy to deal with it. But somehow, I renew.

Kelsey also commented on time as it relates to energy, sharing that she at times feels that from the outside looking in is doing it all well, but in actuality she is more tired than she lets on:

> It's busy. It's tiring. I think sometimes my other daughter over there, she's 29, I don't think she realizes that yeah, I'm 54 I'm not that old, but it's still tiring. You know, I'm on back to school and we're back on school schedule. Get up early, although I do not get up with her like I used to. She's very independent. I'm very lucky. And uhm...I just try to do the best I can.

Kelly throughout her interview spoke at length about the notion of mindset and how it changed when she took over care of her grandchild. With regard to age and energy level, Kelly expresses that altering her mindset to "think younger" has been crucial for her:

> But it's been okay. I mean I think that you have to change some of your thinking patterns of this younger child versus you, because you're older and you think differently, and your you know your energy level is different.

Within the larger theme of transitions in time, age and energy level is an important sub-theme to consider for grandparent caregivers. The participants that commented on this theme illustrated an additional constraint on their time from a place they have limited control over, their age. As grandparent caregivers age, they may be able to do less with and for their grandchildren, potentially causing additional stress as they'd like to be doing more.

3.3 Finality in the role. Five out of nine participants commented on the moments or moment in which they knew or realized that their current situation with their grandchild was most likely permanent. Amelia came to care for her grandchild slowly, agreeing to help out for a small amount of time, then eventually ended up moving back to Massachusetts to continue to care. She shared how she feels herself and other members of the support group attends have these moments of clarity in their roles, "and I would said we all enter into this saying "this is temporary" and then it dawns. This is the rest of my life. Some people simply can't do it." Meghan came to live with her son and daughter in

law after health concerns for her arose and described this shift for herself "I started right in, it wasn't really, it didn't really intend to be a full-time grand parenting situation. But it did evolve into that in a happy way." Meghan's narrative illustrates a change in intentionality as she took over care. At the onset, she did not intend or expect to be a full-time caregiver, however it evolved into just that. If the role is viewed as temporary at the onset, when reality sets in and it is no longer temporary, the grandparents may have some reactions and need additional space and encouragement to process this shift. Additionally, Kelsey described this dynamic for herself:

> I've been raising my granddaughter for- she's 10 now- six, for eight years. I got her I took her from her mother when she was two, about two and a half and at the time, I didn't think it was going to be like forever. I'd hoped it wouldn't have been you know, an uproot in my life. And it ended up turning into forever.

Kelsey's experience slightly differs than other participants in this theme because her daughter passed away, further finalizing her status in her role.

Grandparent caregivers that take over care for their grandchildren do so for a variety of reasons. Emerging from their narratives is a sense of intentionality in their role. Participants have acknowledged a sense of responsibility and duty to take over care, however there is an intentionality that may come into play for a few of them. Not intending to remain in the role long term or holding a desire that the birth parents are able to come back and take over care eventually are two aspects of finality of care that impact caregivers. They are now left with processing the finality of their role, if and when they can find the time to do so.

3.4 Self-care and/or time for self. Five out of nine participants raised this theme in their narratives. The notion of self-care is a fairly novel idea and may be completely

new to grandparent caregivers. Participants related to self-care through expressing their

desire to have time for themselves. Amelia shared:

> I don't really get respites or time away. And I think that's hard for a number of us. There are plenty of opportunities, financial for help for camp or for a kid's project or a kids outing. But there's nothing that allows the grandparent to kind of escape unless I have someone in the family who can take over.

Meghan further commented "so life is -you're constantly on alert. You're never at

rest. And I don't have time to be sick, I don't have time to, to do a lot of things I'd like to

do...but I'm in it for the long run." This expression that there is no time to take care of

themselves is an important aspect to consider when reviewing how best to support

grandparent caregivers. We've already established that age and energy levels play a role

in their current situations, if they feel as if they have no time to renew and refresh, they

may be on a proverbial merry go round with no way to get off. Tiffany illustrates her

thoughts on self-care quite eloquently, highlighting the importance of taking time as she

juggles multiple responsibilities:

> You know, I, you know, being, being a grandmother caregiver is not- that's not my only responsibility. Because I also am on the driver because my parents don't drive long distance, so I make sure that I'm there for my parents. It's, it's taxing. It really taxing on the person giving the care especially don't if you don't have self-care. A lot of times as grandparents and children and daughter and sister or whatever, we forget to take care of ourselves, and then we're no good for anybody.

Tiffany is the youngest grandparent caregiver that participated in the study, and

her thoughts on self-care may be related to her age. It is possible that older grandparents

are not familiar with the notion of self-care because it was not something raised or

encouraged during their generation. Tiffany however, in a younger generation where self-

care has been talked about more openly and been encouraged obviously speaks to the

notion with confidence.

Regardless if participants are familiar with self-care or not, taking time for themselves is an area that based on participant report can use some improvement. Whether this comes in the form of training or teaching for grandparent caregivers, or encouragement from those supporting them, grandparents need to have the space to refresh and renew to keep them sustained in their roles.

3.5 Generational Shifts. Five out of nine participants made reference to ways in which raising their grandchild, grandchildren or great grandchild now is different than when they raised their own children. Generationally participants included in the study varied, age 42 being the youngest, and age 81 being the oldest with the rest in between. Technology and its emergence is a large area in which there are clear generational differences for this population. Harriett spoke to this when she commented "the road is rough [laughs] kids ain't the way they used to be no more. When you come up like before when we had kids, these kids getting to be brilliant they have computers they have this- when we came we had nothing." In addition to technology and its impact, participants also spoke about how generally speaking their grandchildren are living differently. While speaking about her granddaughter and her life choices, Lilli shared "I'm surprised at how courageous she [speaking of granddaughter] is. But I come from time back when, when women was- went to college to find a husband and live happily ever after a bunch of kids, you know, such a different world than it is now." Kelly further explained:

> Things that you were able to... what am I trying to say? A lot of children have a tendency to have conversation back. But as older people I-that's something, we, we didn't do. So there's certain changes. Generations change and you're like woah okay, now what do I do how do I do this.

Kelly's illustration through the rhetorical questions she asks herself show the impact generational shifts can have. Grandparent caregivers are consistently needing to

situate themselves in the present while warring with what they were taught and how they were raised. Being open to new ways of raising their grandchildren seems to be a way that participants navigate this shift successfully.

3.6 Time reset/starting over. Four of nine participants commented on this "reset." With regards to time, participants commented on feeling as if they were taking a pause, or even beginning again now raising their grandchildren. This metaphorical stop and start of time shows how participants are working to situate themselves in their roles. When speaking with Harriett, she expressed that the act of taking over care is "just something that happens" and was quite matter of fact in her narration of experience. Harriet shared, "well, I've had them for a while. [laughs] and uhm sometimes you know uh when you raise your own you have to start back over and raise another set." During Tiffany's interview, she shared that she literally the night before had taken over care of three additional grandchildren. She elaborates on this shift:

> Uhm but I didn't think that at- how old is [grandchild], she's 8- I didn't think at 42 I would be staring over, I thought I'd be done. But I'm not, I'm not [laughs] and that's okay. But now I have- I'm starting way over again, with the, with the, diapers and the little people, because now I have three more, I have, I had to take custody of...uh, so I have ages 8 well almost 9 through age 2. So, fun times [laughs]

Tina is the only participant that has raised her grandchildren and is now raising a great grandchild. She expressed, "Oh, well, it's been like raising a family all over again when I first got the boys because I had seven children on my own." Tina raised seven children of her own, then raised four grandchildren, and is now raising a great grandchild. She effectively has "started over" three times. Even though this "reset" may read as daunting or overwhelming, Tina did not portray it as such. She continued to be matter of fact and share that this is what she had to do to protect her great grandchild. Again, it

seems that mindset may play a role in how confident in their decision to care grandparent caregivers are.

The way that participants illustrated resetting in their roles was accompanied with a sense of positivity around the change. The four participants spoke of "starting over" in a sense that they are pressing pause on their life as they knew it and making space to start a new one. In doing so, they are allowing themselves to renew and refresh in their role.

3.7 Participant's future and looking ahead. Two participants out of nine, Tina and Meghan, commented on future planning in their narratives. This was surprising to me as a researcher because of their previous narratives about age and energy level. I suspect that all participants have in one way or another thought of their future, however only two touched on it in their interviews. Tina shared her plans if for any reason in the future she would be unable to care for her great grandchild, "but I do have plans put in place in case something should happen to me that my grand great grand my daughter in law is going to step in and see him which is my son, my middle son's wife them two are gonna do it." Tina's future orientation may be linked to her shared health concerns that she is experiencing. Needing care for her shortness of breath and inability to complete tasks like she has in the past may have led to her having these conversations about who would take over care in the event that she is no longer able to. In comparison, Meghan spoke about the security she has in her future due to her current living situation:

> So there's a...and I don't have to worry about where I'm going to live. And that's a huge issue for seniors. Cape Cod is so expensive to live, I could- I would have gotten to the point where I couldn't afford to stay where I was anyway. And so, that would have become an issue at some point. So that relieved me, of a lot of changes that would have- I would have had to affect in my life that I haven't had to.

As Meghan is thinking about getting older, she expressed that not needing to worry about her placement and not causing worry for her children was a big relief.

Future orientation further speaks to how grandparent caregivers may situate themselves in their roles. With definite plans set with regard to whom would take over care if they were unable, and definite plans set with regard to living situation, caregivers may feel more secure in their role. Knowing that the future has been considered may help participants be additionally present in their role as caregiver.

4. Challenges in the role.

The fourth theme that emerged from participant narratives was *challenges faced in the role*. Participants commented on obstacles or hurdles in their roles while raising their grandchild, grandchildren or great grandchild. Some of their comments about challenges have already been presented in the time and family dynamic categories, this section outlines additional challenges that have been raised by grandparents. Themes will be presented based on frequency of emergence for participants. The first sub-theme to emerge (six out of nine participants) was the grandparent's feelings of inexperience with areas of their grandchild's life, more specifically technology and academic learning. Participants narrated a sense of ineptitude and in some cases fear of technology. The second sub-theme to emerge (six out of nine participants) was their grandchild's or great grandchild's own mental health or health concerns. Both were raised as challenges in the role, with a sense of unfamiliarity or lack of understanding accompanying through narratives. The third sub-theme to emerge (six out of nine participants) related to finance and housing concerns. Participants spoke about both as added stressors on their day to day lives. The fourth sub-theme to emerge (four out of nine participants) was

commentary on participant's own mental health or health concerns. The fifth sub-them to emerge (two out of nine participants) was experience with court or legal proceedings. Participants shared what this process was like and ways it impacted relationships in their lives. The final sub-theme to emerge (two out of nine participants) was the challenge of having a lack of privacy and personal space. This theme only emerged for the two participants co-living with their children and grandchildren. Understandably these two participants would be limited in their space as it is all shared.

4.1 Inexperience with technology and academics. Six out of nine participants raised this as a challenge in their role. Although grandparents bring many years of wisdom to their roles, there is a shared sense of unease surrounding technology and/or academics that create challenges for them. Kelsey as a single grandmother is the single source of homework support in the home for her granddaughter. Kelsey named her struggle, "challenges- schoolwork is the biggest challenge because I don't understand the way they do it." Amelia speaks to a generational shift with regard to assignments moving toward only being accessible, "for some who haven't gotten computer savvy at all, tapping into the schools' stuff for homework for anything else, it's all online. So, that's a whole big educational area. And these are things you don't really think about when you take it [raising grandchild] on." She illustrates technology and academics as a further concern that may not have felt at the forefront when initially taking over care of a grandchild. Harriett and Tina also express a generational shift for themselves with regards to their grandchildren and great grandchild's interest in video and computer games, things that were not accessible when they were being raised. Harriett shared:

The road is rough [laughs] kids ain't the way they used to be no more. When you come up like before when we had kids, these kids getting to be brilliant they have computers they have this- when we came we had nothing.

Tina echoed with her experience, "and he's getting so you know, all he wants to do is play with the game Minecraft. Things like that, computer. That's all he's interested in. You don't go out nowhere." This perceived seemingly narrowed interest may create distance between caregivers and their grandchildren if they are feeling like they can no longer relate.

Additionally, technology as it relates to social media was raised by two participants, Meghan and Amelia. Amelia shared her stance on social media for her granddaughter who is 12 years old, "Uh...social media. [granddaughter] will not have a smart phone until she can pay for it herself. [smiles] She may ultimately get a flip phone but not yet. Uh...kids are already on the chat lines. Bullying. It starts very early." Amelia's concern comes from a place that understands access to social media and other comparable sites may lead to teasing and peer conflict. This is an additional layer of responsibility for grandparent caregivers to consider. Meghan shared her very real, scary experience with technology:

> And I mean, I'm fully entrenched in in, in, in technology myself, so I understand. But I saw [grandson], we had a case of a predator approaching him through this TV. This TV is one of those things where you want to talk into it and everything and we get, we have someone living in our neighborhood who approached [grandson] on the TV – this person was a known child predator. I was it was horrible. And it was on my watch. And I, I they [son and daughter in law] didn't criticize me or anything about it. I just showed them right away what it happens. And they took it from there to the police. But you know, what can happen with children- is that's another layer of worry. Yeah, that's another responsibility that I have on me *all* the time.

Although technology has created space for many advances to improve quality of life, for grandparent caregivers that are unfamiliar, it may be a source of unease. Not

knowing or understanding how it fully works may create helplessness in caregivers,

making them feel less confident in their role. Both through academics and social media,

technology creates a learning curve for grandparent caregivers to navigate.

4.2 Grandchild's mental health or health status. Six out of nine participants

commented on their grandchild's or great grandchild's difficulty in these two areas.

Participants narrated their support for their grandchildren throughout interviews. They

raised their grandchildren's or great grandchildren's mental health or health status as an

additional layer to their experience. Amelia shared that her granddaughter is in therapy to

help her cope with her day to day struggles. She elaborates:

> People forget, [granddaughter] had night terrors for a while, early on, not the
> same as nightmares. Once in a while she'll sleepwalk. She's asleep and it as if
> she's awake, and she's making no sense. And all I can do is get her back to bed.
> Okay time to go to bed, here's your room kind of thing [pause] that's been me.
> It's not been a parent comforting her.

Mark is the self-identified step grandparent of two granddaughters, one of which

is transitioning from female to male. Mark shares that the adults in his grandchildren's

lives are not all together understanding or supportive, causing challenges for them. Mark

explains:

> One is now 14, the other one is going to be 17. And she's transgender. And it's
> very tough for my wife because she comes from the old school with transgender.
> And the father had a problem with the transgender.

Mark elaborated that his grandson is in counseling and receives support, but that

his own exploration of identity has led Mark to feel unprepared with the most appropriate

ways to support him.

Tina is raising her great grandchild after previously raising her four grandsons. She shares her experience, as her great grandchild has both mental health and physical health concerns that she helps him attend to:

> [great grandchild] was born with congenital heart disease. He had open heart surgery when he was three. He has a pacemaker. He takes five medications. He takes a shot at night to help him to grow because he was like this for a long time now is about like this. [gestures height with her hands]. So he like...I said he tries me...so I have to put him into therapy. Because as he witnessed this murder when he was home with his mom, it was always somebody come into my apartment door. His room is here, my room is there [points to two doors across the hall from each other] But he wouldn't stay in there. He slept with me until about maybe three years now.

Harriett became involved in the lives of her grandchildren when her daughter was deemed unfit by social services agencies. When Harriett became the caregiver for her granddaughter and grandson, she spoke at length about their challenges with speech, eating and hygiene. She shares her experience with her grandson:

> So he was the worst baby she ever had, he couldn't walk, he couldn't- he crawled on one leg, he couldn't talk, he couldn't do nothing. So I had to go to the Bible, oh Lord this is our child, help him to talk, help him, help him with what he don't get, help him Lord he needs your help. And I cried sometimes for him, I said, don't you I call him [name] don't you worry you're going to talk you're' going to have fun you're going to be like all those other kids...But they were teaching him, teaching, he had early intervention, so they had to teach him speech and stuff and how to talk and walk and you know and they did. And now he's doing real good, he talks too much now. [laughs] and he can tell you a lot of things that you don't think he knows, he knows.

Much like the actual grandchildren and great grandchildren vary, so do their mental health and health concerns. Whatever these may be for individual grandchildren, grandparents are tasked with navigating these and supporting their grandchildren in everyday life. Grandparent caregivers need to do their own learning and processing around these challenges for their grandchildren to better support them.

4.3 Financial or housing stress. Six out of nine participants made mention to finances and/or housing concerns that they experienced. Five out of nine spoke about these challenges as it relates to their grandchildren and current living situations. After taking over care, grandparent caregivers become financially responsible for their grandchildren. Some participants receive help from governmental support or other community resources such as church or local YMCAs. Mark during discussion shared that he was retired, however since taking over care of his step-grandchildren, elected to go back to work part time to support the additional living expenses. Mark shared, "and when you're on a low-income budget, you know, the water bill, the electric bill, the gas, but whatever, you know, it just all adds up. And you're *trying* to keep it going." Mark receives "some" financial assistance however reports that it is "up to me and my wife" to support his home. Harriett currently resides in a shelter with her grandchildren. She commented:

> They get a lot of stuff with them for real, they be trying to, oh oh you know, Nana I saw that game, I thought you said you'd buy me a tablet when [granddaughter] messed up? I said not right now [grandson] we gotta, we in a shelter, we gotta save. So now they don't like the shelter so I'm like I gotta find another thing for them.

At the time of our meeting, Harriett was actively looking for alternative living arrangements. She spoke about the emotional support she receives from the church as well as financial support that arises from resources presented at her ongoing support group. Although Harriett mentioned housing and finances, it was not raised in a way that signified she was struggling with them. Her tone while talking was more matter of fact, sort of as if she accepted the current situation and knew what she was trying to do about it. Meghan additionally shared her concerns with finances:

there's no one helping me, I'm pouring...any extra money I have is going into this house with [grandson] or the things that I'm that they need or whatever. So money. Okay, I have to watch what I do. And so that's a problem.

Meghan is one of two participants cohabitating with her son and daughter in law, but still she raises the concern of finances. This illustrates that across living situations, grandparent caregivers will be at least in some way thinking about their finances actively.

Kelsey during her interview spoke at length about the impact housing has had on her life. It is important to note that Kelsey raised housing as an additional concern and did not directly correlate the housing stress to taking over care of her granddaughter. She elaborates:

> And on top of that [previously outlined work stress and losses she's experienced], I've also been fighting mortgage fraud for 10 years. So, uhm, it was...laid low and quiet for a long time but in 2017 it picked up again, so I've spent the last two years in and out of court again. Finding money I don't have to pay a lawyer. And uhm. I feel like uhm. Even that, this is my home for 27 years but someone gave my ex-husband a mortgage years ago when he was on my deed, and 2012 after spending thousands of dollars and thought that we had a judgment that was fair and workable, the mortgage company decided to ignore it.

Impact of finances and housing are important facets to consider when identifying challenges for grandparent caregivers. Their lives are changed emotionally when taking over care however monetary changes affect them as well.

4.4 Participant's own mental health or physical health concerns. This theme emerged for four out of nine participants. Participants that raised this theme were seemingly spilt on whether or not taking over care of their grandchild caused or exacerbated already existing conditions. Two participants, Mark and Kelsey, provided a direct correlation to their mental health status and caring for their grandchildren. In contrast, two participants, Tina and Lilli brought up their personal health and mental health status, however did not relate this status directly to caring for their grandchildren.

Mark shared in his interview that he has past history with substance use and is currently

sober. He spoke the most about his mental health as it relates to raising his step-

grandchildren, sharing, "so it's almost like done some damage to me like Post Traumatic

Stress Disorder, something like that where you feel like you know, it's been kind of uhm

it feels like a burden. And I don't like to feel that way." He illustrated his own personal

struggle with anxiety as it related to added responsibilities that came when he and his

wife agreed to take custody of their two grandchildren, his step-grandchildren. Kelsey

echoed the impact taking over care of her granddaughter had on her mental health. In her

interview Kelsey spoke at length about the losses she's experienced in her life, her

daughter, her mother shortly after and her domestic partner shortly after that, all the while

navigating caring for her granddaughter. She shared how it feels for her:

> So, so I don't know what the whole, I myself, I myself feel like I haven't grieved
> right, first of all about my mother, my daughter- a little, and, and, my boyfriend,
> you know, he too is on the back shelf. I just feel like I'm too busy to be able to
> find time to and then not even understand how I'm going to.

> In comparison, Tina and Lilli spoke of health and mental health challenges

independent of their role as grandparent caregiver. Lilli provided a narrative that was rich

in historical accounts, she shared about her own parents, her own upbringing, her

marriage and how she raised her children. She acknowledges her mental health struggles

and her accompanying resilience in two places in the interview, "not everybody is as

clever as I am you know, I mean, I worked at getting over all the trauma in my life" and:

> The pastor I saw had much upbringing with traumatic- my father was not a nice
> person- and uh when the minister would give the sermons and Christmas Eve and
> whatever talking about life as it should be, I just determined that, that there was
> that kind of life out there that I was going to live that kind of life but it took me a
> while to get reoriented because uh if you're an abused child it takes a while for
> you to cleanse that and uh start down the right track.

Lilli illustrates her mental health struggles not as a reason for being unable to care for her grandchildren, but as a source of strength and overcoming adversity that she utilized when caring for her grandchildren. Tina shared her current health struggles with shortness of breath. She commented: "I've been having this shortness of breath so a lot of things that I would do in my own home I can't do now, its like I want to, I do it, but it takes me so long." Tina elaborated that this caused her to need her daughter to come into the home and help from time to time. Although this is an added challenge for Tina, she did not connect this directly to the care of her great grandchild, that is she did not report her shortness of breath being caused by her role.

Four participants made reference to their own mental health or physical health challenges. The way in which each was impacted by their own mental or physical health varied from participant to participant. For Mark Lilli, and Kelsey, their narrative seemed to focus on their own process of working through their mental health concerns simultaneously as they raise their grandchildren. For Tina, a similar process emerged, with regard to physical health versus mental health.

4.5 Court/legal proceedings. This theme emerged for two out of nine participants. Both Harriett and Kelly provided narration about what this experience was like for them. Being involved in the legal system or the formal helping system was not spoken about favorably by either grandmothers. It was not the system itself that was reported as unfavorable, however it was the added stress in the relationship with their child that this process caused. Harriett reported that she went to court multiple times through her quest to gain guardianship of her grandchildren. She commented, "then, [scoffs] she dragged me to court, dragged me to court, keep dragging me, keep dragging

me then I told the judge I'm tired of being here because she's never going to change who

she is." Her report of her daughter being given multiple "second chances" by the legal

system was a source of frustration for Harriett. Kelly also shared about her experience

with seeking guardianship of her grandson:

> But the fact that all of a sudden now *we* have to we have to raise him. And it
> wasn't necessarily an easy process for us to, to eventually have custody. But that
> was difficult, you know like, my goodness, I'm here ,this child we've raised,
> actually raised, then she's given us a hard time when she knows that this is the
> best thing for this child (grandson) and we had to go through the courts and this
> kind of stuff that kind of like was hard for me, because I felt that, well, it should
> have been an easier process.

Kelly illustrated that she found this process challenging less because of the system

and more because of the inability of her daughter to surrender her rights to her son,

Kelly's grandson.

The two grandmothers that commented regarding court and the legal process

illustrated their frustration. It seemed however that the frustration lied with their own

children and their resistance to giving up care than with the court system as a whole. This

further illustrates the ways that family dynamics play out for grandparent caregivers.

After experiences of being in court and taking legal action, the relationship between

grandparents and their children inevitably changes.

4.6 Privacy or space for self. This theme emerged for two out of nine

participants. Both Meghan and Amelia currently reside with their children and

grandchildren. The issue of privacy and space for themselves came up for both as a

challenge in their day to day lives. Amelia currently lives with her daughter and

granddaughter and shared:

> I don't have my own space. Almost all of my antique belongings and things are in
> storage. I have a small bedroom. I can't really sit in it or do anything so I'm

> downstairs. I used to have a workbench and worktable of my own to do craft projects or beach things, [granddaughter] has that now for her homework work table. So, I have no space, or privacy.

Meghan currently lives with her son, daughter in law and grandson. She shared her experience with space and privacy:

> In this situation, I'm going to be interrupted at any given moment, there's no doubt about that. I'm going to be interrupted, I can't even watch TV, listen to the radio, talk on the phone until he's asleep, asleep in bed. Or I can do it. I'm not- they're not saying I can't, but I will be interrupted, not so much my son and his wife, but by [grandson].

Both Amelia and Meghan illustrate a challenge that only they experience because they still currently cohabitate with their children and grandchildren. This adds an additional challenge to their lives because they speak about a lack of space and privacy as a result of their living arrangements. Both live in areas of Massachusetts that have high costs of living, which is why they are co-residing with their children. The impact of living with children and grandchildren ongoing can have additional challenges as related to their non co-residing counterparts.

5. *Ways to sustain self in role*

All nine participants in some way spoke about things they do to keep going day to day as grandparent and great grandparent caregivers. Although participants spoke of challenges and obstacles, they all had additional narratives surrounding things that keep them going each day. The first sub-theme to emerge (seven out of nine participants) was personal resilience. Personal resilience refers to inner strengths and mindsets participants embodied in their accounts of experience. The second sub-theme to emerge (five out of nine participants) was peer supports. Whether in formal support groups or informal community groups, peer support was highlighted as a strength for participants. The third

sub-them to emerge (four out of nine participants) was a sense of pride in their

grandchildren. Witnessing their grandchild progressing and doing well seemed to

reinforce the positivity in the role experienced by participants. The fourth sub-theme to

emerge (four out of nine participants) was the relationship participants had with their

grandchild. Participants spoke of their love and relationship with their grandchildren. The

fifth sub-theme to emerge (three out of nine participants) was the bigger picture world

view of their decision to take over care. That is, participants spoke about a belief that in

the future their grandchildren will be better off due to the grandparent's decision to step

in and take over care. The sixth and final sub-theme to emerge (three out of nine

participants) was family support. Different than peer support, some participants spoke

about the support from their family being something that sustains them in their roles.

     5.1 Personal resilience. Seven out of nine participants in some way commented

about using their own personal strengths, having a motivated mindset and ways of being

self-determined to keep going in their role. In her narratives, Lilli spoke about her past

trauma and resilience she needed to have to get through it. Lilli commented "so now

really, you know, this many years later, get over it, you know, but not everybody. Not

everybody is as clever as I am you know, I mean, I worked at getting over all the trauma

in my life." It seems that the resilience she showed during difficult times in her life

helped her be sustained and positive in her current role as grandparent caregiver. With

Harriett, there was a sense of mindset and positive thinking practices being used to keep

going. Harriett shared "I don't never look like it's going to be a hard job, so I'm just

going to keep on moving, that's me. Yeah, keep on moving. You got to fix people's

problems. This ain't the job I signed up for so I have to fix it. Yep. No matter what they

are." Harriett acknowledges that this was not the role she intended to play, however she is

owning her ability to change what she can. Not getting stuck on the challenges that are in

the role allow her to keep "moving forward" as she says, displaying her own resilience.

Mark in his role spoke of advocating and protecting his step-grandchildren to the best of

his ability. He elaborated that his personal traits make this possible, sharing:

> You know, I guess do that I don't usually give up or quit on things. I stay with them until, you know, I exhaust every opportunity, depending on what it is, you know, I'll keep fighting but I think I'm a little stubborn in that sense. So I think some of this has rubbed off on the children. You know, don't let people walk all over you, you know, do it nicely, but do it in a way where you can get your point across, but don't be rude.

In her role, Amelia draws on her own upbringing and traits that help her keep

going each day. She illustrated through her narrative that she sees the challenges day to

day however she knows how to use her strengths to overcome them to the best of her

ability. She shared:

> So, I grab my moments for myself. I think I'm fortunate. I grew up an only child, I was very independent from early on. I've worked all my life, wherever I've been, New York City, the Cape, Syracuse, here in between. I can take my privacy and know myself. So, I've completed myself if that makes sense, and I'm comfortable that way. So that helps me engage every day. I get no day off, where I *know* it's my time.

Kelly illustrated her personal beliefs on family, support and the mindset she tries

to embody in her role. She commented:

> Because that's in our heart to do, and when you have a desire to do something, that you work at it and you can get through it, you can make it happen, you can make it happen for that person. Because every child, I feel needs to be with some of their family members, you know what I mean, not displaced with a total stranger. And if you can do that with your grandchild or your niece or nephew or whatever, I think it's just an honor to do that. And no matter what your age you can do it. Like I said that lady who was 80 years old and her granddaughter was 5, and I know that if she can do it at 80 I can do it. [laughs] and so that's it, that's it.

Seven out of nine participants spoke about their own personal beliefs, mindsets, and reframes that they do for themselves to sustain in the role. Utilizing these methods seems to, as reported by participants, keep them in their roles. Although the same people highlighted challenges, it seems as if drawing on their personal resilience dims the power of the challenges, making them more manageable.

5.2 Peer supports. In total, five out of the nine participants (Amelia, Meghan, Tina, Harriett and Kelsey) reported being involved in ongoing, formal support groups specifically for grandparent caregivers. Four of the five participating in groups, shared that they were a source of support, and one additional participant (Kelly) shared that she found her own support through accessing peers. Kelsey spoke at length about her advocacy skills and joy she gets from attending her groups and working as a team. She puts it very clearly, "those are the things that make me...my groups make me feel better." Kelsey knows that her groups are her source of refuel and uses them as such to remain in her role. Amelia eloquently shared the precise goals support groups hope to achieve:

> So that's a big part of it. It can be very hard to get information or even for people to come to the support group, many of them, if they feel shame. So, we end up educating each other and passing on the knowledge that happens. But it's also very interesting, because no matter are different backgrounds or reasons for being there, there's commonality in all these stories. And that helps provide laughter and [unknown word]. [slight laughter in tone] Sometimes tears, but it also helps a brand newcomer say "oh they talk what I'm living." And that's kind of what I found there.

Being provided with a space to connect with others in similar situations is an invaluable resource for grandparent caregivers. It is through these connections that the participants in my study have reported being able to sustain. Although Kelly is not part of a formal support group, she echoes a similar experience with regards to peer support:

Oh yes, yes we do, we do we have, as I told my, my husband pastors church and it's a lot the people that I've grown up with who are now doing the same thing they're raising their grandchildren. We've just kind of like looked at each other and, go girl whoo, I know we talk about it, and we talk to each other. And even with us some of us are struggling with that, we share the children, they go to their house and play. You know what I mean we, we share that with the children you know, and it gives us a break to. [laughs] But we talked about it and what we should do, and it's like girl I do this, you know this kind of stuff.

Even informally grandparents may be finding their own peer supports and creating space to discuss shared experience. Kelly possibly was more able to do this based on her community connections through church, however it is still interesting to note the strength that grandparents can draw from connecting with others in similar positions.

Support groups are widely documented as the number one support to help grandparent caregivers. The participants that spoke about their experience with support groups further reinforces this point. It is interesting to note that even when not involved in formal groups, grandparents may carve out their own support systems, further emphasizing personal resilience of this population.

5.3 Pride in their grandchild achievements and progress. Four out of nine participants raised this theme in their narratives. Participants shared the personal successes of their grandchildren and connected this with their ability to remain steadfast in their roles. Harriett has custody of her two grandchildren, one boy and one girl, and spoke at length about the various clubs and activities she has them involved in, cooking and karate to name two. Harriett reflected on the state in which she accepted care of her grandchildren, reporting that "it was pretty bad" that the children were in great need. In present day Harriett shared how much she worked to get the children to a better place and how that felt for her, "that's the part, that uh seeing him grow, see him [inaudible] show

the love and he sits beneath me and I always- I really, I spoil him, because he had it the worst as a kid." Throughout her narrative, Kelsey shared how she felt she did not have time to attend to all that's going on, with her granddaughter, work, housing stress and her own loss. She spoke about feeling that she "was not doing enough." Then, Kelsey shared "we just had a parent teacher meeting, the first one of the year, and uhm, they can't say enough nice about my kids. I know I'm doing something right, I know she comes from something right. I just want her to achieve." The reinforcement by a teacher that her granddaughter was doing well seemed to serve as a reminder for her that although she feels overwhelmed day to day, she is "doing something right." Mark also spoke at length to the challenges that came with taking over care of his step-grandchildren, however he illustrated a way he stays sustained in his role:

> And then, you know, now, you know, doing it again, you know, but when they go out and they succeed, it's kind of rewarding when you go to school and you hear that they're doing great, you know, and that just makes you feel good because you know, you're doing something good for them.

Although participants earlier spoke of internal motivators and resilience that keep them in their role, it is clear that external feedback from others supporting their grandchildren is valuable. Hearing and witnessing that their grandchildren are succeeding and making progress seemed to help participants feel more confident in the larger decision they made to take over care and responsibility.

5.4 Grandparent-grandchild relationship. Four out of nine participants spent time describing their relationship with their grandchild as a source of strength in their role. Kelsey spoke to the relationship she has with her granddaughter, "oh my God. She's my sunshine, my happy go lucky. She's just a good kid." Lilli has raised her three grandchildren, all of which are over age 28 now. Lilli commented "it was a delight and

very easy. Uh, they virtually never gave me any trouble, it was a pleasure the whole time." She also shared "I am just nuts about my children and my grandchildren." Meghan shared "now, on the other hand, [grandson] and I have long conversations. He's so open with me, he trusts me and he's really, really loving with me. So I feel I'm entrusted with this little soul."

Positive relationships with their grandchildren is another way that grandparent caregivers may be able to sustain in their roles. Along with their positive narratives of their relationships with their grandchildren, participants' physical presentations changed. Unsurprisingly when talking about challenges participants displayed furrowed brows and some frowns. When discussing their relationships with their grandchildren however, participants' faces relaxed and they broke out into smiles. This shift, whether conscious or unconscious, supports the relationship between grandparent and grandchild being crucial to success for these caregivers.

5.5 Bigger picture worldview/future orientation. Three out of nine participants shared narratives in which this sub-theme emerged. It seemed that this mindset helped participants further situate themselves in their roles and gave them added confidence in the decisions they were making. Age of grandchildren may have an additional connection to this theme, as this theme emerged for participants whom are raising grandchildren that are not yet old enough to live on their own. Raising two young (ages 8 and 6 approximately) Harriet shared "when they grow up they're going to say well my grandma did everything for me, in, for which I did, I do." Mark has high school aged step-grandchildren and he commented:

> And I, I think there's a silver lining somewhere, sometimes you don't see when you're in it. But maybe reflection in a few years from now we say accomplished

as we, we help them do something in their life, if she goes to school, they make something of themselves. It'll be worth it.

The day previous to my interview with Tiffany she had taken on care for three additional grandchildren. She illustrated her belief that this decision was made for their benefit. She shared:

> At the end of the day, again when they're grown, when they're 18 and going off to college or they're in their career they can say you know what somebody in our family loved us enough to stop their life for 18 years [laughs] and raise us and raise us all- put us all in the same home, uh, as a, as a single grandmother on top of it. You know, by the grace of God do I do this. Yeah, but all will be well, I keep thinking that, and they're happy and that's all that matters.

The future orientation that grandparent caregivers seemed to hold for their grandchildren illustrates an additional way that grandparents sustain in their roles. By believing that their grandchildren are better off or have been given a better chance at life, participants seemed more secure and confident in their decision to take over care.

5.6 Family support. Different than peer support, this sub-theme emerged as participants spoke about their family involvement and relationships. Three out of nine participants commented on family support. Meghan currently lives with her son, daughter in law and grandson. She shared:

> They do nice things for me. My son takes care of my car. And he uhm, he, I've always loved cats, and they did too but their cat died. And so he made it a special deal helping to bring the kittens into the house as a surprise, so that was nice. That made it, that made it fun. I liked that.

Throughout my interview with Lilli, her family members were a constant in and out of her home on the Saturday we sat together. It was clear that family is a cornerstone to her day to day. Lilli commented about an interaction between her granddaughter and her youngest son:

> Obviously, you know, when I got my [granddaughter], [my youngest son] just adored her and he was very sweet to her, they would sit and watch Sponge Bob Squarepants. You know, they would sit and watch these good comedies together and uh [youngest son], I always had [youngest son] for dinner, so that they would have a father figure.

Harriett commented on the support and feedback she receives from her biological family and her church family:

> Even my family say, you doing an awesome job, everybody at my church say you're doing an awesome job. Nana I know you tired but these kids need you so don't give up on your kids. I said I won't I won't. They said, because I remember he said, you know what you may not think they love you but they love you so much because you brought them where you needed to bring them to and they understand it and you gotta just keep on keeping on with them you know. Anytime you give up they'll fall down and they won't learn nothing, but you gotta keep teaching them that. And I said okay.

Family dynamics was a topic raised by many participants throughout their narratives. Further emphasizing the importance of family are the included excerpts illustrating that this support lends to sustainability in the role. Participants that felt additionally supported by their family members seemed to feel more positive in their roles.

6. Expression of emotion

Participants included in my study graciously shared their experiences becoming and being grandparent caregivers. Throughout their narratives of the above themes, an additional theme was weaved throughout, expression of emotion. All participants expressed multiple emotions while describing themselves in their role, some outwardly naming them, others through subtle details. Grandparent caregivers are not removed from an emotional impact of taking on care of their grandchildren. Participants (seven out of nine) spoke to the joy and pride of seeing their grandchildren succeed. There were tears of sadness at times, perhaps when speaking of the circumstances in which the

grandparents came to care (four out of nine participants). Worry, anxiousness and stress

arose for multiple participants (four out of nine participants) about things such as

finances, housing or the future. Participants spoke about great losses and experienced

grief that accompanied these, whether in physical loss of a person or a loss of a former

self (four out of nine participants). Participants (three out of nine) expressed their

resentment, frustration and anger in their narratives, seemingly geared toward a variety of

concepts and/or people. All of these emotions arose through my interviews with

participants and provide a deeper understanding of what each individual is experiencing.

6.1 Joy. Seven out of nine participants shared experiences that expressed joy or

happiness in their current role. Participant joy came through their pride in their

grandchildren and progress, through gratefulness of being in their role or through their

positive relationship with their grandchildren.

Amelia shared about the first time she learned she was going to be a grandmother

and what that was like for her:

> All right, I have a granddaughter, twelve, seventh grade. I was very excited to
> learn it was going to be a grandmother, I have only one child and she had this
> child at 36, so I wasn't sure if she would have a child. It's an invaluable
> experience watching a young person grow, even though it can be frustrating.

Meghan commented throughout her interview how she feels her current role is a

privilege and that most times she enjoys it. She shared:

> I just came home from being- I had been away a lot to see you because of my
> siblings, but coming home to Teddy's hugs, coming home to seeing and hearing a
> call, having a call from him and, or him emailing me or whatever. It's just the
> greatest truth in the world. So I guess I look at it as, I'm probably giving out a lot
> more *love* than I would have if I were not in this position. And uhm, that's a good
> thing, for me. I grew up in a family that was- we were big family with seven
> children, and loving, loving parents really all of us very close. And so, to me
> doing that for Teddy, giving him what I had is really a gift. And I'm happy to do
> it.

Similarly to Meghan, Kelly also spoke about what a privilege it is to be the one in

this role as grandparent caregiver. She shared:

> I'm just glad that I had the opportunity. [tearful] I get emotional. I'm glad I had
> the opportunity to be here, to be here for my grandson and I'm grateful that I was
> the one- I was the one that could be his, you know the mother piece, grateful for
> that, yeah I'm grateful for that, I am. And [sighs] and it's been a, it's been a joy
> you know, it's been an honor to be able to do that, for my child for my daughter.
> It's been a [inaudible] some of the things I'd rather not gone through but it's life
> and you learn from that, you know, I feel like sometimes you go through things
> because there's someone else out there that's going through it, and because you're
> going through it you're able to support them and say it's going to be okay, it's
> normal, this is how things are and you're going to be okay.

Through being able to help others, and be the one for her grandson to rely on, it

seems that Kelly experiences joy in her role.

Harriett and Mark seem to find their joy in the accomplishments and progress of

their grandchildren. Harriett describes the hurdles her granddaughter had to overcome,

and how joyful it is to her to watch her grow:

> They told her she couldn't read, the girl read more than anybody in the house she
> had books I had to take away from her. [laughs] Yeah she reads real good. She's
> real gifted though. It's a pleasure to see her grow like that because you know, my
> daughter, she was gifted too but [granddaughter] is the most gifted, her and [older
> granddaughter] was gifted too, she got a thing for reading and [granddaughter]
> learned from her with reading because that's what she likes to do. She plays piano
> real good, she plays "Lean on Me" she could play that I said "what?" She do it,
> she do it, we had a piano on [inaudible] on the street and she had everybody
> clapping for her.

Mark also shared his joy at seeing his step-grandchildren succeed:

> And then, you know, now, you know, doing it again [raising children], you know,
> but when they go out and they succeed, it's kind of rewarding when you go to
> school and you hear that they're doing great, you know, and that just makes you
> feel good because you know, you're doing something good for them.

Kelsey and Lilli expressed their joy by recounting personality traits of their

grandchildren as reasons for them to feel happy in their role. Kelsey shared that knowing

the type of kid her granddaughter embodies is important to her, sharing: "Oh my God. She's my sunshine, my happy go lucky. She's just a good kid." Lilli also expressed her three grandchildren in a similar way, that their behavior and personalities made the experience enjoyable for her. She shared:

> It was a delight and very easy. Uh, they virtually never gave me any trouble, it was a pleasure the whole time. But, like I said except when [granddaughter] was in her last few years of high school and got a little sassy I never had any trouble with them it was a delight. I can't tell you how much I love them.

Joy, for participants, was expressed in a few different ways throughout their interviews. Seeing their role as a privilege, watching their grandchildren succeed and acknowledging the personalities in their grandchildren were the ways that participants expressed this joy. Experiencing joy in their role, in whichever way they did, may equate to lasting happiness in their role, and strong relationships with their grandchildren.

6.2 Sadness. Four out of nine participants expressed sadness in their narratives. Sadness emerged from participant narratives either through physical expression through tearfulness, explicit definition from a participant that they feel sadness, or in the content of their narrative. Mark and Harriett expressed their sadness through acknowledging that their grandchildren's lives were not what they wished for them. Mark shared about his upbringing and connected this to the ways in which he wants something different for his grandchildren. He shared:

> So it kinda, you know, but those than the trying times of doing that, you know, and, you know, kids have been through so much in their life. And it makes me really sad to see that because when *I* was growing up, my father was an alcoholic and he beat me. So to see those kids, you know, then my sister in law adopted me and so forth. So I kind of knew what I had to do when the situation came because it happened to me. So I just brought them in and did what I had to do. You know, we keep going.

Mark's sadness seems to serve also as a motivator to remain in his role, and

continue to provide the care for his grandchildren that he feels they deserve. Harriett

shared her sadness through narrating an experience where she felt hopeless about the

capabilities of her grandson, expressing that she desires more for him:

> So he was the worst baby she ever had, he couldn't walk, he couldn't- he crawled
> on one leg, he couldn't talk, he couldn't do nothing. So I had to go to the Bible,
> "oh Lord this is our child, help him to talk, help him, help him with what he don't
> get, help him Lord he needs your help." And I cried sometimes for him, I said,
> "don't you"- I call him [nickname for grandson]- "don't you worry you're going
> to talk, you're going to have fun, you're going to be like all those other kids."
> And I kept on crying and he said, "oh Nana you're crying, why?" and I said, "I'm
> sorry", I wiped my eyes cause I don't want him to see me cry and he said "are you
> sad?" And I said, "you can talk now?" [laughs] He said, "don't cry Nana, don't
> cry." And sometimes he couldn't say it but he'd take his hands and [gestures with
> hands wiping away tears from her eyes] go like this, "don't cry, don't cry." I said,
> "you know what that means?" He said, "you're crying." But they were teaching
> him, teaching, he had early intervention, so they had to teach him speech and stuff
> and how to talk and walk and you know, and they did.

Harriett expressed her sadness as it relates to seeing her grandson struggle when

she first took over care. It seemed that through her grandson's progress, Harriett was able

to overcome her sadness, and viewed the progress her grandson achieved as reason to

continue in her role.

Meghan expressed her sadness through sharing her experience of retiring and

coming to live with her son, daughter in law and grandson. She spoke about her sadness

here:

> So but the adjustment [coming to live with her son, daughter in law and
> grandson]- getting back to the adjustment was uh [pause] there was crying, there
> was sadness there was loss. But I think it's normal at retirement. I mean, I had
> worked for a lot of years and I had a job I really loved my last 11 years of
> working for a wonderful architectural firm, and it was the most fabulous
> experience I could have ever had wanted. And I hated to leave it. I wasn't really
> ready to leave it even though I was 72. Uhm because it was also my social
> network. [pauses] but I did and uh I'm glad now.

Meghan describes sadness through an additional adjustment. Meghan, with the support of her family, and peer group seemed to be able to work through her sadness and focus on the joyful parts of her experience as a grandparent caregiver.

Lilli's expression of sadness seemed to be directly related to knowing her grandchildren, more specifically her grandson, did not want to do something but was being forced to by his father. Lilli's grandchildren still interacted with and had a relationship with both their mother and father. When the grandchildren were still in high school, Lilli illustrated an experience in which she advocated for her grandson with regard to sport participation. She elaborated:

> So he played on the town team, in the recreation team. And then in high school again [father] interfered wanted [oldest grandson] to be on the football team, and [oldest grandson] wasn't a big child and it broke my heart because I would always go to the games and here are all these hulking kids standing in line, waiting to go out on the field and here's [oldest grandson] on the end, really like a midget and[sigh] it broke my heart to watch and uh that lasted for a year and then [oldest grandson] gave it up and went on the soccer team and of course [father] was not pleased by that again, but [oldest grandson] did very well on the soccer team and enjoyed it and I uh always went to his games and uh didn't realize the impact until years later.

Lilli's sadness seems to come in part from knowing her oldest grandson so well and understanding that football was not something he was passionate about, and in part from seeing how his father was trying to force him to do something he was not interested in. Lilli worked through this sadness, it seems, through advocating for her grandson and supporting him when he picked an alternative sport to participate in.

Kelly's narrative contained areas in which she wished things were different. Her sadness seems to be most prevalent when discussing the difficulty she and her husband had taking over care of her grandson. Her daughter was not fully on board, and this caused some heartache for the family. Kelly shared:

> Well, I uh, as a grandmother you want your... as a, as a mother you want your children to raise their child. You know, that's what you're supposed to do, and to become. And as grandparents, that's your grandchild so you know you're real excited about this baby. So, that piece, never changed didn't change any. But the fact that all of a sudden now we have to *we* have to raise him. And it wasn't necessarily an easy process for us to, to eventually have custody or, you know what I'm saying. But that was difficult, you know like, my goodness, I'm here this child we've raised, actually raised, then she's given us a hard time when she knows that this is the best thing for this child (grandson) and, you know, and we had to go through the courts and this kind of stuff that kind of like was hard for me, because I felt that, well, it should have been an easier process.

Kelly's sadness seemed more related to disappointment in the process and difficulty associated with it.

Sadness was expressed by participants in different ways throughout their narratives. Some explicitly stated they felt this way, others relayed experiences in which sadness shone through. Each participant however seemed to present sadness in relation to another emotion. Mark expressed sadness and then pride at the way he has taken over care. Meghan shared sadness about retirement but a sense that it was a good decision to make overall. Harriett shared her sadness and then joy at seeing her grandson achieve. Finally, Kelly shared her sadness over the process of taking care, in conjunction with her excitement about her grandson. Perhaps participants are balancing their emotions in a way to better adjust, process and remain solid in their roles.

6.3 Stress, anxiety, worry. Four out of nine participants expressed feelings of stress, anxiety and/or worry. Participants explicitly share their stress levels, or things they are worried about as it relates to their current roles. Meghan, continuing to process her retirement, spoke about a period of time in which she was trying to do both- work and take care of her grandson. She shared that this was not possible long term:

> So I would go to work for a while. But then it became too much. It was just too much for me to do all the worry about missing the bus in the afternoon to worry

about not being home for a call like I got yesterday, [grandson] said "come get him" [from school] and to be here for him because his father is hundreds of miles away in the day and his mother is just not available. Her job is so involved. So, it-that creates a level of stress over you worrying about them.

Meghan expressed her worry that there is the possibility of an emergency or change of plans coming up throughout the day that would need her attention. The sudden nature of some days in the role seemed to be the cause of this stress for her.

Mark outwardly discussed his stress level related to the difference in need for himself and his wife in their home. Mark expressed that it would be different if it was just himself and his wife, seemingly less stress and responsibility. He elaborated:

> I really...it's- sometimes it's been enjoyable but other times it's been more stress than what it should and what it's affected health wise, mentally cause you a lot of anguish and, you know, things that you know, like my wife will clean and it would be clean if it just her and I but then, you know, kids come home and they make a mess and they leave the dishes and you know, then they have their own room and they kind of destroyed the room. They don't clean up and you know, gets kind of really overwhelming for people who are a little bit getting up there in age or have any health issues.

Mark's stress seems to be related to the additional responsibilities that have fallen to him in his role as grandparent caregiver. Mark disclosed that prior to taking over care of his grandchildren he did struggle with anxiety, and he feels that the added responsibilities at times may be exacerbating his anxiety.

Harriett expressed her stress through recounting what it feels like to take over care when the children were not cared for in an appropriate way. She shared:

> Well, the role is, they get to stay there don't get to go nowhere. And you get to do, you're hands on everything that needs to be done. You're fighting a lot of battles what's wrong with the kids. You look for solutions for everything and that's when God had to come in to help me again, to put a solution to something- is harder than the others [inaudible] was wrong with these kids.

Harriett's stress seems to be directly connected to the adjustment of the children. Later on in her narrative she speaks about the progress that has been made by her helping the children, and this seems to decrease her overall stress.

Kelsey throughout her narrative acknowledged the transitions her granddaughter has experienced. Her granddaughter lost her mother, has moved twice with her father, has seen her grandparents move, and there is the possibility that she and Kelsey will have to move at some point. Kelsey shares these worries here:

> And the thing that worries me and I probably over worry more than I need to is her grandparents have moved twice. And all her things ended up here or her bed and stuff got disappeared, you know, stuff disappeared on her. And then her dad has moved twice and the same thing her stuff just disappears. And I probably think about- overthink- that I don't know that I don't want her to think that's how life is that you just keep moving.

Kelsey's stress seems directly connected to wanting to be a source of stability for her granddaughter and the worry comes from the unknown with relation to her housing struggles.

Stress, worry and anxiety emerged for four participant narratives in which they shared about specific experiences, or overall feelings in their role. Although each grandparent had a different expression of their feelings, the possibility remains that stress, worry and anxiety are responses that may be experienced by the grandparent caregiver population.

6.4 Grief and loss. Four out of nine participants expressed a sense of loss in their narratives. Two participants connected this loss to physical passing of people in their lives that they cared for. Two additional participants connected this loss to loss of activities they had enjoyed at one point before taking over care of their grandchildren.

Tiffany and Kelsey spoke about loss experienced that impacted them as grandparent

caregivers. Tiffany shared her losses here:

> Because I live in Pennsylvania the transition, they had to transition them here, and
> that was a 6 month ordeal and then life happened in between, I had, you know my
> grandmother passed, and I- [breaks off, speaking to grandchildren, listening, small
> conversation had] sorry.. but you know, like I said, life happens, grandmother
> passed, and in between that my best friend passed, so you know there was a lot of
> emotional things going on, so we knew, we kind of knew, we thought, she
> [daughter] was going to get herself together but she didn't. So uh, then was
> making sure we had everything here set up when they [three grandchildren] got
> here so. So it's been a two year journey but in all actuality probably the last 6
> months have been a big push for them getting here, you know not even that, since
> September I guess, so yeah [chuckles].

Tiffany illustrates how life around her continued to happen while she was taking

over responsibility for her three additional grandchildren. Grandparents that are taking

over care of their grandchildren are not isolated in vacuums, with nothing else occurring

in their lives. In contrast, there is the possibility of many additional things happening

around them while they are taking on additional responsibility for their grandchildren.

Kelsey also shared physical loss she has experienced in her role. The death of her

daughter was the catalyst that made her role permanent. Kelsey had previously taken care

due to her daughter's battle with substances, and that care became solidified after her

passing. Kelsey shared about her loss here:

> but um, I always say that's just God getting us ready for all the other losses that
> we've had that...I don't know how else to describe the lot of feeling the loss of my
> daughter and, or, like I feel a lot pain- of my sister's not doing well with a loss, I
> can understand it. I probably would be in the same frame of mind as she is, which
> is functioning but off the wall it seems brain wise, but I didn't have that when,
> when my daughter died. I didn't [granddaughter] it wasn't home for two weeks.
> And I had to get right back into, alright you gotta stay focused, you have this kid.
> So, so I don't know what the whole, I myself, I myself feel like I haven't grieved
> right, first of all about my mother, my daughter- a little, and, and, my boyfriend,
> you know, he too is on the back shelf. I just feel like I'm too busy to be able to
> find time to and then not even understand how I'm going to.

On the one hand, the added responsibility of her granddaughter according to Kelsey can be seen as a way she is able to continue in her role and not get caught up in her grief. On the other hand it seems to have set a pause button in her grieving process, one in which Kelsey is still trying to navigate.

Both Amelia and Meghan share their loss through an expression of something that once was that is no longer. Meaning, the loss of an activity, daily schedule or even a job that is no longer part of their lives. Both participants spoke about their retirement as it relates to being grandparent caregivers. Amelia shared:

> One of the reasons I loved retirement, was nothing in the morning, cup of coffee on the porch with the cat. Not having to cook every night, liking to cook but maybe once a week. So the dailiness is a huge change, of a child...I feel like I get a very small sliver [of the day] for myself.

Amelia's loss comes from the structure of her day, and how that is different now. Meghan already expressed a layer of her loss in connection with sadness associated with her retirement adjustment. She elaborates about this loss as it connects to social supports and friendships:

> I think one of the most interesting adjustment was giving up my career working, I lost my daily interaction with adults...But uh, but as far as I have a lot of friends, but I've had to give up a lot of stuff. But I had to give up relationships and being able to go away with friends and do that kind of thing.

Meghan seems to connect her loss with a loss of friendships and the ability to put time and energy to these.

Loss for grandparent caregivers emerged in two different ways, physical loss that impacts them in their role, or metaphorical loss of previous ways they structured their days. With participants, identity seemed connected to how they spent their day, what filled their days. If grandparents are experiencing a sense of loss metaphorically with

what their day is filled with, this may have a lasting impact on their identity and how they

situate themselves in their world.

6.5 Anger, frustration, resentment. Three participants expressed anger,

frustration and resentment in their roles as grandparent caregivers. Mark expressed his

resentment here:

> But I think it'd been a little bit different for me because I don't have any of my
> own biological grandchildren. So maybe I'd feel different if it was that but you
> know, so sometimes I think it does get a little bit stressful. And I won't lie- I get
> resentful sometimes of I've given up my whole my four years of my life doing all
> this but then, you know, I get blessed in other ways. And sometimes you got to
> look at the bigger things, the blessings that you have more than the materialistic
> things and that sometimes gets lost in the shuffle.

Mark seems to be doing his own internal work on not letting his resentment build

and impact him in his role. By looking at the bigger picture he is working to not let his

resentment impact relationships around him.

Tina expressed her frustration through navigating boundaries between herself and

her grandson, the father of her great grandson she is now currently raising. She shared a

conversation she had with her grandson prior to adopting her great grandson:

> So when I get this boy legally, when I adopt him legal, there's still going to be
> rules and regs. You're [grandson] not coming into my own and pulling him
> anytime you wanna telling *me* what you're gonna do? No, because you had the
> opportunity. I have him here now. I have rules and regulations. You're not gonna
> upset my home because once you set upset him [great grandson], you upset me.
> And then the whole places in an uproar. You know, because the child's [great
> grandson] gonna think well, my daddy said this my daddy said that, I can't help
> with your daddy said, *I'm* in control. You know?

Tina's frustration seems to come from the challenge of control she feels comes

from her grandson questioning her rules. By challenging the rules Tina sets, her grandson

is effectively challenging her ability to care for her great grandson, something Tina

clearly will not put up with.

Harriett shares her frustration with the decisions her daughter is making. While starting the process of taking over care, Harriett shared that her daughter was not all together supportive. Harriett shares an experience she had that eventually led to her confidence in taking over care of her grandchildren:

> She wanna sacrifice, get that money so she can do what she wants to do, it was never no, not for them kids, she never took one time off to do nothing, the kids get sick or something she call me go get one of my kids [inaudible] take care of her kids when she went up and down the street. So, that's me, and I go get them, I go get the kids.

Harriett is understandably frustrated by the decisions of her daughter and how they impact her grandchildren. This seems to be one method of fuel that stoked the fire in Harriett taking over responsibility for her grandchildren.

Anger, resentment and frustration has the possibility to form in the grandparent caregiver population. Not surprisingly it seems to depend on specific experiences of grandparent caregivers. Those that have been faced with additional challenges may have an increased possibility of being angry, resentful or frustrated in their roles.

Expression of emotion was a theme that emerged for all participants in some way. The range of emotion included joy, sadness, stress and anxiety, grief and loss, and anger, resentment and frustration. Grandparent caregivers included in my study articulated their navigation of multiple emotions in their roles. This navigation of emotions along with all the aforementioned challenges, obstacles, dynamics, paint a full picture of the multilayered process taking over care for their grandchildren is.

7. *Identity*

The next theme to emerge from participant narratives was identity. Included in each interview were participant narratives about the concept of identity and how this

concept either does or does not impact them. Additionally, each participant was given the

opportunity to participate in making an identity pie chart, to further conceptualize

identity. A major concept in Burke's (1977) conceptualization of identity theory is the

creation and sustainment of role identity, a process that each participant illustrated in

their narratives. My analysis of identity focuses primarily on roles because it encapsulates

how individuals inhabit roles to form their larger identities. Participants commented on

specific roles they held, described role conflict and tension, and claimed themselves in

their roles. Their narratives illustrated the process of identity formation for each

participant.

      7.1 Role Claiming. All nine participants claimed various roles they held

throughout our interviews. Protector, caregiver, advocate, mother, parent, and provider

were some of the role's participants voiced.

      Protector, provider, advocate. Seven out of nine participants provided narratives

in which they portrayed their roles as provider, protector or advocates. Their reasoning

for adopting these roles varied, but their desire to be doing what they think is best for

their grandchildren or great grandchildren did not. Amelia provided context to how she

views her own identity, sharing "so, part of my work and identity is to help protect

[granddaughter] as well as help her grow up. So, we participate in parenting but

sometimes at real odds." Amelia here seems to be acknowledging the difficulty being in

the parenting role while her granddaughter's mother, Amelia's daughter, also claims that

role. The role of protector also emerged for Harriett, who was very clear in this

description of her role:

        I have to watch you [referring to grandchildren] 24/7 because there's some crazy
        people out in this world. And that's what I do. They don't spend the night in

nobody's house nope, I don't allow that, I, I keep them close to me. Wherever I go they with me, if my son doesn't have them, then they don't go nowhere. I'm sorry but that's who I am.

Harriett embodies her role of protector by taking her grandchildren with her as much as she possibly can and limiting the interactions in which they are exposed to outside of their home. By doing this, she cements her role in their lives as a protector, further situating her overall identity.

Mark's description of his role comes from what he is able to provide for his grandchildren. He shared:

So, you know, I work with them and I try to, you know, whatever they need the kids, whatever they need I try to give it to them. They don't have the best of everything, clothes and whatever, but they do have clothes on their back and, you know, they got a roof over their head, they got food in their belly. And, you know, granted, they don't have $150 sneakers on, and they might have the $30 sneakers, but I got something on their feet, keep it warm, you know.

For Mark, his role as provider seems to be correlated with meeting the basic needs of his grandchildren. By identifying what he is able to give to them, his role as provider is better flushed out and defined, creating security in his role.

Lilli describes her role as advocate for her oldest grandson, doing what she felt was best for him even at odds with his father. She described the situation here:

They started a soccer team then, you know and, in the recreation, and my oldest grandson wanted to play soccer. So, I signed him up for that. Dad was furious at me for taking him out of or allowing him to get out of baseball and play soccer. [laughs] Sorry, that's what he wants to play. So he played on the town team in the recreation team.

She went on to share that her oldest grandson continued to play soccer through college, and how happy that made her to see him succeed. By listening to her grandson's wants, she was able to advocate for him to participate in something more meaningful.

Mother, grandmother, grandfather, great grandmother. All nine participants

provided narratives in which they described their roles with their caregiver titles.

Although all participants are by definition grandparents, their narratives described areas

in which they felt that their roles blurred, causing them to feel they were filling two roles

simultaneously. Harriett illustrated this parallel process, sharing "Well, I'm the mother

and the grandmother. Uhm, by birth I'm not the mother, by taking care of them, I am the

mother, I make all the decisions." Harriett is holding her two roles in the same space.

Kelly echoed this sentiment, sharing her caregiving role:

> So but you know as a grandparent, you know, this is your grandchild, so you have
> to do what you need to do for his destiny in life. You know, you gotta, become the
> parent.

Kelly clearly defines her role as grandparent and illustrates how being placed in

her caregiving role causes her to adopt an additional role identity of parent.

Mark throughout his interview spoke at length about the difficulties of holding

two roles, both grandfather and father. He shared:

> I think before the children came, I felt like a grandfather, grandpa, like you go in
> and you see them on the weekends or whatever you take them out for ice cream,
> whatever movie, whatever- the situation is more relaxed and more enjoying, more
> pleasure of doing that. I think now it's more like I *am* the father or the parent and I
> have so many more responsibilities and I have so many things that put the stresses
> and the pressure and stuff like that.

Mark describes the perception that there are added responsibilities as he takes on

his new role. This role identity shift is impactful and for Mark seems to be something he

is still working on processing and coming to terms with.

Amelia, Meghan and Tina all shared their caregiver roles with certainty, showing

confidence in their role identities. Amelia shared "If push comes to shove, I am

[grandchild's] guardian." Amelia currently has no legal custody of her grandchild and her

daughter is involved in care of her grandchild, however Amelia cements herself in her

role as guardian, regardless of documentation. In this way, Amelia is creating confidence

in her role identity, further solidifying her overall identity and view of self. Meghan

shares "I refer to myself as, I'm a full time Nana." Meghan throughout her interview did

not use the word "parent" to describe herself, as her son and daughter in law are her

grandson's guardians. Tina also shared the way she views herself, "I was always the

Native American, but a great grandmother, who's raising a great grandson at this point in

my age." Tina has raised her grandchildren prior to her currently raising her great

grandson. Tina shares her role identity as Native American, as well as a great-

grandmother, again an illustration of multiple roles holding the same space to make up

one's identity.

Tiffany is one participant that illustrated her conceptualization of a defined role

versus one she inhabits. When asked to describe herself she shared:

> I've never- I don't see myself as a grandmother [laughs] that's not what I call
> myself. Excuse me one second [speaking to grandchild, providing direction] uhm
> because I'm not a grandmother, I'm a grandmother, yes, but not in the traditional
> sense. I'm a care- I'm Mom, so I don't, I don't get to be Yaya which is what they
> call me, I gotta be Yaya plus everything else.

Tiffany illustrates her process of expressing her multiple role identities, all of

which she seems to still be working to define. She acknowledges the factual role of

grandmother, however illustrates how becoming a caregiver to her grandchildren comes

with many other roles, for example a new grandmother role she's still working to define.

No matter how participants defined their roles, it was very clear that each held

multiple role identities at the same time. Each role identity helps to solidify one's identity

and self-concept. Participant narratives seem to contain definitive roles such as

grandmother, grandfather, and within these roles intersected participant ownership of their role as provider, protector, advocate. Grandparent caregivers on the surface may present as single role individuals, however participant narratives show otherwise. Provider, protector, advocate, grandmother, grandfather, parent, Yaya, Grammie, great grandmother, are only a few of the multifaceted roles grandparent caregivers hold.

7.2 Conflict/Tension in Role. Along with the narratives participants provided about their individual role claiming process, some provided narratives in which they illustrated their desire that their children were inhabiting their roles. That is, participants wanted their own children to be parents to their grandchildren. Mark shared this sentiment during his interview:

> I've heard that- you're the father. You want to be the father [heard from grandchild's parent] I don't really want to be the father. I want to be a grandfather, you [grandchild's father] need to be the father, you [grandchild's mother] need to be the mother. I need to be the one to spoil them- that's what I need to do. I don't need to be a father. I've already done that. And I don't *want* to do that. I want you to do it.

In this way, Mark is in one way claiming his role as parent with responsibilities and is meeting those responsibilities, but also illustrating his inner desire that the parents of his grandchildren will re-claim their role as parent.

> Tina also shared a way that she is wrestling with her role, illustrating her process:

> But there's this a clause in there that tells that's trying to tell me that am I *supposed* to be doing this? Why am I doing this?... How come these things occur? But which the question is, I can't answer that for myself. The parents have to answer those questions. You know, why did I have these babies? And why aren't I taking care of these babies? And some of them don't even know where these babies are.

> Tina's self-reflective questioning may not have concrete answers however her process is important in identifying her role identity. Tina seems to be working through

how the decisions of her grandson impact her own concept of identity. She can accept her role as great-grandmother caregiver, however it is a role that is directly connected to her grandson's choices.

Amelia seems to be engaging in a similar process. She shared her thoughts on her role versus her daughter's role as parent:

> People forget, [granddaughter] had night terrors for a while, early on, not the same as nightmares. Once in a while she still sleepwalk. She's asleep and it as if she's awake, and she's making no sense. And all I can do is get her back to bed. Okay time to go to bed, here's your room kind of thing, that's been me. It's not been a parent comforting her. And I don't say that about my daughter, she was at work, but I think that is another feeling, *we're* doing it. Why can't it be a parent? It should be for the child's sake.

Amelia also seems to be wresting with the why behind her role. Amelia accepts all responsibility for her granddaughter and at the same time expresses that her desire would be for her daughter to be the one comforting her granddaughter.

Both Meghan and Kelly echoed the sentiment that their understanding of roles has changed by becoming grandparent caregivers. Meghan shared, speaking of her son and daughter in law, "you are the parents, I want to see you in your parenting role. I don't want to usurp that take it, you know, don't want it to be me." Meghan shows her desire to have her son and daughter in law remain in their expected roles, while also navigating how she fits into hers. Kelly also shared her desire to hold distance from a parenting role. She commented, "Well, I uh, as a grandmother you want your...as a, as a mother you want your children to raise their child. You know, that's what you're supposed to do, and to become." Although she does hold all responsibilities of her grandson in her caregiver role, she acknowledges that it is different than the role she expected as grandmother.

The conflict and tension in roles narrated by participants seems rooted in parental role expectations, a theme highlighted previously under family dynamics. More specifically, it seems that when grandparents are acting in the caregiver role, this creates conflict with their own children. Grandparents seem to be holding tension in two specific spaces, acknowledging their own need to inhabit the caregiving role, and acknowledging that it should be their children inhabiting the caregiving role.

7.3 Identity shift in time. Participants spoke about their shifts in time related to identity, and also illustrated this connection when prompted to complete identity pie charts. The visual of how they spent their time helped provide space for discourse about identity.

Figure 4.1 Before and After: Amelia
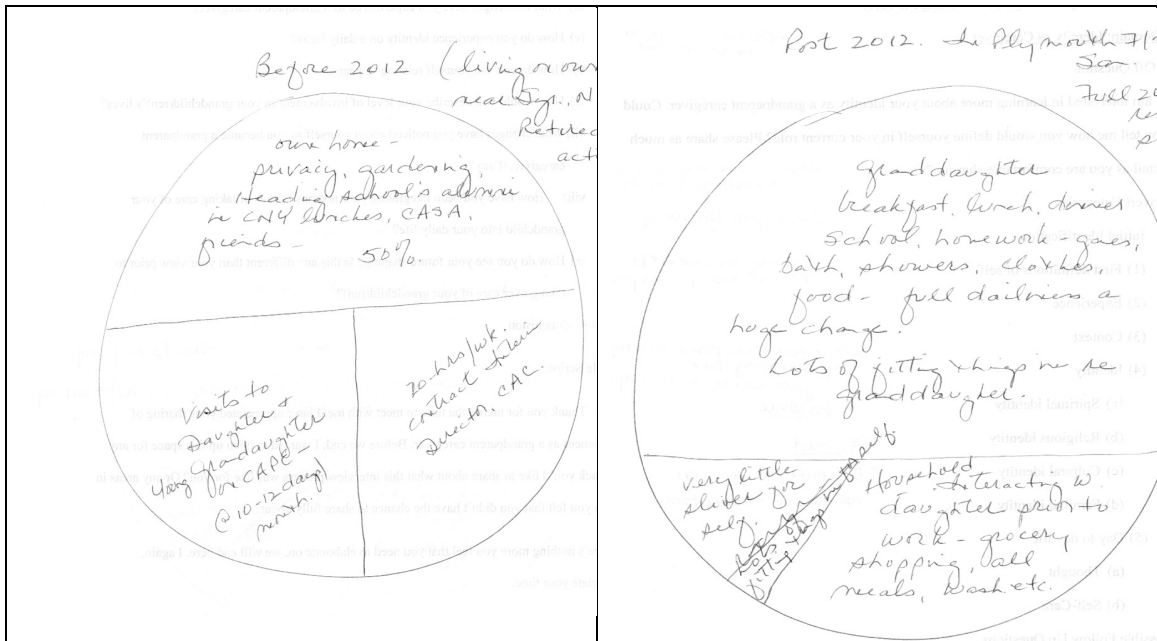
Amelia's pie chart illustrates a large shift in how she spent her time. In the before illustration, only a quarter was dedicated to her granddaughter. In contrast, the second illustration shows responsibilities for her granddaughter taking up over half of the entire

pie chart. Amelia shared that this was due to needing to prioritize care for her

granddaughter, shifting the focus of her time.

Figure 4.2 Before and After: Mark
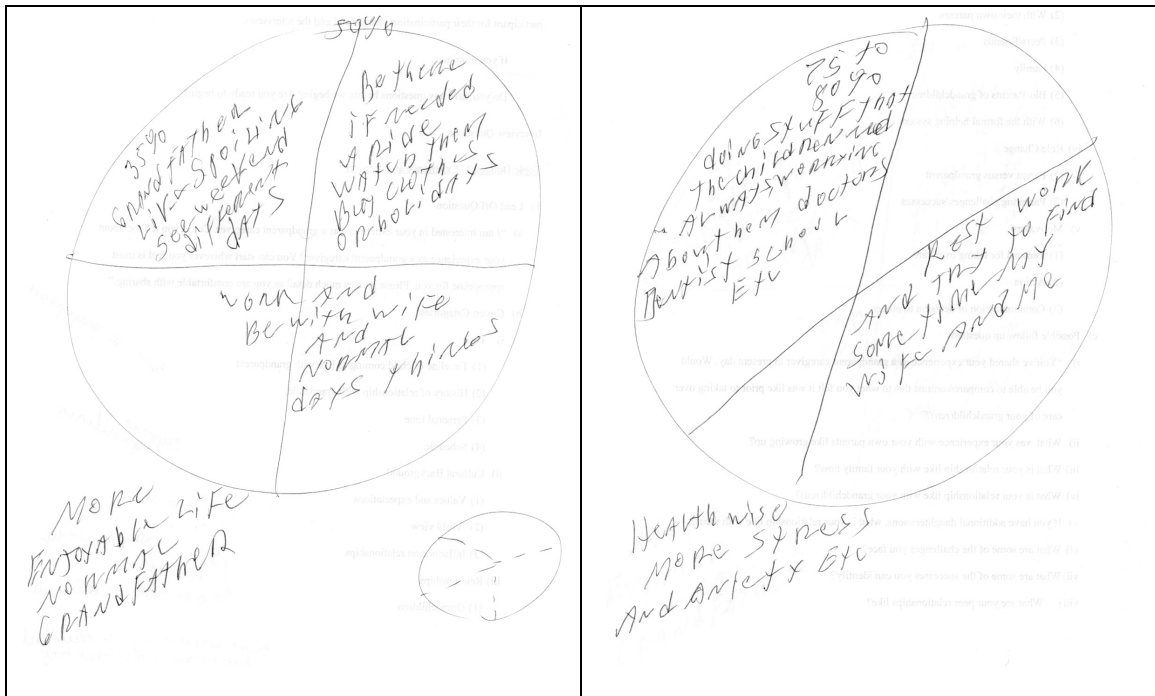
Mark's pie chart also echoed a noticeable change in the way he separated it,

before and after. Mark shared that the addition of responsibilities for his grandchildren

caused stress. Mark, along with other participants, describe a change in priorities when

taking over care. The needs of grandchildren seem to supersede the needs of grandparents

to provide time for themselves to take care.

Identity was an emergent theme for all participants. Exploring who they were

related to how they spent their time was a common occurrence. Participants narrated a

tension between the roles they inhabit and the roles they wish their own children, their

grandchildren's parents inhabited. All participants narrated how they claimed roles in

their lives. Some roles seemed more solidified than others, illustrating the fluid nature of identity formation.

8. Cultural Influences on Experience

The final emergent theme from participant narratives was cultural influences on experience. Culturally speaking, this study illustrates a possible phenomenon that is occurring in the United States. There are many different sub-cultures within the larger culture of the United States, however the majority of individuals have to subscribe to the larger white culture of the United States. This study included narratives from white participants, African American participants and Native American participant, all bringing with them racial and cultural differences. Differences in race and the ways in which participants navigate both the larger culture of the United States as a whole, and their community or family based sub-cultures play a role in grandparent caregiver experience. Specific references to race, as well as thematic connections regarding cultural influences will be reviewed in this section.

8.1 Community support. The ways in which a community supports grandparent caregivers differed for participants in this study. Harriett, Kelly and Tiffany, self-identified as African American, all shared their involvement in their local church as sources of strength and support. Culturally, it seems that all three participants felt that this support was necessary for them to continue in their roles. Harriett shared that she values the input from church and voiced how proud she was that her grandchildren were involved to carry on the tradition. She shared

> So…and then they go to church, they all like the church. We all got baptized in the church, all at one time, all three of us, well all two of us- the two youngest and me, the other one she took her time, but she got baptized after us too. So we all…everybody knows who God is so we all go there. The little boy is usher in

church and the girl she just sit there but tomorrow she got to help serve the elderly.

Both Kelly and Tiffany echo this sentiment, sharing that a part of the larger culture in church they are connected, supported and feel confident in their abilities. Kelly shared that as a leader in her church, her husband is a pastor, she finds fuel to keep going by helping others who are in similar situations. Kelly shared that faith and the connection to church is a large positive. Kelly described, "we do we have, as I told you my husband pastors church and it's a lot of the people that I've grown up with who are now doing the same thing they're raising their grandchildren." It is not surprising that Tiffany shared the sentiment about church and community-based style of parenting as Tiffany is Kelly's daughter.

All three participants illustrate intergenerational cultural influence that seems to play a role for them as grandparent caregivers. Harriett in her narrative shared her pride that her grandchildren are becoming members of her church and are finding connection to a similar belief system. Both Kelly and Tiffany, coming from the same church, also embody the importance of culture in raising their grandchildren. Involvement in the church and access to a larger source of community supports seems to further illustrate the overarching cultural expectations of grandparent caregiving in the African American community. Although these three participants cannot serve to speak generally about the African American community as a whole, their narratives illustrate the important role that culture plays as a grandparent caregiver.

8.2 Cultural differences in accepting care. Throughout participant narratives were details about how and when grandparents came to care. In an attempt to connect to larger racial and cultural differences as a whole, this section will compare and contrast

these experiences for participants. An earlier identified theme of 'finality in the role' will be utilized as part of this discussion.

In the literature, white grandparents historically are able to have distance in the lives of their grandchildren, inhabiting roles of "casual visitor" or "day carer." White participants in this study seemed to further illustrate this point in the way that they discussed the finality in their role. Amelia shared that prior to taking over care, illustrated also in her identity pie chart, that she was able to come visit for "a few weeks" and then go back to her home out of state. Once it was apparent that she was needed to take over care of her granddaughter, she shared how much of a struggle that was. She shared an experience in her grandparent support group, "and I would said we all enter into this saying "this is temporary" and then it dawns. This is the rest of my life. Some people simply can't do it."

Additionally, Mark also shared his desire that his grandchildren's parents were the ones taking over care. He shared that he enjoyed his role as grandfather much more when he was "able to take them to the movies and bring them back" or "go out for ice cream and then bring them home." He felt that this was the role of grandfather he most wanted to inhabit, not the role of grandfather as parent. He shared:

> When we did go away a few years ago, we had to make preparations for the kids which we shouldn't have had to do. My son should have been able to stay with the dogs and that's it – but we had to make sure the kids are taken care of make sure this make sure that- bring them here pick them up- all this extra stuff, which you shouldn't have to do when you're retired and kind of the grandparent you just go and visit the grandkids and leave.

It is interesting to note the differences in finality of care between races in this study. Harriett, Tina, Kelly and Tiffany, participants of color, all shared that their "lives didn't change all that much" with regard to their roles as grandparent. Tina, for example,

during her identity pie chart completion shared "well I always did church and I took them [previous grandchildren and now great grandchild] right with me...of course we always went to the stores, I took them with me, I took them to a lot of little birthday parties and things like that." When asked if anything looked different from one visual representation to the other, she shared "not really, it's just the slow down a little bit now, you know." Tina attributes the rate of doing things outside the home slowing down due to her physical health symptoms she was currently experiencing and her age.

Kelly and Tiffany also shared their belief that this is "what family does" with regard to stepping in and caring for grandchildren. Both shared stories in which the core of their role drew support from community involvement as well as their shared cultural beliefs of the importance of familial involvement in the lives of their grandchildren. Kelly shared:

> This is how we are as a family. We take care of our own. And it wouldn't have mattered if it would have been [grandson] or one of my sister's children, or my sister has one child, or anybody, this is how we are as a family. We take care of each other. So, it wasn't anything different. You're just, it just falls into play. And it just works. It just works.

Additionally, Tiffany also commented on the expectations of the family system that come from generations before her. She shared, "I kind of had, I just did what we needed to do and we- well we come from a family of caregivers, grand kids, non-grandkids, family uh community people, so this was nothing new to us." Tiffany's comment further illustrates cultural beliefs that play a part in the way she understands her role as a grandparent caregiver. It seems that the matter-of-fact way that she accepted care is rooted in rich tradition for her family. The contrast in participant narratives perhaps also illustrates differences in emphasis within cultures. For example, white

culture tends to emphasize independence, with an accompanying assumption of individualism. In contrast, African American or Native American cultures, for example, tend to emphasize the collective, with an accompanying assumption of community well-being.

The differences in accepting care of grandchildren for participants is rooted in racial and cultural influences. Overarching systems, societal expectations and cultural expectations played a role in the way that participants voiced their experience of taking over care of their grandchildren. Dialoguing about these differences from a point of race and culture helps inform how we understand grandparent caregiver experience as a whole.

Conclusion

Grandparent caregivers are a resilient population. Their narration of the seven major themes outlined in this chapter show how multifaceted their roles are. Navigating how they came to care, family dynamics, transformation of time and challenges in their roles provided insight into day to day concerns. Ways that they sustained themselves in their roles situated themselves in positive mindsets and strengths-based perspectives. Grandparent caregivers cannot escape an emotional impact in their roles, made clear by their expression of multiple feelings- joy, sadness, anger, grief and anxiety. Grandparents are continually navigating their own identities and how they fit into their new worlds and roles. The above themes will be further explored in the next chapter, with additional context provided through discussion.

Participants Talking Back

All members of this study were invited to participate in the member checking process outlined in Chapter 3. Individuals were contacted to see if they had any additional thoughts, feedback or insight after reading over both their transcription and this chapter. This project sought to illuminate participant experience through their individual stories they chose to tell, and it seems only fitting that their voices conclude the findings above, in their own words.

Four participants willingly shared their thoughts after reading, Amelia, Meghan, Kelly and Tiffany. Responses varied, with brief to the point messages and longer, detailed messages sharing new developments. Common from all participants were well wishes and an expression of gratitude to be involved, further underscoring the benefit of member checking and co-collaboration. Both Amelia and Meghan referenced the current pandemic hitting the United States, and their comments back reflect their additional insights and challenges into grandparenting during this specific, unforeseen period of time.

Amelia and I connected via email, I reached out with a message explaining the process and asking if she was interested, she responded: "Brittany, many thanks for your update! I would very much like to check things over." Once she was able to review, Amelia responded and shared:

> I have just read over your transcription of our talk and other than seeing broken sentences. . .which would come from talking rather than writing. . .it's certainly all there. Other than a very ungrammatical expression which I don't think I've ever used talking or writing (the word "them's"), I see no need to change. Obviously life has changed substantially since mid-March with all at home and on-line schooling. [granddaughter] has much more of her mother, which in the long run, given that I am now 81, is good. But it's also been difficult with each vying for control, and me stepping back in ways. It's also a bit strange. . .odd?. .

.to realize my life began during WWII and some early memories of that are very clear, and now toward its end we have this global pandemic, quite serious here in Massachusetts. I am sure [granddaughter] will have clear and strong memories as well. Thanks for all you are doing to further experiences of grandparents raising grandchildren. And good luck with finishing your dissertation and next steps!

Based on Amelia's feedback, I went back to the original transcript and updated the grammatical error identified.

Meghan and I also connected via email, she shared her interest in participating, "I would love to participate, and sending docs by email is great. We are staying home all the time now, so there is plenty of time for me to respond. Of course, I am now home schooling, as well. Things have changed so much!" Upon her review, Meghan responded, sharing her feedback and further insights she had:

> Thank you so much for sharing your findings and analyses to date. You have done an amazing job! When we met, I was deep in grief having just gone through some major losses in less than a year...2 siblings, my closest friend, my son-in-law to suicide, and my former husband. All of them were broadsiding sudden losses, and I really felt the impact of having to be in my unrelenting position as full-time Nana, and pushing my grief aside. That was September, the most recent loss had been my dear, dear sister on Sept 4, and I was still fully involved with supporting her two adult daughters, who had barely gotten over the loss of their Dad in the previous year. There is no time to grieve in this role. I kept pushing on, but within a month, began to fall apart, and not being able to keep up grandparenting. My daughter in FL, [friend from grandparenting group], and my son with whom I live, talked without me knowing it, and before I knew it my daughter arrived from FL in Dec, and drove me to her beautiful home in FL where I stayed for 3 months. I was not happy, at first, but it was necessary, and my time there gave me my closest confidante, a lot of time alone, rest, and healing. I had just broken down. Each day was mine, and I took long tearful walks in beautiful parks, doing a lot of yoga and meditation, and enjoyed warm weather with no responsibility. My grandson called once in awhile, and we e-mailed some, but basically my MA family let me be, while letting me know that I was missed and needed to heal. My daughter and I took several little trips and explored nature...my favorite thing to do, and my grown FL grandsons and their wives were a joy to visit with. I missed [grandson] so much, but slowly became so much healthier and happy. My partner, came to FL at the end of Feb, stayed for 10 days, and then we enjoyed a leisurely return drive to MA. His love and kindness is so important in my life. By that time the virus had become an issue, adding a heavy layer of concern, but we prepared and were cautious in our travels. It was

wonderful to have all that time together, and fortuitous, as we have not been able to see each other since the return. My daughter-in-law is an essential worker, as director of a large Memory Care facility, thus she was mandated to use extreme caution with all interactions, and what I do, affects her. Thus I have just not been out. When I returned home, I was immediately plunged in to my grandparenting role again, but not before I received the warmest welcome back with so many tears and so much love. Still, I was in shock with all I needed to do, ie, become a full-time schoolteacher for [grandson], on top of all the housework, etc. Slowly, slowly, I have settled back in, adjusted well, and am having a great time learning with [grandson]. We walk together each day, and have an entirely new relationship here, all the way around. My son and wife really showed their appreciation, and our communication has become so much better. A point that I think was omitted is the fact that we all refer to each other as [grandsons]'s parents, and it is emphasized with him as being important that he understand. My key to survival is facing each day anew, using meditation, my breath, and telling myself that I am in control of my own happiness and preservation. Each time I bring myself up short with that realization, I am centered anew, and able to bear the toughest parts of being a full-time grandparent. Everyday there is some big challenge, but it is all part of raising a child. The pre-teen period of time is crazy, and being adaptable, having a sense of humor and humility is my key. Compared to others, my new life here is still the greatest gift. Thank you so much again for working on this project. I suspect many lives have been changed by the pandemic, and I am sad that many are really suffering. I must say our grandparenting group, has kept close touch, and we have all shared ideas for survival and enhancing our teaching, coping etc. Wishing you well!

Kelly and I connected via phone, I reached out via text message to see if interested and she responded "Sure. I will gladly do that for you. Blessings to you." Kelly preferred physical documents, so I printed out both for her and mailed them. After approximately two weeks elapsed, I reached out again to Kelly to confirm she received the documents and we connected via phone once she had read through. She shared, "I wish I would have talked different with the repetitiveness and the uhms" and when asked for any further feedback she wanted to give she shared "I'm good, yeah I'm good." Based on Kelly's feedback, I went back to both her transcripts and the excerpts I used in this chapter and removed the 'uhms' and worked to remove the repetitiveness.

Tiffany and I also connected via phone, once presented with the member checking option she responded "Hey Brittany, sure!" and also reported that she preferred paper documents rather than electronic copies. After approximately two weeks, I reached out to confirm that she received the documents and to see if she wanted to connect via phone about anything that came up for her. She shared "Brittany! Yes ma'am... and I just finished reading it a couple of days ago... I loved it!"

CHAPTER 5: DISCUSSION

Grandparent caregiving is not an entirely new phenomenon. Grandparents have the potential to be sources of support, resources for navigating problems, role-models and overall foundational members of families. Grandparents that have taken over care of their grandchildren have carved out a new role for themselves, creating space to become caregivers and hold a parenting role at times. My study sought to answer the following research question: What are the experiences regarding well-being and identity development for grandparent caregivers as they navigate their new roles? The following discussion coupled with previous findings seeks to answer this research question.

Findings from this study have been laid out in the previous chapter. These findings will be further synthesized, and the accompanying discussion will be split into four sections, namely well-being, identity, resilience and relationships. Exploration of these themes showed that relationships tended to be interwoven throughout all emergent themes, presenting in different ways. Relationships will be summarized as a whole and explored in more depth within each additional theme presentation. Participants expressed their state of well-being through discussion and conceptualization of their physical health and emotional health, along with the quality of their interpersonal relationships. Identity as a whole was a prevalent theme of this study, participants expressed their development of identity through commentary on time, their understanding of role expectations, and identity as it related to their family and personal relationships. Resilience emerged through participant narratives expressing their success and sustainment in the role, their adaptability and their draw from relationships. Each section will discuss findings as they relate to the leading research question. Additionally, each section will be put in dialogue

with previous literature, providing additional context to findings. Finally, limitations,

practical implications and future directions will be discussed.

General Summary

To recap, data was collected through semi-structured interviews with nine

grandparent caregiver participants. Additional field notes, observation notes and

completed identity pie charts served as supplemental data collection methods. Analysis

was then conducted across interview data, visual data, observation data and field notes to

identify emergent themes. Those themes were presented in the previous chapter and will

be further dialogued with in this current chapter.

Figure 5.1 Visual Presentation of Themes and Sub Themes
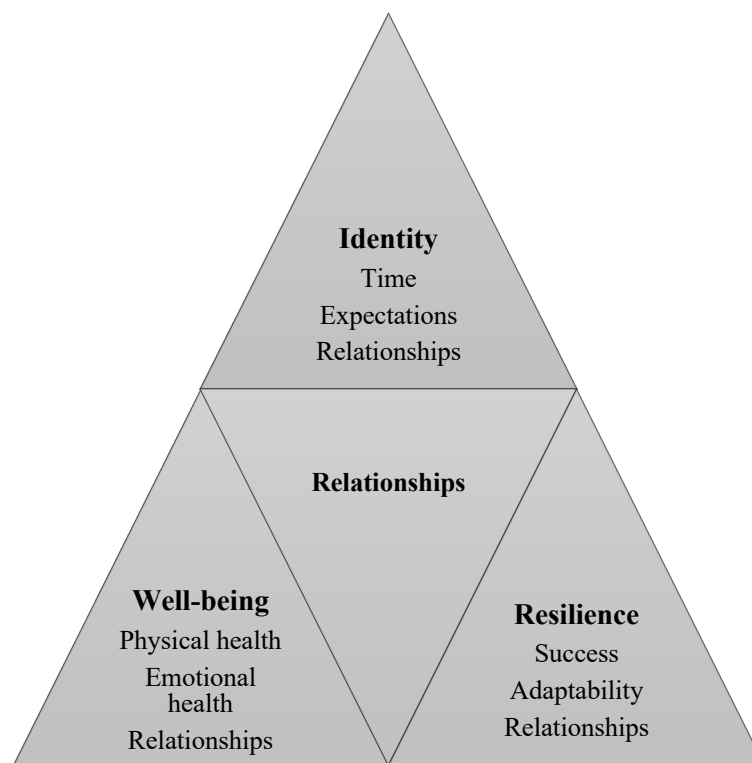
The above graphic, Figure 5.1, illustrates the presentation of discussion for this

chapter. Relationships is the core of the triangle, both meeting and intersecting with the

additional themes of well-being, identity and resilience. Throughout participant narratives, the common thread of relationships was woven through, whether participants spoke about their relationship with their grandchildren, their own children, or their peer supports. Discussion on relationships emerged within participant accounts of identity, well-being and resilience, becoming the backbone for this chapter. Each emergent theme has a relational component, showing just how multilayered grandparent caregiver experience is, and the organic emphasis on the importance of relationships throughout experience.

Relationships

Across participant narratives, relationships seemed to be at the very core of experiences shared. Relationships seemed to be an undercurrent throughout experience, bringing with it benefits as well as challenges. More specifically, relationships with their families and the ensuing impact on well-being and identity became clear through participant narratives. The quality and sustainment of relationships helps individuals form their own identity and situate themselves in roles. Participants shared their very personal navigation of relationships, with their children, with other family members and with peers. Because the theme of relationships cut across all participant experience, it will be interwoven in the following sections, outlining how it intersects with well-being, identity and resilience.

Well-being

This study sought to understand the impact, if any, on identity and well-being for grandparent caregivers. Well-being emerged for participants through their commentary on their physical health, emotional health and the ways in which they navigate

interpersonal relationships. Physical health commentary for participants contained

narratives wrestling with age, energy level and specific medical condition specifics that

were shared as they related to how grandparents experience themselves as caregivers.

Emotional health refers to narratives in which participants expressed their stress levels,

specific mental health challenges, and their emotional energy. Relationships created both

a space for positive and negative situating of well-being, related to the involvement of

biological parents of their grandchildren. Throughout the narratives obtained, participants

spoke at length about these categories and their relationship with them. Participants

showed a great deal of resilience and resolve in their roles, further impacting their well-

being.

Well-being and Physical Health

Participant narratives contained explanations of their physical health status,

providing context for the first area of well-being. Participants shared their physical health

as it related to age and energy levels, or outright medical conditions that they were

struggling with. Overall, participants reported that within the context of age and energy,

their physical health was impacted. However, this was not reported with an air of

negativity, more with an acceptance of reality. Participants spoke about their age and

energy levels in a matter-of-fact way, displaying a level of acceptance. In this way,

participants illustrated that physical health for them did not correlate with difficulty

carrying out responsibilities in their role, as the literature previously suggested. It is well

documented in the literature, generally speaking, that physical health practices are shown

to change, decrease or even discontinue when taking over care of their grandchildren

(Dolbin-MacNab, 2006; Gibbons & Jones, 2003; Jendrek, 1993; Mohahan, Smith &

Greene, 2013; Whitley, Kelley & Sipe, 2001). This may be in part to studies citing that grandparents are now putting the needs of their grandchildren before their own (Rubin, 2013) and that with added responsibilities, grandparents are less likely to take care of their own needs (Whitley, Kelley & Sipe, 2001) contributing to the impact on physical health practices documented.

It is also important to note, that two participants that struggled with medical conditions, one with shortness of breath (Tina), and the other with COPD (Harriett), did not directly correlate this as being exacerbated with taking over care of their grandchildren. Both participants explained their medical conditions independent of their responsibilities, only referencing that at times it might make it hard to care. They did not express medical health condition severity increasing, rather they expressed their conditions as added obstacles to overcome to provide the best possible care for their grandchild. This finding supports existing literature exploring physical health in grandparent caregivers. One such study by Bertera and Crewe (2013) challenged the expectation that all grandparent caregiver physical health practices are at risk by taking over care of their grandchildren. In contrast, this study postulated that the grandparents that were reporting impact on physical health already had pre-existing conditions that had the potential to be exacerbated while taking over care. This challenges the notion that taking over care of grandchildren *causes* physical health conditions. My study also questions this assumption. My participants that elaborated on their physical health conditions did so as information, without providing a correlation to taking over care of their grandchild.

In contrast to negative physical health impacts, Mark expressed a positive impact of taking over care of his grandchildren. It seemed that for Mark, keeping busy and productive may have had a positive impact physically. That is, he expressed himself and his wife being more capable physically, and sharp mentally, with the added responsibilities of taking over care of their grandchildren. This finding echoes a study done by Gibbons and Jones (2003) in which they argued that grandparent caregivers could experience positive benefits to physical health when taking over care, challenging the previous literature that only documents the negatives. Their work found that 45% of their study reported an improvement in their physical health practices, because participants shared that they felt the need to stay active for the benefit of their grandchildren. Participants reported the desire to spend more time outside, participate in activities to strengthen the bond with their grandchildren, and pay additional attention to what the family was eating with regard to diet. Additional exploration into physical health in grandparent caregivers may show reported improvements in physical health, as evidenced above with the work of Gibbons and Jones (2003), compared with larger impacts previously documented in the literature. Previously documented impacts painted a picture in which grandparent caregiver health struggled in many ways, decreased attendance to their own appointments (Whitley, Kelley & Sipe, 2001), increased rates of high blood pressure and high cholesterol (Mohahan, Smith & Greene, 2013) and placed their grandchild's needs before their own leading to a decline in overall physical health (Rubin, 2013).

Grandparents are faced with natural shifts in their day to day lives when they take over care for their grandchildren. One shift is with regard to physical health. Participants

in my study highlighted an impact in physical capability however they did not raise this as the primary obstacle in their care. They acknowledged age, energy levels, and even pre-existing conditions but did not spend much time on expressing an impact physical health had on their daily lives in relation to caring for their grandchildren. In this way, participants may be showing their resilience in problem solving and adapting while taking over care.

Well-being and Emotional Health

Participant narratives were informed by a wide range of emotional expression. This provided context to emotional health of grandparent caregivers, the second area of well-being. All participants engaged in emotional expression in one way or another, some more expressive than others. Regardless, there was a clear impact on emotional health for participants in my study.

Participants often oscillated between challenges and successes in their roles, moving back and forth between positive and negative emotions. Their narratives expressed that it is impossible to escape emotional impact when taking over care of their grandchildren. Positive emotions included joy and excitement, both at being able to fulfill a need for their grandchildren and valuing their grandchildren's achievements and successes. Negative emotions included anger and sadness, both at the situation with their own children and grief and loss of their own prior realities. This oscillation illustrates emotional unrest that grandparent caregivers may face. Faced with interplaying emotions on a daily basis creates unrest and may have an impact on overall emotional well-being for grandparent caregivers. Working through and processing emotions is an important piece of achieving emotional wellness, grandparents are tasked with many to process. In

addition to causing discomfort, this unrest may also impact the ability to feel secure and

positive in their roles, further impacting identity formation and ownership.

Emotionally, four participants expressed an impact directly related to taking over

care of their grandchildren. All reported an increase in anxiety and stress while

navigating the additional responsibilities. Tensions between parents and grandparents,

school and homework, appointments and meetings seemed the leading causes of impact.

Participants vocalized their need to seek out their own mental health care for support.

One participant that was vocal in his mental health challenges shared that he previously

had engaged in therapy and was continuing now that he was tasked with taking care of

his grandchildren. With relation to the literature, this finding challenges the field.

Although participants raised these items that became apparent when taking over care of

their grandchildren, they did not correlate these directly to care of their grandchildren.

This is an important distinction because in the literature it seemed to be argued, for

example by Dunne & Kettler (2007), that grandparents developed higher rates of anxiety

and depression directly related to taking over care of their grandchildren. Further, that

these rates of higher anxiety and depression, documented by both Dolbin-McNab (2006)

and Dunne & Kettler (2007), directly correlated with grandchild behavioral or emotional

needs, meaning that more their grandchildren experienced challenges, the higher the

emotional impact on grandparents. Participants in my study seemed to have a different

experience. Although participants cited their grandchildren as experiencing mental health

or medical challenges (Mark, Amelia, Tina, Harriett) they did not directly relate this to

their stress. Rather, participants seemed to feel confident in the supports they were

receiving, therapy, counseling and after school programs, for their grandchildren.

Participants seemed to split their emotional challenges into two categories, internal and external. Internally, participants spoke of their conflicting emotions, oscillating from positive to negative emotions throughout their experiences. Their relationships with their grandchildren and their own children was also contained in this internal exploration, reflecting on decision making and differences in parenting. Externally, participants spoke about costs of living, housing stress and other financial challenges. It seemed that these external challenges referred to items that were more out of their direct control than their internal emotional challenges. The rate at which houses become available and accessible is not something in the control of grandparent caregivers, as an example. In this way, it seemed that the external emotional challenges were able to be split from the internal challenges based on the direct control grandparents perceived themselves as having.

In exploring emotional health, it is important to situate emotional expression in the context of culture. African American, Latino and American Indian/Alaskan Native cultures view grandparenting as a source of wisdom, resource and support (Sneed & Schulz, 2019; Weibel-Orlando, 1997; Whitley & Fuller-Thompson, 2018). Additionally, grandparents in these cultures have a hand in raising their grandchildren, and place emphasis on community-based family development in which collaborative parenting is frequently the norm (Sneed & Shulz, 2019). For these grandparents, it is possible that their shift into roles may come with less emotional challenges. In my study, it did indeed seem that there was a different in emotional expression between races. For example, my White participants seemed to vocalize more stress, anxiety and depressive symptoms than their African American or Native American counterparts in my sample. This may be

attributed to the different cultural expectations of grandparenting. White grandparents historically have been able to have distance in their roles, more weekend visitor than responsible parent. Due to this difference in cultural expectation, White grandparents may have an increased challenge emotionally as they navigate more extreme shifts in role than their African American and Native American counterparts.

There is no escaping an emotional impact when becoming a grandparent caregiver, as illustrated by the narratives of my participants. The severity of impact however seems to be where participants differ. Some, report being able to successfully navigate their stress and overcome obstacles to care. Others, report seeking additional mental health help for themselves to support their stress and anxiety. Regardless of severity grandparent caregivers are impacted on an emotional level when taking over care. Exploring this impact with each individual seems to be an important first step in working to meet the needs of this unique population.

Well-being and Relationships

The final indicator of well-being was determined by interpersonal relationships. These relationships with family, biological parents of grandchild, and social supports seemed to lend to positive or negative experiences of well-being. Participants voiced throughout their narratives ongoing relationships that impacted their day to day experiences.

All participants commented on their familial relationships in our time together, some in more detail than others. Commonly participants cited family relationships as crucial supports while in their role. For participants with positive family supports, it seemed that some stress was alleviated, allowing them confidence in their role. Further,

participants that shared their community-based way of raising family were the most

positive in their role. By collaboratively taking on care of their grandchild, even if they

are the sole guardian identified, space is made for resources to be accessed. Churches

with strong community ties were highlighted by multiple participants (Harriett, Kelly and

Tiffany) as areas in which they feel collaborative parenting is occurring. They voiced that

community members take turns providing childcare, offering support with transportation

and creating space for their grandchildren to be involved in church. Participants narrated

tales of family outings and family dinners, emphasizing the support they are given.

Strong family supports also seemed to lead the way not only for grandparent support but

for grandchildren. Participants narrated the desire to have their grandchildren feel the

additional love of their extended family, since their parents were not fully present to be in

their lives. Although few narrated that their families did not approve of their decision to

take over care, it seems like family support was a large indicator of positivity in the role.

Biological parents are separated from the family relationship discussion for an

intentional reason. Parents bring with them additional challenges for grandparents to

navigate. All participants shared varying levels of involvement by their grandchildren's'

parents. Involvement was not always in the hands of grandparent caregivers, adding

additional challenges. For example, for Mark's family, a social service agency was

involved that defined the structure of visitation, phone calls and contact for his

grandchildren and their biological parents. Participants seemed to struggle navigating

what their grandchild's relationship is with their parents, while simultaneously struggling

with what their relationship is with their child (grandchild's parents). This led

grandparents to question to whom they were responsible. Decisions and actions often

were based on participants response to this question. Acting in the best interest of their grandchild while knowing the action will not "go over well" with their child was a common sentiment shared. In this way it seemed that grandparent caregivers were stuck between a rock and hard place in their day to day lives. Acting in the best interest of their grandchildren was paramount, but most risked their relationships with their own children as a result.

For the caregivers that were navigating the additional challenge of visits with their grandchild's parents, there seemed to be an additional stressor added. Participants provided background as to how they became providers to care for their grandchildren. Within these narratives was an expression that their children did not provide adequate support for their children, causing grandparents to need to take over care. This factual experience for families seemed to be the cause of the additional stress. By providing space for parents to remain involved or engaged in the lives of their grandchildren, grandparents seemed to wrestle with trust and benefit to grandchild. That is, trusting the parent to engage appropriately, share appropriately, and respect boundaries set by either grandparents or social support agencies involved. And additionally, considering what benefit there is to engage with parents. Is it harmful or helpful to the children? It seemed that this question was on the forefront for grandparent participants that were navigating visits, supervised or unsupervised with their grandchildren's parents. Throughout all narratives, grandparents did share that they know it is "right" to keep a connection to parents open for the children. However, past experiences that led to their current family structure provides a challenge for grandparents to be totally open to these relationships

occurring. This internal battle seemed to be a contributor to stress for grandparents, connecting to their overall well-being.

In addition to direct family supports, participants spoke about social supports they engaged with while navigating their roles. Many participants in this study (5/9) were recruited from established grandparent support groups in Massachusetts. Participants in support groups spoke of them very highly, reinforcing the idea that support groups are the primary area of support for grandparent caregivers. In addition to resources provided during groups, participants emphasized how important shared experience was to hear. That is, hearing others speak about similar situations and encounters provided an invaluable sense of support for group members. Regardless of if participants were involved in formal support groups, it seemed that social supports were impactful. For those not involved in formal support groups they still were able to obtain the support they needed socially, finding it in their own ways. Community based organizations such as churches and advocacy groups provided participants with places to share their stories. These environments were also sources of support and guidance for participants, regardless of if they were specifically designed for grandparent caregivers. The ability of grandparents to carve out supports for themselves that they needed was an impressive show of resilience for participants.

Grandparent caregivers are navigating multitudes of relationships that add to the complexity of their role in taking over care of their grandchildren. Participants commonly highlighted family supports as the first area of relationship focus, followed by their relationship and interaction with biological parents, and finally their draw of support from the groups they were involved in. Regardless of connection, relationships proved to

be just as supportive as they were challenging for grandparent caregivers. Setting

boundaries for parents falls to grandparents, holding their children accountable falls to

grandparents, and supporting their grandchildren's' emotional state when parents are

involved falls to grandparents. More structured coaching and support seems to be needed

to help grandparents navigate challenges that arise from involvement of parents in the

lives of their grandchildren.

Well-being emerged for participants through their narratives on physical health,

emotional health and the way that they engage in interpersonal relationships. Grandparent

caregivers are navigating their own health, connected to their age, energy level and

specific medical conditions. Grandparents are also experiencing impact to their emotional

health, illustrated through reported stress, and specific mental health challenges.

Interwoven through these two areas of well-being is the importance of interpersonal

relationships. The ways in which grandparents are interacting with and involved with

their own children has an impact on their overall well-being. If there is trust, support and

collaboration, a grandparent may be less likely to experience stress or exacerbate any

medical conditions. If there is an absence of trust, non-collaborative

parenting/grandparenting approach, and communication barriers, grandparents may be

more likely to experience stress and see an impact on pre-existing medical conditions. All

the above aspects illustrate the importance of exploring the multilayered theme of well-

being in grandparent caregivers.

Identity

This study sought to explore what impact, if any, grandparent caregivers

experienced with regard to identity. Perhaps one of the most complex of the emergent

themes, identity and its formation, changes, adaptions and development was impactful for

all participants. Participants varied in the ways they used their narratives to either support

or challenge identities held. Many different factors raised by participants played a role in

how they expressed their identities. Time, role identity as it relates to relationships, and

identity expectations will be presented and provide further illustration to the way

grandparents are navigating their identities.

Identity and Time

It is understandable that many participants described their identities as they relate

to how they spend their time. Social identity concepts highlight the different social

categories one can use to inform their own self-concept and identity (Hogg, Terry &

White, 1995), Social categories are spaces individuals inhabit, both figuratively and

literally. Therefore, the way one spends their time can be argued to have a direct

connection to how one forms their own self-concept and larger identity. It seemed that

through articulation of how their time is spent, participants were able to describe their

roles in a way that seemed most concrete.

Through identity pie charts, participants had an opportunity to present themselves

as a before and after comparison of how they defined themselves. In these visuals,

participants split their time into pieces. The shift between size of "piece" in their pies

illustrated their perception that they are different as they become grandparent caregivers.

Participants as they presented their pie charts created narratives in which they described

how it felt to "give up" ways they previously spent their time. Within their explanations

of time, participants voiced the activities that they used to do during that time, for

example knit, garden, shopping, and going to the casino. In the way that participants are

wrestling with the differences in the way their time was spent, they are continuing to form their own self-concept through social categories related to the activities they engage in.

On the converse, participants also voiced that how they spend their time with their grandchildren has brought new ways to define themselves. Spending time with their grandchildren, participating in activities surrounding their grandchildren seemed to create space for grandparents to find new roles. Providing support and comfort to their grandchildren, fulfilling a need, was a concept reported by multiple participants. Although they acknowledged that their time spent is different, the potential is there to perceive the shift in time spent as a positive one.

Time is a concept that arose from participant narratives on a variety of levels. Most connected to social identity, the way in which one spends their time informs their self-concept (Hogg, Terry & White, 1995). As social categories shift as grandparent activity engagement shifts, so does their identity, illustrating the complex process of identity development that has the potential to occur for this population.

Identity and Relationships

Grandparent caregivers are shifting into roles with additional responsibility as they take over care of their grandchildren. The level of involvement of parents varied from participant to participant and had an impact on identity development for grandparents. Some had complete control over visitation, time spent and communication, others expressed their dismay that they had no control over mandated visitations and communication. Regardless, involvement of the parents and grandparent relationship

with their own children seemed to have an impact on how readily and smoothly a grandparent accepted the role of caregiver.

For participants that still included daily contact with their own children, their grandchildren's parents, they shared difficulty feeling solid in their role. They spoke about their perception of not wanting to step on toes, to cross any boundaries and how difficult it was to watch their own children navigate parenting in a way that they would not. They spoke about their inability to voice their opinions or thoughts, and the impact this had on them personally. This illustrates role conflict, one of the four concepts of role theory. Role conflict refers to the presence of two or more incompatible expectations of behavior for a single person (Biddle, 1986). As grandparents one the one hand hold caregiving responsibilities, they are held back from assuming fully the caregiving role based on the presence of biological parents. With the ongoing involvement of parents, grandparents may be left in a space of limbo, not able to feel fully confident calling the shots or disciplining, while also meeting all of their grandchild's basic needs. This conflict seemed to only arise for participants living with their grandchildren and parents, understandably so.

Participants that had more distance with their own children voiced their struggle with boundary respect. Participants narrated experiences in which their children did not respect boundaries they set with their grandchildren. Technology, visitation, and gifts were areas in which participants voiced parents stepping over their boundaries, or on the opposite end of the spectrum not following through at all. Tension between parents and grandparents provides space for grandchildren to question the authority of their grandparents, as well as question the trust in their parents. Once again connected to role

theory, this illustrates an additional concept, role taking. Role taking refers to the

capability of an individual to uphold similar expectations of another person and step into

another person's role (Biddle, 1986). The problem, however, for participants seems to lie

in the attempt of biological parents to take roles that no longer belong to them. For

grandparents that have accepted all responsibility, adopted their grandchildren, and/or are

their legal guardian, there is no space for biological parents to step into the same role that

grandparents are already inhabiting. This sets grandparents up for challenges in their day

to day lives, defending their roles and building consistency for their grandchildren.

Grandparents for whom interaction still occurs with their grandchildren's

biological parents have additional challenges when exploring identity development.

Relationships with their own children creates space for role conflict, and unsuccessful

role taking that have the potential to further impact identity development. Participants

voiced that their relationships with their own children plays a role in their experience as

grandparent caregivers, regardless of level of involvement. That is, even for those whom

contact is minimal, interaction with biological parents of their grandchildren brought

along challenges.

Identity and Role Expectations

Further expanding on identity and relationships, role expectations emerged for

participants in their narratives. During dialogue about identity formation, participants

often voiced their identity role expectations, and how their day to day lives differ, and

had not turned out the way they expected. Drawing from both identity theory and role

theory, emphasis is placed on the development of a sense of self as it relates to the

specific roles one inhabits (Burke & Stets, 2000). Additionally, role expectations can also

be connected to life course perspective, as this theory outlines the gradual development of

experience based in age related expectations (Purcal, Brennan, Cass & Jenkins, 2014).

Grandparent caregivers are stepping off their life course paths when they take over care

of their grandchildren. Many shared that their identity expectations prior to taking care of

their grandchildren were vastly different than their current identity. Participants shared

that the way in which they spend their time, prioritize tasks and find time for themselves

have changed. For example, Amelia, shared that she had enjoyed retirement, with a

"coffee on the porch in the morning and no real plans" prior to taking over care of her

granddaughter. In contrast, she shared that she now has to prioritize her granddaughter's

needs before her own, going to appointments, grocery shopping, and time sensitive tasks.

She illustrated the way in which her life course expectation was foundationally changed

with the acceptance of responsibility for her granddaughter. In addition, many

participants voiced their hope that their own children (their grandchildren's parents)

would fulfill their own identity expectations as parents.

Job and employment status seemed to carry weight in discussing identity

expectations for participants. Those for whom retirement had occurred voiced that they

believed their expectations as they became older were to travel, enjoy time alone, and

create space to engage in activities that they chose. Now, being tasked with raising their

grandchildren, those expectations have changed. It seemed that those for whom

retirement occurred saw the greatest shift in identity expectations. Participants that were

still working, or had returned back to work, voiced that although they acknowledged their

identity expectations were different, did not see a vast contrast because they hadn't

experienced a lapse of work for a significant amount of time. It is possible that by

continuing to engage in work, participants felt more confident in their role changes, as they still maintained one of their defining roles through their employment.

In addition, participants voiced their expectations, and what can be perceived as hope, that their own children will fulfill their own identity expectations. That is, that their children will be able to fill the parenting role, instead of themselves, grandparents. Participants for whom parents were involved either daily, or through scheduled visits expressed their desire that their own children would inhabit the role they were supposed to of parent. Leading decision making, discipline, and day to day responsibilities such as doctors' appointments, school meetings and extra curricular activities are examples of tasks that are part of a parental role. Although grandparents had accepted full responsibility of their grandchildren, they still expected their children to act as parents. This was expressed through sharing of experiences in which parents had not followed through, had not appropriately communicated and had not appropriately met the needs of their children. Participants voiced that they in some ways would rather remain in their grandparent role, and that their children would reclaim their parenting role. Legally, this would not be possible for many participants' children, however the sentiment that parents change their behavior remains. For grandparent caregivers it seemed that the involvement of their children created further distance from them being able to claim their caregiver identity. That is, while their children were involved and attempting to make parenting decisions, grandparents were unable to feel secure in their own parenting identity because they are not wholly alone in that one role. Again, illustrating the role conflict that may be occurring for grandparent caregivers when viewing through a role theory lens.

For all humans, my participants included, there is a constant self-reflective state in which we all are working to categorize, classify or name ourselves both with our individual identity, or role, and with our social identity, or grouping. This aligns with the concepts in both identity theory, guided from the work of Biddle (1986) and an aspect of identity theory, social identity theory, guided from work by Hogg, Terry and White (1995). Identity theory explains that an individual is continually working to situate themselves in multiple roles that interact to form their overarching identity (Biddle, 1986). Additionally, individuals work to place themselves in social categories as they interact, relate with and navigate social groups that then inform their larger self-concept (Hogg, Terry & White, 1995). My participants seemed to be working to continue to understand themselves both individually and as part of larger groups.

Identity formation emerged in participant narratives through their discourse on time, relationships and role expectations. Drawing from social theory, the way in which participants discussed spending their time illustrated a change in activities being participated in. This has the potential to influence and change one's self-concept. Interactions with the biological parents of their grandchildren presented an additional challenge to identity formation for grandparents. With any level of involvement, it seemed that grandparents continually were experiencing role conflict, in which they were attempting to own their own role while the biological parents were simultaneously trying to own the same role while discounting the grandparents' role. Life course perspective sheds light on the role expectations that grandparents wrestle with as they accept new responsibilities.

Resilience

Grandparent caregivers are faced with a great many challenges while navigating their roles. Although the challenges are different for each individual, the sense of resilience that this population exhibits spans all parties. Connected back to previous work by Smith and Dolbin Mac-Nab (2012) resilience is an overlooked trait of grandparent caregivers. Resilience, according to Smith and Dolbin Mac-Nab (2012), is a positive aspect of grandparenting, and coupled with additional protective factors such as relationships, can have the ability to determine success in the grandparenting role. Throughout narratives, I was humbled by the resilience of my participants. It seemed that they were consistently working to navigate multiple challenges in their role to the best of their ability. The primary way they seemed to do this was through finding what they needed to be sustained in the role, most often through the pride in the success of their grandchildren. Additionally, it seemed that resilience was cultivated through the strong social support participants kept, whether formal or informal, they found their own support groups as places for resource. Grandparents also navigated changes in schedule and daily expectations, creating a space for adaptability, and a 'go with the flow' type mindset. It is through these three areas that my participants illustrated their resilience as a population of caregivers.

Resilience and Sustainment in Role

Grandparents are faced with many challenges in their roles. Each grandparent throughout their narratives created space to express how they are able to navigate these challenges and continue in their roles. The way in which participants used specific experiences, for example success of their grandchildren, to feel fulfilled and sustained in

their role illustrates their resilience. Additionally, participants had commonality in their

belief that taking over care of their grandchildren was the right thing to do and connected

this belief to larger future orientation. Knowing that their grandchildren will grow up and

see the sacrifices they as grandparents made seemed to help participants more

successfully navigate the challenges they face.

Participants narrated stories of challenge and stress in navigating relationships

and their new responsibilities. Woven through each was intimate moments in which they

spoke about ways they continue in their role. Primarily, grandparents spoke about the

idea that their grandchildren will grow up and realize the sacrifices made and continue to

feel grateful that their grandparents were able to step in and take over. Participants spoke

about doing things differently than their grandchild's parents would. This separation of

parenting techniques seemed to foster a sense of control for participants, creating a space

that is wholly their own. In this space, it seemed that grandparents were able to employ

their own problem-solving ideas working with their grandchildren to figure out what feels

best. Creating and mirroring space to be flexible and adaptable supports grandparents as a

resilient population, and also provided space for grandchildren to learn how to cope.

Resilience and Relationships

Grandparents cited their relationships with their grandchildren as the leading fuel

to continue day to day. The strength of relationship was not without work, and

grandparents expressed pride in the cultivation of successful relationships. Balancing

parenting and fulfilling what participants expressed as "normal" grandparent roles

attributed to their connections with their grandchildren. It is the success of these

connections that adds to how grandparents sustain in their roles. Participants seemed to

be navigating the challenges faced by balancing them with achievements and success of

their grandchildren. It seemed that for every story or detail of challenge, participants

shared an anecdote about their grandchild that made them proud, and felt positive.

Participants were oscillating between these challenges and positives throughout

narratives, illustrating that they were frequently searching for and being mindful of

positives. In turn, these positives seemed to be helping them remain in their roles,

underscoring their resilience. Resilience can be seen in the ways in which participants

voiced challenges but did not get 'stuck' in them, instead they moved to a space that felt

more beneficial, the positive.

Support groups are widely documented as the leading resource for grandparent

caregivers (Kelley, Yorker, Whitley & Sipe, 2001; Strozier, McGrew, Krisman & Smith,

2005; Szolnki & Cahn, 2002). Creating a shared space to obtain support, compare and

share resources, and be validated in experience has been documented as the leading

reasons support groups feel best to grandparent caregivers (Kelley, Yorker, Whitley &

Sipe, 2001; Strozier, McGrew, Krisman & Smith, 2005; Szolnki & Cahn, 2002). As

described previously, support groups are a place to foster success in new and different

roles grandparents are inhabiting. The connection of support groups to resilience emerged

in participant narratives about how they searched and navigated what they needed.

Participants described knowing that supports may exist, however voiced their need to

research and find out more information first, before they were able to find what they

needed. Taking on this task in addition to the responsibilities set forth for their

grandchildren illustrates a resilience in my participants. Further, a participant (Kelly) was

not formally involved in a support group and instead informally created her own. The

way in which participants in my study faced their challenges head on and found what

they needed to feel success in their role expresses their resilience.

Community support, whether informal or formal is clearly a source of positivity

for caregivers. An additional layer to this support is cultural connection. It was evident in

the participants that were part of the same family structure that having access to their

community was crucial. Both participants, mother and daughter, expressed the

importance of having their church as a center to their lives. It was clear this was a belief

and cornerstone that was passed on generationally throughout their family. In addition to

this pair, two other participants voiced their connection with their local church as a large

part of their lives. Having a place to provide support and to see them through their

challenges seemed to be beneficial to those I spoke with. It is unclear if religion was the

primary source of support, or if it is the core of community connection, regardless of

religion, was the important piece. Regardless, developing and accessing a community

based supportive environment seemed to equal feelings of success in the role. In this way,

finding a connection that continues to help an individual feel success in their role

illustrates resilience expressed by participants. Finding what one needs, in the face of

challenge and obstacles shows just how resilient caregivers can be.

Grandparent caregivers although a growing population, can be experiencing

isolation and loneliness because as they take over care of their grandchildren, their social

supports shift. By seeking out social supports that can provide space to share experiences

and work through challenges, grandparents are further providing space for themselves to

be successful in their roles. Relying on social supports as they navigate the complexity of

becoming grandparent caregivers provides space for resilience to be fostered and developed.

Resilience and Adaptability

Perhaps the clearest way participants voiced their adaptability was in the way they shifted their use of time. Within completion of identity pie charts, it was clear that participants altered what their time was filled with. Although necessary in some cases, the way that participants navigated the additional responsibilities and the unknown in day to day underscores their adaptability. When one is faced with a challenge, the way in which they respond can create space for resilience to foster. By continuing to be adaptable and open to changes occurring, grandparent caregivers are illustrating how they can be resilient.

Participant shift of time is a large concept to consider when understanding grandparent caregivers. They are in essence starting over with new schedules, activities, and priorities. Participants at length discussed how their time is not their own anymore and that the way they spend their days is completely different. They showed adaptability as they shared details about what a "normal" day looks like for their family. Most shared that there is an understanding that no two days are exactly the same with young children. This day to day unexpectedness with regard to how time will be spent is a complex, challenging thing for grandparents to have to navigate. Participants voiced the need to carve out time for themselves, and ways they found joy in the accomplishments of their grandchildren in said activities. The space that grandparents are holding for their complete upheaval of time, plus their continued focus on moving forward, shows their ability to adapt and overcome any obstacles. It is this adaptability that connects most to

the theme of resilience. The way that grandparents are creating, for all intents and purposes, new lives with their grandchildren, illustrates their ability to overcome challenges therefore underscoring their resilience.

Almost all participants voiced a time in which they had one plan for the day, and it was changed due to something happening for their grandchild. Although this caused stress, overall participants seemed to be able to handle this shift with an air of 'we'll handle whatever comes our way.' Participants had very confident statements when they were speaking about how shifts, challenges, and responsibilities will all be worth it because their grandchildren will see what they've sacrificed. It seems to be this message that grandparents have developed and sent themselves that allows them to be adaptable to daily challenges or shifts in focus. Much like the way in which grandparents utilize their relationship with their grandchildren and paying attention to their achievements to sustain in the role, it seems that they are again doing it with their belief that the future will be brighter because of their decisions. The creation of space to first experience a set back, and then carry on with own inner strength is an illustration of resilience.

It is unclear where grandparents obtained this way of thinking, but it was clearly woven throughout all narratives I was provided with. This sense of bigger picture thinking, 'it will be all right in the end', and being willing to put up with the challenge now if it ensures a better future for their grandchildren seemed to echo from all participants. Understanding where they get this resolve and ways to keep it front and center to help navigate challenges would be a possible area for further exploration. If the agencies and individuals that are supporting this population had further understanding of this resolve, this resilience can be utilized as a strength to help grandparents potentially

navigate their change in role more smoothly. For example, a family therapist might identify this resilience and resolve, and create more individualized treatment plans around the family and their strengths, better aligning with what the grandparent is capable of doing. This would have the potential to lead to better progress on treatment goals and improve family functioning as a whole.

Grandparent caregivers are navigating daily challenges in their roles. The seemingly most impactful is time. Shifts in how they spend their day and what their focus is, has changed drastically, all participants emphasized this. The way grandparents navigate these changes and remain adaptable in the role stems from their ability to think of a positive future and look towards it instead of getting stuck in the day to day. This further provides support for grandparent caregivers as an extremely resilient population.

Further, age seemed to play a role in social and community support for grandparent caregivers. This is something that would benefit from being further researched. It seemed, that participants on the older end of the scale, aged 60 and up, reported that they had a few similar aged peers to relate to and turn to when needed. Those under age 60 seemed to report that they either had less peers their age raising their grandchildren or none at all. The youngest two participants in my study directed cited age as a distancer from their peers. Tiffany, my youngest participant, shared that she had no peers her age that are in the "same boat" as her, causing her to feel a gap in relation to her social supports. Additionally, Kelsey, my second youngest participant, spoke about how difficult it was to feel connected to her group of peers, and advocates as she navigates her role as a grandparent caregiver.

They also made reference to their perceived response from others that they cannot be as tired, or as stressed as grandparents whom are older. It seemed that they carried a perception that because they were not older, they had less room to feel tired and overwhelmed in their role. Without peers of their specific age group raising grandchildren, their social supports seemed lacking. This is not to say that all grandparents aged 59 and younger do not have social supports. It is raised as a topic of consideration.

Perhaps this may provide support for research from Strom & Strom, 2000, in which they cite that not all support groups are beneficial for grandparent caregivers. Strom & Strom (2000) shared that support groups have the potential to feel unsupportive to members, specifically highlighting the potential for disagreement on perception of experience, that can be linked to age. That is, participants may come at challenges differently, potentially due to age and experience, and without supportive leadership may serve as a place for members to feel negative in their own decision-making processes based on group reaction. Further research would be needed to identify if age plays a role in how supported participants feel in support groups.

Social supports were second to family supports in participant narratives. Participants spoke at length to the importance of their support groups and relationships facilitated there. Even those not involved formally in groups created their own and reported how wonderful it was to have resources. Interestingly, age seemed to emerge as a consideration point. Age may be a distancer to even those that participate in support groups. This is important to consider as grandparent caregiver age has the possibility to get younger and younger.

Considerations and Implications for Practice

Counseling Professionals

The second most documented form of support in the literature for grandparent caregivers comes in the form of therapy and/or counseling (Hayslip & Patrick, 2002, Scannapieco & Hegar, 2002). Family and individual therapy is most often recommended for both the children and the newly established family unit. For professionals in this field this study provides commentary on the complexity of these family shifts that occur. It is important to tailor treatment goals to the needs of the family, a main concept of therapy goal development, however counselors should consider that modalities that may work for other families may not feel best for families led by grandparent caregivers. Age, years of child rearing and wisdom are aspects of grandparent caregivers that can either enhance or challenge progress on treatment goals. It is crucial that counselors supporting these families create a space in which they are working to understand generational differences in grandparents.

Additionally, if the parents of the children are involved in care, work surrounding these interactions and experiences is crucial. Working to help grandparent caregivers set boundaries, feel supported to discuss difficult things with their grandchildren, and navigate challenges with biological parents would be a cornerstone to work. Grandparent caregivers are tasked with becoming multitaskers somewhat overnight, further developing their skills to manage many facets of their new realities would be additionally beneficial to them.

Social Work Professionals, Social Support Agency Professionals

This study sought to amplify the voices of grandparent caregivers. Each narrative provided by participants outlined many different, individual challenges, while simultaneously outlining shared experience. For those larger agencies and companies supporting them, it would be valuable to create space for grandparent voice to be heard ongoing, possibly a community representative that interfaces with agencies to work collaboratively on ways to obtain resources, areas that may not be getting fulfilled and recommendations or suggestions from those living the experience day to day. Creating space for actual grandparent caregivers at as many tables as possible within the agencies that support them would ensure tailored support that may feel beneficial to caregivers. Participants voiced feeling left out or forgotten about, it is crucial to their success and their grandchildren's success that caregivers do not feel this way.

From narratives with participants, two concrete suggestions emerged. One has to do with the involvement of biological parents in the lives of grandchildren that are residing with their grandparents. Mark was very vocal in his narrative about the importance of giving parents a space to come and re-learn how to parent, so that reunification may be able to happen. In his experience, the agencies involved, primarily the Department of Children and Families (DCF), completed tasks on the family's service plan independently of each other. That is, the parents had their own to-do list, and the children had their own tasks and responsibilities. What Mark was explicitly looking for was a way to observe parents parenting, and have individuals like counselors or therapists there to provide feedback, support and in vivo direction. Mark felt that this would build

rapport with parents again, provide space to be taught new parenting skills, and make the transition for biological parents and their children more successful.

Additionally, although Harriett voiced her positive view of the support group in which she participates, she had feedback on ways to make it better. She spoke about specific, trauma focused coaching and teaching coming into support groups to better help grandparents tend to the needs of their grandchildren. Harriett shared that she is aware that her grandchildren face so much, that she wanted to be as well-informed as possible in ways to support them. She shared that although there are presenters that come into the space, they are often focused on self-care. She shared that this was helpful, however she was hoping for more concrete trauma informed teaching. It is possible, that the curricula of grandparenting support groups might have room to be improved upon, and more trauma focused training may be needed.

Funding of programs that grandparents once engaged in with their grandchildren seems to be an additional area of possible focus. Amelia spoke about activities that were outside and collaborative being a space to further develop her relationship with her granddaughter. Amelia shared that these activities have decreased over the years as funding has gotten less and less. She shared that there are grants she helps apply to, however the number geared toward grandparent caregivers, in her experience, have lessened. It would be important to review what activities are geared toward engaging both the grandparent and the grandchild, as this is a space that can be beneficial to the relationship and just like support groups for grandparents, create shared experience to build on.

Social Justice Considerations

Grandparent caregivers are continuing to inhabit parental roles at increasing amounts. This study uncovered the complexity of the grandparent caregiver experience facing social justice issues such as ageism, vocational distress, and role challenges. As the world of parenting evolves to include grandparents, the systems that support this population may not evolve with it. Schools for example, may still be gearing documents home to 'parents' and encourage involvement in activities that grandparents cannot fully due to their age and energy levels, a point that Meghan rose in her narrative. Grandparents included in my study vocalized their job status as it related to taking care of their grandchildren. A few, like Mark and Kelsey, voiced their stress over needing to go back to work part time, or full time, to provide for their grandchildren. Additionally, retired grandparents, like Amelia, Meghan, Lilli, Tina and Kelly shared their struggle with working while retired, although the work differed from the vocational responsibilities they one had and now centered around their grandchildren.

All participants shared their understanding of how their identity and role has shifted in taking over care of their grandchildren. Navigating these new roles within systems that may or may not support role shifts without creating additional challenge was voiced by multiple participants. For example, permissions to view medical records and school records emerged for multiple participants. They shared their distress that they were not granted access because the agencies needed parental permission, when parents were no longer involved. Across class, participants collectively voiced their injustices experienced with housing, lack of resources, and engagement with schools. This study only provides insight from participants of whom care of their grandchild is formal and/or

legal. There may be additional considerations and concerns with grandparents caring for their grandchildren informally.

Limitations

Much like all qualitative research, this study is not without limitations. Due to the exploratory nature of this study, there were several limitations. This project consisted of a singular coder and transcriber, the researcher. Data analysis by a single reader has the potential for bias and researcher assumptions. To account for this, I met ongoing with a peer debriefing team. Over the course of this study, through data collection, data analysis, coding, and writing, the team met monthly and served as a place of resource for giving and receiving feedback. This team offered suggestions, challenges, opinions and reviewed drafts of each phase of this study. It was the intent that this team helped offset any researcher bias that may have emerged.

Race and Culture

This study consisted of a small sample size of 9 participants whose experiences cannot be generalized to the greater population of grandparent caregivers. A representative sample was the ideal for the study, as I sought to obtain narratives from the groups represented as grandparent caregivers, by race, according to the US Census (2018), African American, White, Hispanic or Latino origin, and Asian. A limitation to this study is that the sample may not be fully representative of grandparent caregivers as a whole, as White grandparents make up the majority of this sample. Within the grandparent caregiver population as whole, most frequently leading their households as grandparent caregivers are African American grandparents, doing so more often than White, Hispanic or Latino origin and Asian grandparents (US Census, American

Community Survey, 2018). My study was also non-representative of grandparents raising

grandchildren in the general population, because it lacked voices from the Hispanic or

Latino origin or Asian communities, among others.

This project could be further enriched by including Hispanic, Asian, international,

refugee and immigrant grandparents. Differences in accepting care, ways grandparents

have come to care, and beliefs and attitudes about grandparenting as whole could be

further illuminated by including additional voices. Further, including a more racially

diverse population in a project could perhaps continue to shed more light on the systems

in place that are supporting grandparents and their experience with them. How do

immigrant grandparents, for example, define themselves in their roles as part of the larger

mainstream culture of the United States? Is one such question to be further explored in

subsequent studies using the foundation from this project.

Finally, my study is limited to international literature included in the review as

being from mostly white international focus. The review did not delve into experiences

from countries that have narratives not part of the white, mainstream culture. I was

unable to compare and contrast culturally outside of the United States because the

international literature included did not lend to non-white voices, a limitation to this

study.

Gender

This study was also very heavily female participant based. Eight women and one

male made up the total sample, making the results possibly over-representative of the

female experience as a grandparent caregiver. This imbalance in gender may have been

due to the place of recruitment, grandparent caregiver support groups. It was my

observation in attending a group, that enrollment is primarily female. This echoes the

trend seen in the literature that documents grandparent caregivers are most often female

grandmothers (Bertera & Crewe, 2013; Dolbin-MacNab, 2006; Minkler, 1999; Rubin,

2013). Grandfathers may be less present in groups because of the larger trend that finds

grandmothers more frequently leading households as caregivers to their grandchildren.

The lack of attendance may simply because there are less grandfathers in the caregiving

role. Additionally, grandfathers are an understudied population in caregiving of their

grandchildren (Keene, et. al, 2012). As a result of this gender imbalance, female

experience of being a grandparent caregiver is more heavily reflected in this study's

findings, and possibly echoes the larger reality of grandmother lead households in the

United States.

Geographically, this study was limited to participants that lived on the east coast

of the United States, mainly in Massachusetts (7 out of 9 participants) with two additional

participants from Pennsylvania. All participants identified themselves as cis-gender and

heterosexual so this study cannot represent grandparent caregivers that are part of the

trans or homosexual community, as experience may differ.

Methodology

Methodology used in this study in reflection was generally successful in obtaining

rich, narratives from participants. However, there is room for some methodological

improvements that could be made to the specific study protocol, specifically pre-

interview connection. In alignment with narrative inquiry, the two general interview

questions had varying results, and may have left participants feeling unsure of where to

start or what to say. In hopes of creating more comfort in space, perhaps pre-interview

meetings would have been helpful to further establish rapport prior to delving into interview questions. Requiring multiple meetings on the other hand may cause scheduling conflicts and possibly prolong the research. It would be beneficial to consider in future research.

With the above limitations and acknowledgement of improvement with interview protocol in mind, overall the study seemed well-received by participants. Participants seemed to respond positively to the experience of telling their stories and providing in detail experiences of being grandparent caregivers. Additionally, many participants thanked this researcher for the desire to carry out a study that may help them in the future and shared that resources for grandparent caregivers had much room for improvement. The hope is that this research will add to the larger bodies of work focused on grandparent caregiver experience and perhaps provide additional attention to the process of identity transformation this population is experiencing.

Recommendation for Future Research

This research comes with recommendations for further research with this unique population. A broader sample of participants would be helpful in increasing the potential for additional emergent themes and findings. This study contained much representation of the female grandparent caregiver voice. It would be beneficial to the field to have more targeted recruitment towards male grandparent caregivers to begin to understand any difference in experience that may be attributed to gender roles and societal expectations.

The relationship between biological parent and grandparent caregiver was an important emergent theme in this study. It seemed to be at the crux of many narratives and could be benefitted from further exploration. Understanding more specifically the

factors that influence these relationships would be important to further explore to better

help counselors support grandparents. Knowing specific dynamics that come with these

relationships could inform counselors and family therapists as they work on

communication and relationship building in the family system. When appropriate,

therapists may find it beneficial to engage in dialogue with the biological parents, as well

as the grandparents to identify and help treat any communication challenges, and help

mediate a working relationship to present as an unified team.

To build on this study, data should be collected with focus on different age ranges

within the greater grandparent caregiver population. This study consisted of a wide range

of ages, it may be beneficial to focus on separate age experience to further understand of

age plays a role in what supports and resources are needed for grandparent caregivers. As

the age range continues to broaden, this may become necessary in the near future.

Reflections as a Researcher

This project has left me humbled and further invigorated in my work. I find

myself renewed in my desire to not only understand grandparent caregiver experience but

to find additional ways to ensure they are supported appropriately. As I engaged with the

data I found myself becoming more and more connected to my participants and their

individual stories. It was quite difficult to distill their narratives into the included pages,

as I found myself wanting to include almost everything of their resilient experiences. I at

times had to work very hard to combat my desire to approach participants as counselor

rather than researcher. As a counselor I give certain pieces of myself to my participants

and carry their pieces they've given to me. Although I will forever carry the pieces my

participants have given to me, I worked hard to maintain my role throughout, relying on

my peer debriefing sessions and my chair. I can only hope that my participants found benefit in sharing their stories with me, and that the way in which I portray them in my work is in alignment with how they see themselves. My findings and interpretation remain open to be questioned in further dialogue.

This study has further reinforced that there is still much to learn about this unique population. The vastly different experiences, and stories further challenge the "one size fits all" approach of resources for grandparent caregivers. Each caregiver is dealing with their own personal challenges as they accept their new roles, it is only right that the way in which they are supported reflects this. The basic fact that participants were willing to share their experience, excited to be included and thankful for research being done further confirms that research for this population needs to be kept alive.

Overall Conclusions

The research goal guiding this dissertation was to further understand grandparent caregiver experience with additional focus on well-being and identity. Nine grandparents participated in narrative interviews and shared detail on their experience as caregivers. Findings and analysis revealed several significant findings. Family dynamics as a whole seemed very impactful for all participants, as they navigated setting boundaries, and holding space when appropriate for relationships with their grandchildren and biological parents. As this falls to the grandparents to navigate, the potential for added stress arises. Complexity in relationships and shifts in relational support for grandparent caregivers was a considerable finding.

Grandparent caregivers rely on daily interactions to help shape their role identity formation. Through support groups, peer connections, and family supports grandparent

identity formation continues to grow and shift. The focus of time and how it is spent

leads identity formation for grandparent caregivers, some changing their daily lives

entirely, others experiencing minute shifts. Regardless, grandparent caregiver experience

is unique to the individual and should be considered by those supporting this population.

      In closing, I am thankful for the grandparents for whom this research was

inspired. I am thankful for the nine wonderful grandparent participants that shared their

obstacles, successes, joys, and challenges with me with candor, love and caring. It is my

hope that their words can inspire further support and further admiration. Every individual

interfacing with members of this population has the potential to connect in a different,

meaningful way and I encourage all to take on this task.

REFERENCES

America's Children: Key National Indicators of Well-Being ... (2017). Retrieved May 27, 2020, from https://www.childstats.gov/americaschildren/members.asp

Backhouse, J. & Graham, A. (2013). Grandparents raising their grandchildren: Acknowledging the experience of grief. *Australian Social Work, 66* (3), 440-454. doi: 10.1080/0312407X.2013.817595

Backhouse, J. & Graham, A. (2012). Grandparents raising grandchildren: Negotiating the complexities of role identity conflict. *Child and Family Social Work, 17*, 306-315. doi: 10.1111/j.1365-2206.2011.00781.x

Baker, L., Silverstein, M., & Putney, N. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of Social Policy, 7*, 53-69.

Barnard, M. (2006). *Drug Addiction and Families*. London, England: Jessica Kingsley Publishers.

Berrios, E. (2019). Grandparenting across Diverse Cultures. *Voices of Social Justice and Diversity in a Hawai'i Context,* 285-291. doi:10.1163/9789004387546_017

Bertera, E. M. & Edmonds Crewe, S. (2013). Parenthood in the Twenty First Century: African American grandparents as surrogate parents. *Journal of Human Behavior in the Social Environment, 23*, 178-192. doi: 10.1080/10911359.2013.747348

Bunch, S., Eastman, B., & Linner, G. (2007). Examining the perceptions of grandparents who parent in formal and informal kinship care. *Journal of Human Behavior in the Social Environment, 15*, 93-105. doi: 10.1300/J137v15n04_06

Bundy-Fazioli, K., & Law, M. G. (2005). "I screamed for help" A case study of one

grandmother's experience with voluntary kinship care. *Journal of Family Social Work, 9* (3), 1-18. doi: 10/1300/J039v09n03_01

The Commission on the status of Grandparents Raising Grandchildren. (2019). Support Group Locator. Retrieved September 15, 2019, from http://www.massgrg.com/massgrg_2019/index.html

Cranwell Schmidt, M., & Treinen, J. (2017). Using Kinship Navigation services to support the family resource needs, caregiver self-efficacy, and placement stability of children in informal and formal kinship care. *Child Welfare, 95* (4), 69-89.

Crosnoe, R., & Elder, Jr., G. (2002). Life course transitions, the generational stake, and grandparent-grandchild relationships. *Journal of Marriage and Family, 64*, 1089 1096.

Davidson, C. (2009). Transcription: Imperatives for Qualitative Research. *International Journal of Qualitative Methods, 8*(2), 35-52. doi:10.1177/160940690900800206

Devine, M., & Earle, T. (2011). Grandparenting: Roles and responsibilities and its implication for kinship care policies. *Vulnerable Children and Youth Studies, 6* (2), 124-133. doi: 10/1080/17450128.2011.569776

Dolbin-MacNab, M., & Kelley, M. (2006). A systemic examination of grandparents' emotional closeness with their custodial grandchildren. *Research in Human Development, 3* (1), 59-71.

Dolbin-MacNab, M. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations, 55*, 564-575.

Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: Exploring psychological health and grandparents' experience of providing kinship

care. *International Journal of Social Welfare, 17*, 333-345. doi: 10.1111/j.1468-2397.2007.00529.x

Ehrle, J., Geen, R., & Main, R. (2003, November). Kinship Foster Care: Custody, Hardships, and Services. Retrieved May 27, 2020, from http://webarchive.urban.org/publications/310893.html

Fuller-Thomson, E., & Minkler, M. (2005). American Indian/Alaskan Native Grandparents Raising Grandchildren: Findings from the Census 2000 Supplementary Survey. *Social Work, 50*(2), 131-139. doi:10.1093/sw/50.2.131

Gibbons, C., & Jones, T. C. (2003). Kinship care: Health profiles of grandparents raising their grandchildren. *Journal of Family Social Work, 7* (1), 1-14. doi: 10.13000/J039v7n01_01

Gleeson, J., Wesley, J., Ellis, R., Seryak, C., Walls Tailey, G., & Robinson, J. (2009). Becoming involved in raising a relative's child: Reasons, caregiver motivations and pathways to informal kinship care. *Child and Family Social Work, 14*, 300-310.

Goodman, C. C., & Silverstein, M. (2005). Latina Grandmothers Raising Grandchildren: Acculturation and Psychological Well-Being. *The International Journal of Aging and Human Development, 60*(4), 305-316. doi:10.2190/nq2p-4abr-3u1f-w6g0

Hayslip, B., & Hicks, P.J. (2002). *Working with Custodial Grandparents*. New York, NY: Springer Publishing Company.

Hogg, M. A., Terry, D. J., & White, K. M. (1995). A Tale of Two Theories: A Critical Comparison of Identity Theory with Social Identity Theory. *Social Psychology Quarterly, 58*(4), 255-269. doi:10.2307/2787127

Jendrek, M. (2001). Grandparents who parent their grandchildren: Effects on lifestyle.

Journal of Marriage and the Family, 55, 609-621.

Josselson, R. (2004). *Interviewing for qualitative inquiry: A relational approach.* New

York, NY: Guildford.

Jordan Institute for Families (2020). Foster Families and Kinship Care. Retrieved from

https://jordaninstituteforfamilies.org/

Kern, C. (2002). Grandparents who are parenting again: Building parenting skills. In

Hayslip, B., & Hicks, P. J. (2002). *Working with Custodial Grandparents* (179-

193*).* New York, NY: Springer Publishing Company.

Keene, J., Prokos, A., & Held, B. (2012). Grandfather caregivers: Race and ethnic

differences in poverty. Sociological Inquiry, 82 (1), 49-77. doi: 10.1111/j.1475-

682X.2011.00398.x

Kim, J-H. (2016). *Understanding Narrative Inquiry*. Thousand Oaks, CA: Sage

Publications.

Kiraly, M., & Humphreys, C. (2013). Family contact for children in kinship care: A

literature review. *Australian Social Work, 66* (3), 358-374. doi:

10.1080/0312407X.2013.812129

Kroll, B. (2007). A Family Affair? Kinship care and parental substance misuse: Some

dilemmas explored. *Child and Family Social Work, 12*, 84-93. doi:

10.1111/j.1365-2206.2006.00448.x

Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for

grandparent caregivers. *Family relations, 48* (4), 381-389.

Langosch, D. (2012). Grandparents parenting again: Challenges, strengths and

implications for practice. *Psychoanalytic Inquiry, 32*, 163-170. doi:

10/1080/07351690.2012.655637

Lawrence-Webb, C. (2001). Therapeutic family meetings: A resource for kinship care.

Journal of Family Social Work, 5 (4), 3-15.

Learning, L. (n.d.). Introduction to Sociology- Social Stratification and Mobility in the

United States. Retrieved June 1, 2020, from

https://courses.lumenlearning.com/sociology/chapter/social-stratification-and-

mobility-in-the-united-states/

Lee, Y. (2017). A model for school professionals working with grandparent-headed

families. *National Association of Social Work, 62* (2), PAGE RANGE

Loree, A., Beliciu, D., & Ondersma, J. (2014). KinCare tech: Interactive, internet-based

software to support kinship caregivers. *Journal of Family Social Work, 17*, 154-

161. doi: 10.1080/10522158.2014.880983

Mclellan, E., Macqueen, K. M., & Neidig, J. L. (2003). Beyond the Qualitative Interview:

Data Preparation and Transcription. *Field Methods, 15*(1), 63-84.

doi:10.1177/1525822x02239573

Minkler, M. (1999). Intergenerational households headed by grandparents: Contexts,

realities and implications for policy. *Journal of Aging Studies, 13* (2), 199-219.

Minkler, M., Berrick, J., & Needell, B. (1999). The impact of welfare reform on

California grandparents raising grandchildren. *Journal of Aging and Social

Policy, 10*, 1-76.

Monahan, D. J., Jefferson Smith, C., & Greene, V. L. (2013). Kinship caregivers: Health

and Burden. *Journal of Family Social Work, 16*, 392-402. doi:

10/1080/10522158.2013.832464

Moore, V., & Miller, S. (2007). Coping Resources: Effect on the psychological well-being of African American grandparents raising grandchildren. *Journal of Health and Social Policy, 22* (3/4), 137-148. doi: 10.1300/J045v22n03_09

Murray, M. (2003). Narrative psychology and narrative analysis. In Camic, P.M., Rhodes, J.E. & Yardley, L. (Eds) Qualitative research in psychology: Expanding perspective in methodology and design (95-112). Washington, DC: American Psychological Association.

Mutchler, J., & Baker, L. (2004). A demographic examination of grandparent caregivers in the Census 2000 supplementary survey. *Population Research and Policy Review, 23*, 359-377.

NAACP | Criminal Justice Fact Sheet. (2020). Retrieved June 1, 2020, from https://www.naacp.org/criminal-justice-fact-sheet/

National Center for Health Statistics (2018). Kaiser Family Foundation analysis of Centers for Disease Control and Prevention. Retrived June 1, 2020 from http://cdc.gov/nchs

Nanda, Dipti & Hu, Clark & Bai, Billy. (2006). Exploring Family Roles in Purchasing Decisions During Vacation Planning. *Journal of Travel & Tourism Marketing*. 20. 107-125. doi: 10.1300/J073v20n03_08.

Norton, William. (2013). *Cultural Geography: Environments, Landscapes, Identities, Inequalities (3rd ed.)*. Oxford: Oxford University Press.

O'Leary, M., & Butler, S. (2015). Caring for grandchildren in kinship care: What difficulties face Irish grandparents with drug-dependent children? *Journal of*

Social Work Practice in the Addictions, 15, 352-372. doi:

10.1080/1533256X.2015.1090999

Okagbue-Reaves, J. (2005). Kinship care: Analysis of the health and well-being of

grandfathers raising grandchildren using the grandparent assessment tool and the

medical outcomes Trust SF-36 TM health survey. *Journal of Family Social Work,* 9

(2), 47-66.

Opioid Overdose Deaths by Race/Ethnicity | KFF. (2018). Retrieved June 1, 2020, from

https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/

Peterson, T. L. (2017). Changes in Health Perceptions among Older Grandparents

Raising Adolescent Grandchildren. *Social Work in Public Health, 32*(6), 394-406.

doi:10.1080/19371918.2017.1327389

Ponterotto, J. (2005) Qualitative Research in Counseling Psychology: A Primer on

Research Paradigms and Philosophy of Science. *Journal of Counseling*

Psychology, 52(2), 126-136.

Purcal, C., Brennan, D., Cass, B., & Jenkins, B. (2014). Grandparents raising

grandchildren: impact of lifecourse stage on the experience and costs of care.

Australian Journal of Social Issues, 49 (4), 467-488.

Rollin, Miriam. "Federal Child Welfare Law and Policy: Understanding the Federal Law

and Funding Process." Frank E. Vandervort and A. M. Haralambie, co-authors. In

Child Welfare Law and Practice: Representing Children, Parents, and State

Agencies in Abuse, Neglect, and Dependency Cases, by National Association of

Counsel for Children; edited by M. Ventrell and D. N. Duquette, 143-83. Denver:

Bradford Publishing, 2005.

Roser (2015). In Berrios, E. (2019). Grandparenting across Diverse Cultures. *Voices of Social Justice and Diversity in a Hawai'i Context,* 285-291. doi:10.1163/9789004387546_017

Rubin, M. (2013). Grandparents as caregivers: Emerging issues for the profession. *Journal of Human Behavior in the Social Environment, 23*, 330-344. doi: 10.1080/10911359.2013.763711

Sands, R., & Goldberg-Glen, R. (2000). Factors associated with stress among grandparents raising their grandchildren. *Family Relations, 49* (1), 97-105.

Sands, R., & Goldberg-Glen, R. (2000). Grandparent caregivers' perception of the stress of surrogate parenting. *Journal of Social Service Research, 26* (3), 77-95.

Scannapieco, M., & Hegar, R. (2002). Kinship care providers: Designing an Array of Supportive Services. *Child and Adolescent Social Work Journal, 19* (4), 315-327.

Schmidt, M., & Treinen, J. (2017). Using kinship navigation services to support the family resource needs, caregiver self-efficacy and placement stability of children in informal and formal kinship care. *Child Welfare, 95* (4), 69-89.

Smith, G. C., & Dolbin Mac-Nab, M. L. (2012). *Resilient grandparent caregivers: A strengths-based perspective* (pp. 4-24) (B. Hayslip, Author). Routledge.

Sneed, R. S., & Schulz, R. (2017). Grandparent Caregiving, Race, and Cognitive Functioning in a Population-Based Sample of Older Adults. *Journal of Aging and Health, 31*(3), 415-438. doi:10.1177/0898264317733362

Stets, J. E., & Burke, P. J. (2000). Identity Theory and Social Identity Theory. *Social Psychology Quarterly, 63*(3), 224. doi:10.2307/2695870

Strom, R., & Strom, S. (2000). Meeting the challenge of raising grandchildren.

International Journal of Aging and Human Development, 51 (3), 183-198.

Strom, R., & Strom, S. (1997). Building a theory of grandparent development.

International Journal of Aging and Human Development, 45 (5), 255-286.

Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship care connection: A

school-based intervention for kinship caregivers and the children in their care.

Children and Youth Services Review, 27, 1011-1029. doi:

10.1016/jchildyouth.2004.12.026

Szolnoki, J., & Cahn, K. (2002). African American kinship caregivers: Principles for

developing supportive programs. *Northwest Institute for Children and Families,*

1, 1-15.

Templeton, L. (2012). Dilemmas facing grandparents with grandchildren affected by

parental substance misuse. *Drugs: Education, Prevention and Policy, 19* (1), 11-

18. doi: 10.3109/09687637.2011.608391

Testa, M. (2013). Systems of kinship care: Enduring challenges and emerging

opportunities. *Journal of Family Social Work, 16*, 349-363. doi:

10.1080/10522158.2013.834169

U.S. Bureau of Labor. (2020) E-16. Unemployment rates by age, sex, race, and Hispanic

or Latino ethnicity. (2020, April 03). Retrieved from

https://www.bls.gov/web/empsit/cpsee_e16.htm

U.S. Census Bureau. (2013) Community Facts Report, Retrieved September, 2018 from

http://data.census.gov/

U.S. Census Bureau. (2017) Community Facts Report, Retrieved October 20, 2018, from

https://data.census.gov/

U.S. Census Bureau. (2018). American Community Survey, Grandparents. Retrieved

June 1, 2020, from https://data.census.gov/cedsci/table?q=grandparent+caregivers

Valentine, K., Jenkins, B., Brennan, D., & Cass, B. (2013). Information provision to

grandparent kinship carers: Responding to their unique needs. *Australian Social

Work, 55* (3), 425-439. doi: 10.1080/0312407X.2012.754914

Vejar, C. (2019). Symbolic Interactionism. *Salem Press Encyclopedia.*

Weibel-Orlando (1997). In Whitley D.M. & Fuller-Thompson, E. (2018) Latino Solo

Grandparents Raising Grandchildren. *Hispanic Health Care International, 16*(1),

11-19.

Wheeler, C., & Vollet, J. (2017). Supporting kinship caregivers: Examining the impact of

a Title IV-E Waiver kinship supports intervention. *Child Welfare, 95* (4), 91-110.

Whitley, D. M., & Fuller-Thomson, E. (2018). Latino Solo Grandparents Raising

Grandchildren. *Hispanic Health Care International, 16*(1), 11-19.

doi:10.1177/1540415318757219

Whitley, D., Kelley, S., & Sipe, T. (2001). Grandmothers raising grandchildren: Are they

at increased risk of health problems? *Health and Social Work, 26* (2), 105-114.

Williams, M. (2011). The changing roles of grandparents raising grandchildren. *Journal

of Human Behavior in the Social Environment, 21*, 948-962. doi:

10.1080/10911359.2011.588535

APPENDIX A

INFORMED CONSENT

Thank you for responding to my request to participate in this study about your experience as a grandparent caregiver. This study will seek to explore your experience as a grandparent caregiver. More specifically this study will seek to examine impact on identity becoming a grandparent caregiver has had, if any. I, Brittany Torelli, a doctoral student at Lesley University will be conducting the research as part of my dissertation project. I am supervised by my dissertation committee chair, Peiwei Li, PhD, who is a faculty at Lesley University.

Your participation will entail a brief interview, which will last approximately 60-90 minutes. You may be asked to participate in a follow up call to discuss your responses further and to clarify findings.

Excerpts from the transcribed interview may be included in my dissertation write up. By signing this consent form you give the interviewer permission to use statements you make during the interview.

By agreeing to be interviewed, you may develop greater insight about grandparent relationship experience and your own identity as a grandparent caregiver. No foreseeable risks are anticipated with your involvement in this interview.

You can stop this interview at any time. You may also withdraw from this study either during or after your participation without negative consequences. If you choose to withdraw, your information will be eliminated from the interview and destroyed.

The information you provide will be kept strictly confidential. The informed consent form will be kept separate from the interview data. You will be given a

pseudonym at the onset of the project, and all transcription, data and analysis will use this pseudonym to ensure confidentiality. Data collected will be kept on a locked device, in a locked office with only access granted to the researcher.

If you have any questions about this interview or your involvement, please ask the interviewer before signing this form. If you have questions or concerns about your rights as a participant, please contact the Lesley University IRB office, at irb@lesley.edu.

Two copies of this informed consent have been provided to you. Please sign both forms, indicating that you have read, understood and agree to participate in this research. Return one to me, the researcher and keep the other for your records.

Printed Name:

Date:

Signature:

Participant ID:

APPENDIX B

SEMI-STRUCTURED INTERVIEW PROTOCOL

Understanding Identity: Grandparent Caregiver Experiences of Raising Their
Grandchildren

Date: Time:

Participant Number:

Sample Script:

Hello, my name is Brittany Torelli and I am a doctoral student in the Counseling

Psychology program at Lesley University. I am currently conducting a study to

understand identity as it relates to grandparent caregiver experiences of raising their

grandchildren.

We will have one interview together based on your shared story and your

availability. I may ask to conduct a follow up meeting at a later date if

concepts/ideas/themes need further explanation for the purpose of this study. Each

session will be approximately 60-90 minutes in length and in those sessions you will be

asked several questions. During the interviews you may be asked some follow up

questions to make sure that I am understanding what you said. Will you be able to speak

with me for the next 90 minutes? If not, we can reschedule, if you are still interested in

participating, at a later time. (If no, end and thank participant).

If yes, continue.

I will be taking notes as well as audio-recording the session, and I will let you

know if I am still writing during any pauses if needed. It is my goal to write down what

you say as accurately as possible. Are you comfortable with being audio-recorded? (If no,

I will thank participant for their participation thus far and end the interview).

If yes, continue.

Do you have any questions before we begin? Are you ready to begin?

Interview Questions

Topic Domain 1: Experience as Caregiver

1) *Lead Off Question*

   a) "I am interested in your experience as a grandparent caregiver. Could you tell me about your experience as a grandparent caregiver? You can start wherever you feel is most appropriate for you. Please give as much detail as you are comfortable with sharing."

   b) *Covert Categories*

      i) Time

         (1) Timeline of child coming to live with grandparent

         (2) History of relationship with grandchild

         (3) Personal time

         (4) Schedule

      ii) Cultural Background

         (1) Values and expectations

         (2) World view

         (3) Influence on relationships

      iii) Relationships

         (1) Grandchildren

         (2) With their own parents

         (3) Peers/Friends

(4) Family

(5) Bio-Parents of grandchildren

(6) With the formal helping system

iv) Role Change

(1) Parent versus grandparent

(2) Parenting challenges/successes

v) Motivators

(1) Reasons for taking over care

(2) Action

(3) Communication of decision to others

c) *Possible follow up questions*

i) "You've shared your experience as a grandparent caregiver in present day. Would you be able to compare/contrast this to what you felt it was like prior to taking over care of your grandchild(ren)?"

ii) What was your experience with your own parents like growing up?

iii) What is your relationship like with your family now?

iv) What is your relationship like with your grandchild(ren)?

v) If you have additional daughters/sons, what is your relationship like with them?

vi) What are some of the challenges you face?

vii) What are some of the successes you can identify?

viii) What are your peer relationships like?

ix) What do you feel is needed in your current role?

x) How have you navigated this change in role?

<u>Topic 2 Domain: Identity as Caregiver</u>
1) *Lead Off Question*

a) "I am interested in learning more about your identity as a grandparent caregiver. Could you tell me how you would define yourself in your current role? Please share as much detail as you are comfortable sharing."

b) *Covert Categories*

i) Initial Identification

(1) First definitions of self

(2) Experience

(3) Context

(4) Identity

(a) Spiritual identity

(b) Religious identity

(c) Cultural identity

(d) Familial identity

(5) Day to day life

(a) Thought

(b) Self-Care

c) *Possible Follow Up Questions*

i) Do you feel your identity has changed as a grandparent caregiver?

ii) How do you define yourself?

iii) What challenges have you experienced as a grandparent caregiver?

iv) How do you experience identity on a daily basis?

v) How do you see yourself relating to peers?

vi) How would you describe your level of involvement in your grandchild(ren)'s lives?

vii) What changes have you noticed about yourself as you became a grandparent caregiver, if any?

viii) How have you been integrating your responsibilities of taking care of your grandchild into your daily life?

ix) How do you see your future shaping? Is this any different than your view prior to taking over care of your grandchild(ren)?

Interview Conclusion

Sample Script:

Thank you for taking the time to meet with me. I have appreciated your sharing of experiences as a grandparent caregiver. Before we end, I wanted to open up this space for any feedback you'd like to share about what this interview process was like for you? Or any areas in which you felt that you didn't have the chance to share fully about?

If there's nothing more you feel that you need to elaborate on, we will end here. I again, appreciate your time.

APPENDIX C

SAMPLE RECRUITMENT EMAIL

Hello,

My name is Brittany Torelli and I am a doctoral student at Lesley University. Thank you for responding to the flyer I posted in Dr. M's (will be updated to reflect space) office about participating in my research study. I first would like to give you more information about the study, and then set up a time for a brief (15 minute) informational interview in which we discuss your participation.

My study is seeking to understand the experience of well-being and identity development in grandparent caregivers. I am looking to conduct semi-structured interviews with participants in which they share their experience. I will then take transcriptions of these interviews and code them for thematic analysis. In doing so, I will have a completed research study that increases understanding about grandparent caregivers.

If you are interested in participating in this study, I will send you a Doodle Poll to complete in which you select the best day/time for your informational interview based on the provided options. If none of the options work, please let me know and we can adjust from there. Upon completion of the interview and engagement in the study, you will be given a $30 gift card.

I appreciate your interest and please let me know if you have any questions at any time.

Sincerely,

Brittany Torelli

APPENDIX D

SAMPLE RECRUITMENT FLYER

PARTICIPANTS NEEDED
FOR A STUDY INVESTIGATING GRANDPARENT RAISING GRANDCHILD(REN) EXPERIENCE

Researcher from Lesley University is looking for volunteers to

participate in interviews regarding individual experience with well-

being and identity.

Who is needed?

- Participants 18 years and older

- Grandparents currently responsible for care of their

  grandchild(ren)

- Ability to speak and write English

Contact: Brittany Torelli btorelli@lesley.edu for more information if

interested

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

Before we begin our interview I am looking to collect initial demographic data. Please answer each question by circling your response, if there are questions you choose not to answer, please mark "prefer not to answer".

Age. Please indicate your answer by circling the appropriate response.

30-40	41-50	51-60	61-70	71-80	81-90	Prefer not to answer

Gender. Please indicate your answer by circling the appropriate response.

Female	Male	Trans Female	Trans Male	Gender non-binary	Prefer not to answer

Race/Ethnicity. Please indicate your answer by circling the appropriate response that best describes your ethnicity.

American Indian or Alaskan Native	Asian or Pacific Islander	Black or African American	Hispanic or Latino	White Caucasian	Other:	Prefer not to answer

Employment Status. Please indicate your answer by circling the appropriate response.

Employed, working full time
Employed, working part time
Not employed, looking for work
Not employed, not looing for work
Retired
Disabled, not able to work
Other:
Prefer not to answer

Relationship Status. Please indicate your answer by circling the appropriate response.

Single	Divorced	Widowed	Married	Separated	Domestic Partnership	Other:	Prefer not to answer

Education. Please indicate your answer by circling the appropriate response.

Primary School
Some High School, but no diploma
High School diploma (or GED/HiSet)
Some college
2-year college degree
4-year college degree
Graduate-level degree
Other:
Prefer not to answer

APPENDIX F
Curriculum Vitae

52 Alston Street
Somerville, MA 01243
203-217-0471
btorelli@lesley.edu

Brittany Torelli
An enthusiastic doctoral student working to successfully defend her dissertation.

Licensure
Licensed Mental Health Counselor 2017- present
School Adjustment Counselor Initial License 2013-present

Education
Lesley University Cambridge, MA. 2017-present
Pursuing a doctorate in Counseling Psychology, completed study and accompanying write up, pending dissertation defense.

Lesley University Cambridge, MA 2010-2013
Obtained master's degree in Clinical Mental Health Counseling, with specialization in School Adjustment Counseling in grades K-12
Courses including clinical skills, consultation in schools, ethics, and

Simmons College Boston, MA 2006-2010
Obtained bachelor's degree in Psychology and English studies

Work Experience
Longwood Care
Therapist Jan 2019-present
Provide individual, family and couples therapy on an outpatient level of care. Create client-oriented treatment plans focusing on decreasing symptom impact on daily functioning.

South Bay Community Services
Staff Therapist 2013-Jan 2019
Provided outreach mental health counseling services to a diverse caseload including adults, families and couples. Assisted with implementing interventions in order to build skills to help clients manage daily stressors more effectively.

Skills
Trauma Focused Cognitive Behavioral Therapy (TF-CBT) trained
Certified in Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct (MATCH) through Judge Baker's Children Center in Boston