

GRANDCHILDREN'S PERCEPTIONS OF
CARING FOR GRANDPARENTS

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ABSTRACT

Throughout the life course, all family members can expect to find themselves in some type of caregiving role. Individuals may find themselves providing care for a child or for an older family member who needs assistance. With the increase in life expectancy and the shrinking family size, individuals may find themselves spending time providing care to older family members. Despite the fact that caregiving related issues are well researched in the field of gerontology, the developmental experiences of grandchildren caregivers and the meanings of their caregiving experiences have not been explored in previous empirical work.

Influenced by symbolic interactionism theory and the life course and life-span perspectives, the research questions that guide this study are: What is the nature of caregiving from the perspectives of grandchildren in the grandparent-grandchild relationship? What meanings do grandchildren give to the caregiving role? A qualitative study was conducted to examine the experiences of adult grandchildren (21-29 years old) who were currently providing some type of care-related activity for at least one grandparent. Face-to-face semi-structured interviews, lasting 30-80 minutes, with 17 grandchildren caregivers were conducted one time to examine the participants' caregiving experience. All interviews were completed at a location of the participants' choice. Interviews were tape-recorded and tapes were transcribed verbatim to aid in data analysis. Grandchildren caregivers' experiences illustrate variation with the reasons for providing care and the amount of time engaged in care related activities. Grandchildren were assisting with instrumental activities of daily living and activities of daily living. Reasons for providing care included grandparents' chronic illness or gradual aging, a crisis or event that left grandparents needing assistance, and because they had been providing care since they were young children. The amount of time grandchildren engaged in care related activities ranged from daily to several hours a week during summer and winter breaks. Grandchildren caregivers reported that family values, making

grandparents happy, and preparing for the future were how they made sense of their role. Grandchildren experienced benefits and drawbacks from assisting grandparents and discussed how parents served as mediators and distracters to their caregiving role. Grandchildren caregivers exhibited the ability to adapt to caregiving situations and develop coping mechanisms that allowed them to be successful caregivers. Service professionals may want to include grandchildren caregivers in established support groups, caregiver programs, and enhance caregiver resources to support the generational needs of grandchildren caregivers in their 20s.

To my grandparents, with love
Walter and Betty Berg and Frank and Bertha Fruhauf

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Grandchildren's Perceptions of Caregiving for Grandparents

Chapter I

As I travel to my grandmother's house in West Countryside, Ohio I recall the times I spent with her as a young girl, making chocolates, painting pottery, and learning about all the beautiful birds that gathered around her bird feeders. Over five years have passed since I last tasted my grandmother's homemade chocolate, or observed the painted pots she so delicately adorned with beautiful motifs. Today, I visit my grandmother with a different purpose. I visit her to make sure that she eats her non-appealing lunch delivered by Meals-on-Wheels, see that she has gotten out of bed, and ensure that she takes the medication for her various ailments.

I am torn between feeling angry that she is not the same as before, when she had the strength to indulge in her favorite pastimes, and accepting her new sedentary life. I wonder what I, her grandchild, should do. Today, my grandmother is dependent and needs help with many chores; it frustrates me to observe her inability to care for herself. I worry about what might happen when I am not with her. My helplessness in witnessing my grandmother's vulnerability informs my curiosity about studying grandchildren's roles as caregivers to their grandparents.

Background of the Problem

Over the past 20 years, family caregiving has dominated the literature in gerontology (Allen, Blieszner, & Roberto, 2000; Bass & Noelker, 1997; Brubaker, 1990; Horowitz, 1995; Walker, Pratt, & Eddy, 1995). With the increase in life expectancy and shrinking family size, the increase of dual-earner households, and the increase in multiple generation families, researchers are interested in examining caregiving issues among the aging population (Biegel, Sales, & Schulz, 1991; Bengtson, Giarrusso, Silverstein, & Wang, 2000; Hodgson, 1998; Price & Rose, 2000; Stephens & Franks, 1999). In 2000, over 26% of adults provided care to chronically ill, disabled, or aged family members (National Family Caregivers Association, 2003) making that nearly one out of four adults (Henry J. Kaiser Family Foundation, 2002). While adult children make up the majority of America's informal caregivers (37%), grandchildren are fourth in line (after spouse and

other relatives) comprising 8% of informal caregivers (FACCT & The Robert Wood Johnson Foundation, 2003). Although the percentage of grandchildren caregivers among all informal caregivers is small, this does not necessarily imply that their experiences are less significantly relevant than those of other family caregivers.

The experiences of grandchildren who are providing care to their grandparents may be influenced by the intergenerational relationships that exist over the life course as well as by the grandchildren's own level of development. Moreover, grandchildren caregivers' experiences may have implications for their own current or future biological, psychological, and social development. Understanding the implications of a grandchild's own development in connection with the grandchild-grandparent relationship can provide needed guidance for grandchildren as they prepare to be caregivers to their grandparents. This study contributes valuable information to the caregiving literature by examining the grandchild-grandparent relationship within the context of caregiving.

Purpose of the Study

The purpose of this study was to examine the experiences of grandchildren who are currently providing care to their grandparents. The study focused on the nature of the grandparent-grandchild relationship from the perspective of adult grandchildren ages 21-29. I examined how grandchildren caregivers' own development and previous and current relationship with their grandparents create meaning in their lives. Analysis of the data revealed themes and patterns in how grandchildren provide care to grandparents, perceptions of the caregiving role, and the meaning associated with the caregiving experience.

Theoretical Frameworks

Life-span development (Baltes, 1979, 1987), life course perspective (Bengtson & Allen, 1993), and symbolic interactionism (LaRossa & Reitzes, 1993) using a constructionist view contributed to the theoretical framework that guided this study. The integration of the concepts associated with these frameworks provided a multi-dimensional approach to examine the meaning behind the experiences of grandchildren who provide care to grandparents. These theoretical perspectives offered a unique way of examining this special caregiving situation by allowing for the understanding of the

intersection of individual development with stage of the life course while focusing on the meaning behind the caregiving relationship.

Constructionism. Constructionism, the ability of individuals to construct meaning from their world (Crotty, 1998), was used to generate the epistemological paradigm for this study. A constructivist way of developing an understanding of grandchildren caregivers' reality has been well described by Crotty (1998):

There is no objective truth waiting for us to discover it. Truth, or meaning, comes into existence in and out of our engagement with the realities in our world. There is no meaning without a mind. Meaning is not discovered, but constructed. In this understanding of knowledge, it is clear that different people may construct meaning in different ways, even in relation to the same phenomenon. (p. 8)

Understanding how grandchildren caregivers embrace their environment and the objects within their environment, as well as how they construct meaning from those objects allows understanding of their reality (Crotty, 1998).

Life-span development. Having its roots in developmental psychology, the life-span development perspective is used to examine the lives of individuals. Life-span development focuses on psychological, biological, and social experiences over the life course of individuals (commonly referred to as ontogenesis) (Baltes, 1987). Erikson's (1964) theory of psychological development examines individual development through psychosocial stages. The movement through the eight stages may bring both challenges and feelings of accomplishment for the individual. Whether an individual is attempting to master basic trust versus mistrust or ego integrity versus despair, his or her development at each stage influence his or her life.

Throughout development, individuals' many experiences within their life stages (as outlined by Erikson (1964)) both enhance and hinder individual growth. Baltes' (1979) work on life-span development enhances the understanding of Erikson's life stages. Although the life-span perspective covers various concepts of human development, this study will address the following: (a) age-graded, history graded and unique influences, (b) timing of events, (c) multi-dimensionality of providing care to an older adult, and (d) plasticity of grandchildren caregivers.

Baltes (1979) outlined three areas that influence all individuals' lives. Relevant to this study, both grandparents and grandchildren are influenced by normative age-graded influences, normative history-graded influences, and nonnormative influences. Normative age-graded influences are the typical biological and social age changes and development that occurs throughout one's life. These include biological changes that happen as one ages (e.g., puberty, menopause) and life events that typically occur at prescribed ages (e.g., a grandchild's marriage at age 24 for females and 26 for males on average or a grandparent's retirement at age 62 or 65). Normative history-graded influences include how cohorts change or develop in response to their ever-changing society. Based on differences in historical experiences, the social development of grandparents who grew up during World War II, for example, differs from that of their grandchildren who grew up during the "Generation X" period. Non-normative influences, or experiences that are not universal to all individuals, such as a grandchild becoming a widower at age 26 or a grandparent suddenly entering into a new career at age 67, also shape individual development.

The study of caregiving lends itself to a multi-dimensional approach (Baltes & Smith, 1999) given the physical and psychological demands placed on caregivers. For example, individuals may experience gain in one area of well-being and a loss in another, as a result of caregiving. Focusing on the gains and losses associated with experiencing certain life events, coupled with normative influences and how one adapts to them, can further explain human development. Researchers are not only concerned with understanding the similarities and differences in individual development but also with individual plasticity (Baltes, 1987). The multi-directional view of life-span development can best be used addressing growth (gains) and decline (losses) and plasticity to grandchildren caregiving experience.

Plasticity is the range of functioning within an individual and his or her ability to modify or adapt to life events regardless of conditions (i.e., age and environment) (Baltes, 1993). This means that some grandchildren caregivers have the capacity to successfully adapt to their changing family roles. For example, a grandchild who finds him or herself abruptly providing care to a grandparent may possess the ability to successfully carry out

the role of a caregiver. For some grandchildren, however, the lack of plasticity may lead to failure or difficulty adapting to the new caregiving role.

The life-span development perspective supports a strong understanding of how psychological, biological, and sociological development and changes influence individuals, and it may be applied to grandchildren who are providing care to a grandparent. Whether grandchildren wake up one day to find that they are now providing care to a grandparent or they gradually move into the caregiving role (Piercy & Chapman, 2001), there are likely to be implications of the caregiving relationship for the individual development of the grandchild. Furthermore, the ability of grandchildren to respond to the life event may play a role in how the caregiving experience influences their individual development.

The strength of life-span development perspective centers on the ability to illustrate the complete picture of individual development from birth to death. It takes into account basic determinants of development, such as biological, bioenvironmental, and environmental factors, when examining the relationship among development, influences, and cohorts (Baltes & Danish, 1980). It is important for this study that I use other theoretical perspectives, because the life-span development framework does include how individuals create meaning within the context of their own development. In order to understand the meaning grandchildren caregivers' ascribe to their experiences, I examined this issue using a constructivist lens while using life-span development and life course perspectives to guide this qualitative study.

Life course perspective. Life course perspective, a predominantly sociological perspective focusing on families, assumes that time, social ecology, diversity, and the analyses of processes affects families over time (Bengtson & Allen, 1993). For this study, I used time and the social construction of meaning to help guide the identification of the research questions and development of the interview guide.

Time can be thought of in three parts: ontogenetic, generational, and historical (Bengtson & Allen, 1993). *Ontogenetic* time focuses on individual development and how individuals are influenced by the changes or development in their family unit over the life course. *Generational* time is concerned with how individuals respond or act towards the changing roles and expectations placed on them as their families change (with regard to

their own generation) over time. *Historical* time includes examining how societal events influence individual development.

Life course perspective, like life-span development perspective, examines individuals and families in regard to timing of events. There are two forms of timing of events: off-time and on-time. When an individual and or family experience something that is supposed to happen at a particular point in life, it is considered an on-time event; similar to Baltes' (1979, 1987) normative influences. On-time events allow individuals to feel they are accomplishing their own development as planned. Events that happen too soon in life or too late in life are considered to be off-time events. Off-time events often result in stressful situations because of individuals' lack of preparation and then challenge their coping strategies. When an individual experiences an untimely event, positive or negative, the person's ability to adapt to the situation may alter their life path. For example, if a grandchild is not prepared to provide care to his or her terminally ill grandmother at a time when no one else can, he or she may undergo a decline in his or her own development. If a grandchild is prepared to provide care, however, and successfully does so, he or she may then experience further accomplishments.

Life events or life crises, according to Dunham and Bengtson (1986), typically happen due to family events that occur around intergenerational relations. The life event itself and the timing and sequencing of the event may affect individual change (Hultsch & Plemons, 1979). The experiences of grandchildren providing care to grandparents may be a result of one particular family event or crisis that leads the grandchildren to assume care, thus, resulting in relational change. The timing of such events, and how the family interacts, may also influence whether grandchildren are developmentally able to assume the caregiving role and then find meaning in this role.

Birth cohorts, a group of individuals who are born within a specific time period, such as five or ten years, experience the same events or societal trends over time (Hareven, 1996). Birth cohorts share the same life experiences, values, and morals that influence how they experience their everyday lives. A cohort effect, however, is an explanation for why individuals, or a group of individuals, act or react to situations that cannot be solely explained by chronological age (Hareven, 1996). Recognizing the importance of understanding life experiences based on cohort effects will help influence

researchers understanding of how individuals experience certain events in their lives. This investigation focused on grandchildren age 21 to 29 and leads to a better understanding of how grandchildren in their 20s create meaning of their caregiving experiences.

Symbolic Interactionism. Symbolic interactionism was used as a guiding theory to further the understanding of the meaning behind grandchildren's caregiving experiences. Symbolic interactionism compliments the life course perspective because of its theoretical focus on how human creation of meaning ultimately shapes human behavior (LaRossa & Reitzes, 1993). In order for individuals to accomplish their life goals, they must develop a meaningful definition of their situation and relationships they have with other individuals (LaRossa & Reitzes, 1993). Symbolic interactionism allows for perceived reality, and that "subjective reality is the only reality that organizes the behavior of people" (Winton, 2003, p. 198).

Grandchildren who suddenly find a grandparent needing care or who have been providing care all their lives must construct meaning based on this caregiving situation and then formulate how they will (continue to) provide care and find meaning behind their actions. Essentially, grandchildren's behavior becomes symbolic once they ascribe meaning to their caregiving situation and this meaning becomes the basis for their actions (Scott, 1995).

The life course and life-span perspectives would best be used in conjunction with symbolic interactionism when examining the experiences of grandchildren providing care to their grandparents. The life course perspective aids researchers in understanding where individuals are in their life with regards to their family, how the family has or has not influenced their individual development, and the impact cohort effect plays on this situation. Generational timing is best explained by whether grandchildren see their situation as off-time or on-time. Grandchildren who are in their 20s are likely to experience providing care to a grandparent as off-time. The life span perspective allows individuals to define who they are in regards to their own individual development.

Previous caregiving research (e.g., Dellmann-Jenkins, Blankemeyer, & Pinkard, 2000; Hodgson, 1987; Piercy & Chapman, 2001) informs the understanding of this grandchild caregiving situation, yet a unique approach (e.g., experience of

intergenerational relationship and the life stage and cohort of grandchild caregivers) still must also be considered in order to fully understand the experiences of grandchildren within the context of caregiving. Grandchildren who are providing care to grandparents can best be studied using the life-span development and life course perspectives while taking into account the meaning behind their experiences and relationships with grandparents prior to and during the caregiving experience. I used life-span development, life course, and symbolic interactionism to help guide my research questions and interview guide.

Research Questions

It is important to understand grandchildren caregivers and their experiences providing care to a grandparent (Brody, 1989). The examination of grandchildren providing care to a grandparent contributes to the existing caregiving literature and offers understanding of grandchildren's individual development, intergenerational relationship with their grandparent, and the meaning in the caregiving relationship. In order to expand on the caregiving literature, I examined the experiences of grandchildren using the perspectives of life course and life-span development and symbolic interactionism theory.

The research questions that guided this study are:

1. What is the nature of caregiving by grandchildren in the grandparent-grandchild relationship?
2. What meanings do grandchildren give to their experiences of caregiving?

Operational Definition of Key Terms and Concepts

Grandchild caregiver refers to a third generation family member who may be related by blood, adoption, and or marriage, who is in a caregiving role, and who is 21 to 29 years old.

Grandparent refers to a first generation family members who may or may not have a specific medical diagnosis and who is receiving some form of care from a grandchild.

Caregiving refers to the extraordinary care (i.e., usually involving a considerable amount of time and energy) in a home setting and requiring the performance of tasks that may be emotionally, physically, and oftentimes financially straining (Biegel, Sales, & Schulz, 1991).

Chapter II

Review of the Literature

The extensive body of literature on family caregiving has focused on understanding the characteristics of caregivers, the strains and benefits associated with providing care, and role disruption (Biegel, Sales, & Schulz, 1991). Further research has addressed issues of providing care to individuals who have Alzheimer's disease (Gallant & Connell, 1998; Kirsi, Hervonen, & Jylha, 2000, Zarit et al., 1998) and the stress and coping mechanisms of family caregivers (Biegel & Schulz, 1999; Cahill & Shapiro, 1998; Gallant & Connell, 1998; Kosloski, Young, & Montgomery, 1999).

Grandparent-grandchild relationships have also been given much attention over the past 20 years (Roberto, 1990). Grandparenting styles (Cherlin & Furstenberg, 1985; Kivnick, 1982; Neugarten & Weinstein, 1964; Wood & Robertson, 1976), grandparent and adolescent and young-adult (college age) grandchild relationships (Hodgson, 1998; Roberto & Stroes, 1992; Silverstein & Long, 1998), and grandparents' influence on grandchildren's beliefs (Roberto & Stroes, 1992; Wiscott & Kopera-Frye, 2000) have dominated the studies that have examined grandparent-grandchild relationships. Guided by a constructivist epistemological lens, a theoretical approach of symbolic interactionism, and life-span development and life course perspectives, I have reviewed the literature on caregiving and grandparent-grandchild related issues. I highlighted gaps in the literature and how this study will inform the literature for understanding grandchildren who are providing care to grandparents.

Family Caregiving

Researchers have found that within families there is a hierarchy of providing care to older adults (Chappell, 1990; Horowitz, 1985). Spouses are first expected to assume caregiving responsibilities, if they do not have limitations of their own that might prevent them from providing care, followed by an adult-daughter or daughter-in-law (Merrill, 1993; Peters-Davis, Moss, & Pruchno, 1999; Stephens & Franks, 1999). Other female caregivers (i.e., niece, sister, aunt, or granddaughter) will provide care when an adult daughter or daughter-in-law is unavailable (Horowitz, 1985). A contradiction, however, includes when a spouse or adult female cannot provide care. In that situation, the next to assume caregiving responsibilities is the male family member.

The *primary* caregiver in the family, the individual who provides the majority of caregiving tasks, is usually a female (Brody, 1990; Brubaker, 1990; Townsend & Franks, 1997; Walker et al., 1995). Males (i.e., both husbands and sons), assume some caregiving responsibility, however, they usually assume care *secondary* to female family members (Bass & Noelker, 1997; Zarit & Eggebeen, 1995). Male caregivers also spend less time providing care and are not as accepting of caregiving tasks as their female counterparts (Horowitz, 1985). Male caregivers tend to assist with instrumental activities of daily living, such as financial assistance (Chappell, 1983), as opposed to more personal caregiving duties (Cantor, 1983; Stone, Cafferata, & Sangl, 1987). *Secondary* caregivers report completing hands-on care and decision-making assisting the primary caregiver (Penrod, Kane, Kane, & Finch, 1995). Some members help periodically when assistance is needed by the primary caregiver to high-functioning care recipients, and are considered *tertiary* caregivers (Dilworth-Anderson, Williams, & Cooper, 1999). *Tertiary* caregivers usually do not make decisions regarding the care of the older adult and they provide such tasks as grocery shopping or yard work (Dilworth-Anderson, Williams, & Cooper, 1999).

Types of caregiving tasks. In addition to who assumes caregiving duties, researchers have also focused on the various caregiving tasks. Walker and colleagues (1995) explained that both wives and daughters caring for family members provide help with instrumental activities of daily living (IADL, e.g., preparing meals, cleaning the house, or grocery shopping) and activities of daily living (ADL, e.g. bathing, hair combing, dressing). Along with performing everyday tasks for care recipients, caregivers make everyday decisions about their care and safety (Corcoran, 1994). For example, caregivers make decisions ranging from driving-related issues to establishing healthy living environments.

Positive and negative experiences in the caregiving role. Caregiving can be a rewarding experience for both caregivers and care recipients. Specifically, rewards associated with the parent-care role from the perspective of female caregivers included that caregivers: (a) knew the parent was well cared for, (b) felt fulfillment in family obligation, (c) spent time with their parents, (d) gave care because they wanted to and not because they had to, (e) felt they had accomplished something in their lives, and (f) felt

the parent showed them affection or appreciation for their caregiving duties (Stephens, Franks, & Townsend, 1994).

A common research topic associated with caregiving is the illustration of negative experiences associated with providing care to a parent (Townsend & Franks, 1997; Walker et al., 1995). Caregivers often feel a sense of burden, stress, sleeplessness, and conflict associated with the long hours of caregiving (Stephens, Franks, & Townsend, 1994). Caregiver burden (i.e., the build up of stress from providing care) also may increase due to earlier characteristics of relationships with parents or spouses. For example, for adult children with a history of not getting along with parents, the parent-child relationship may experience conflict as it moves into a caregiving relationship (Townsend & Franks, 1997). Researchers further report that both spouses and adult-children caregivers' physical and mental health status may be poor because of their caregiving experiences (Cahill & Shapiro, 1998). This may be attributed to chronic illness and depression resulting from the emotional turmoil one experiences while caring for someone (Biegel & Schulz, 1999; Cahill & Shapiro, 1998) or it may be due to their own age-related functional deficits. In particular, female caregivers tend to express more depressive symptoms than men as a result of the caregiving role (Pearlin, Pioli, & McLaughlin, 2001), which may be a direct result of the tendency of being the primary caregiver.

Caregiving for individuals with Alzheimer's disease. The caregiving literature has centered predominantly on the level of stress and burden experienced by caregivers, in addition to the physical and mental health problems associated with providing care to an aging family member (e.g., Biegel & Schulz, 1999; Cahill & Shapiro, 1998). Current interest by caregiving scholars has focused specifically on caring for individuals with Alzheimer's disease and related disorders (e.g., Gallant & Connell, 1998; Kirsli, Hervonen, & Jylha, 2000, Zarit et al., 1998).

Researchers have paid attention to the amount of caregiver burden experienced when the care receiver has cognitive or functional impairment. Dura and colleagues (1990) found that care receiver impairment is unrelated to caregivers' level of stress, whereas others suggest that care recipients' cognitive decline has a direct effect on caregiver burden (Ory, Hoffman, Yee, Tennstedt, & Schultz, 1999). Townsend and

Franks (1997) found that cognitive impairment of the care recipient had a greater influence on caregiver burden than functional decline. Sample size for each study may shed light into the disagreement in findings. It could be argued that Dura and colleagues' small sample size of caregivers ($n = 23$ Alzheimer's disease caregivers, $n = 23$ Parkinson's caregivers, and $n = 23$ control group) contributed to significant differences of research involving a larger sample size. For example, Ory and colleagues (1999) used the National Alliance for Caregiving and the American Association of Retired Persons survey that resulted in their sample of over 1,509 whose mean age was 46. Townsend and Franks (1997) measured care recipients' impairment, functional impairment, quality of the relationship, and caregivers subjective effectiveness from a sample from 75 spouse caregivers ($M = 72.84$) while comparing them to a sample of 90 adult-children caregivers from a previous study they conducted (i.e., Townsend and Franks (1995)). The inconsistency in the size and methodological techniques used in the studies implies that the relationship between care-recipient impaired and caregiver stress and burden has not been adequately addressed, and that future research needs to further advance the understanding of the effect care receiver's impairment has on caregivers.

Caregivers' level of stress is highly related to physical, emotional, and social support status (Biegel & Schulz, 1999; Cahill & Shapiro, 1998; Gallant & Connell, 1998; Kosloski et al., 1999). For example, caregiver stress could be due to the lack of sleep, loss of social support, inadequate coping skills, decrease in personal health, and the lack of resources for nutritious foods (Gallant & Connell, 1998). Stress and coping of grandchildren caregivers, however, has not been documented in the caregiving literature. Examining, the experiences of grandchildren caregivers in this study allowed for a comparison between the experiences of spousal and adult child caregivers and that of grandchild caregivers.

Summary of family caregiving. The extensive literature on family caregiving has provided a strong basis for understanding the nature and effects of this role. From understanding who caregivers are and what they do, to the levels of emotional and physical stress and the benefits associated with caregiving, the literature in the past 20 years has engaged researchers in the awareness of caregivers experiences. Although most

family caregiving research has focused on the adult-child and spouse caregiver, little has focused on recognizing the experiences of grandchildren caregivers.

Grandchildren and Grandparent Relationships

The role that grandparents take with regards to their relationships with grandchildren requires negotiation to meet a balance with the relationship (Connidis, 2001). Grandchildren, as they move into adulthood, may find their previous relationships with grandparents (like all human relationships) have changed. Understanding the grandparent-grandchild relationship, prior to the caregiving role, will help explain why grandchildren are providing care to grandparents.

Grandparent roles. Contact between grandparents and young grandchildren is typically mediated through the adult-child parent (Connidis, 2001; Johnson, 2000). As grandparents age, so will their grandchildren, thus, influencing the context of the relationship between these two generations (Connidis, 2001). For example, individual life-span development and the developmental stage of grandchildren may enhance or hinder their relationship with a grandparent. Following what Erikson (1964) believed to be the sixth stage of development (intimacy vs. isolation), it is likely that grandchildren who are in their 20s may decrease the amount of contact with a grandparent in order to spend more time building intimate relationships with others (Baltes & Smith, 1999). The developmental period grandchildren are currently engaged in may have implications for the amount of time and experiences with their caregiving duties.

The role grandparents ascribe to their intergenerational connection with grandchildren plays a cardinal role in understanding the grandparent-grandchild relationship throughout the life course. Although recent literature addresses grandparents who are caregivers to grandchildren, (e.g., Burton, 1992; Fuller-Thomson, Minkler, & Driver, 1997; Jendrek, 1993; Landry-Meyer, 1999; Morrow-Kondos, Weber, Cooper, & Hesser, 1997; Pruchno, 1999) other types of grandparenting styles exist (Cherlin & Furstenberg, 1985; Kivnick, 1982; Neugarten & Weinstein, 1964; Wood & Robertson, 1976). Understanding grandchildren's perceptions of their grandparents' roles and how they create an optimal or disassociated relationship, further supports the effort to better comprehend grandchildren caregivers experiences.

Children's social environment typically consists of rich networks of close relationships with family members. Children usually establish significant relationships with their parents, siblings, grandparents, aunts and uncles, and possibly cousins. Unfortunately, most researchers have focused their studies on relationships between children and their parents, siblings, and peers (Furman & Buhrmester, 1985; Kivett, 1991) as opposed to the grandparent-grandchild relationship (Baranowski, 1982; Hoffman, 1979; Kahana & Kahana, 1971; Robertson, 1976).

The empirical data from research, conducted on intergenerational relationships, supports the continuity of perceptual change of the intergenerational relationship by grandchildren during adolescence. Several researchers (i.e., Dellmann-Jenkins, Papalia, & Lopez, 1987; Kennedy, 1989; and Roberto & Stroes, 1992) stated that positive feelings about the grandparent-grandchild relationship do not increase or decrease as one moves through adolescence. Roberto (1990), however, stated adolescents independently want to visit their grandparents while establishing a close relationship with them. Additionally, Matthews and Sprey (1985) found that if grandchildren had established a close relationship with their grandparents during childhood then during adolescence that relationship would likely not change.

Relationships between grandchildren and grandparents have been examined through frequency of contact, the length of the exchange, and the types of resources exchanged (Jackson, Jayakody, & Antonucci, 1996). Although these strategies of investigation are important for understanding relationships between grandchildren and grandparents, in this study, I further explored relationships between grandchildren and grandparents by drawing connections in the analysis of the data about grandparent-grandchildren's previous relationship, the amount of time spent in the caregiving tasks, and how these areas intersect to better understand why grandchildren are providing care. Roberto, Allen, and Blieszner (1999) found that closeness of the grandmother-grandchild relationship was not contingent on living close to one another. Grandmothers did indicate that as their grandchildren move into adulthood, their feelings toward them did not change; however, they noted a decrease in the amount of time spent visiting with one another. Hodgson (1992) suggests adult grandchildren continue to maintain high levels of contact with grandparents, particularly those adult-grandchildren whose parents interact

with their aging parents. The grandchild-grandparent relationship has further been identified as ever changing and not static (Fruhauf, Roberto, Stremmel, & Kretzer, 2002). Grandchildren, however, may perceive a negative change in their relationship with their grandparent when their parent is assuming care (Creasey, Myers, Epperson, & Taylor, 1989). This may have to do with the likelihood that the grandparent can no longer engage in similar activities with the grandchild than before the caregiving relationship. Although, all relationships have the potential to change over time due to life events and influences, it is not consistent that change will ultimately become a negative experience.

Reasons for Examining Grandchildren Caregivers.

Family members who are in need of care typically prefer spouse and adult-children caregivers to formal care providers (i.e., in-home care workers, adult day services, and institutional care) (Cantor, 1983, 1991). For many reasons, however, it may become difficult for family members to rely solely on spouses and adult-children as care providers. The increase in life expectancy (Kinsella, 1996), the rise in the number of women in the labor force (Doty, Jackson, & Crown, 1998), the trend of family members living farther apart (Crimmins & Ingegneri, 1990), and the verticalization of families (Bengtson, Rosenthal, & Burton, 1990) contribute to the availability of fewer spouse and especially adult-children caregivers providing care to family members. Thus, families are now turning to the next generation, grandchildren, for assistance with family care.

Influence of increased life-span on caregiving. Researchers have begun to focus on grandchildren and grandparents as a result of many demographic changes. Changing demographics, including increased control of childhood diseases, better overall health care, and reduction in mortality rates, have increased the overall life expectancy from 47 years in 1900 (Barranti, 1985) to 79.4 years for women and 73.6 years for men in 1997 (Interagency Forum for Aging Related Statistics, 2000). Based on current aging demographics, it is evident that the increase in the aging population will require growing levels of care.

Family caregivers provide 60 to 80% of total care to family members (Bengtson, Rosenthal, & Burton, 1996). Because the fastest growing population is among the oldest old (those 85+) (Morgan, 1998), many primary caregivers (spouses and adult-children) will find themselves aging and facing health needs that limit the amount of time and type

of care they are willing and able to provide to the care receiver. Ten percent of all older adults have adult children ages 65 and older, suggesting that the young-old caring for the old-old themselves may be dealing with physical limitations, particularly chronic illnesses (Hodgson, 1987). This trend may encourage grandchildren to step in and assume caregiving responsibilities for their grandparents (Sanborn & Bould, 1991).

Grandchildren providing care to grandparents is common in some cultures but is new to many American demographic groups. For example, many grandchildren who are Native American or Botswanan are expected to provide care to their grandparents (Weibel-Orlando, 1997; Rosenberg, 1997). Furthermore, some Mexican adolescents or teenage grandchildren (e.g. those living in Amatango, Mexico) are oftentimes sent to live with a grandparent who may be living alone (Sokolovsky, 1997). Research has yet to specifically explore the experiences, and benefits or drawbacks, of grandchildren who are providing care to grandparents.

Verticalization of the family. The increasing need for family caregiving is countered by smaller second and third generations, which is described as the “verticalization” of generations or the “beanpole family” (Bengtson, Rosenthal, & Burton 1990). The beanpole family centers on the notion that with greater life expectancy, American families have experienced an increase in the number of surviving generations but a decrease in the number of family members within each generation (Bengtson, Rosenthal, & Burton, 1990). This trend among American families has implications for who is providing care and how much care they provide. As adult-children spend increasing years in their family roles, they may find that their own aging, life transitions, and the smaller number of family members available to provide care may increase stress and caregiver burden, thus, rendering them unable to provide family care for frail elderly family members.

A growing trend has revealed that adult children, children-in-law, nieces, nephews, and grandchildren are providing care to this specific age group. Sanborn and Bould (1991) suggest that the care of the oldest old:

Falls to younger generations because spousal care, the first line of defense for older age groups, is minimal for the oldest old. Spouses are in short supply, and

even when they exist, they are often not physically able to provide assistance with personal care. (p. 125)

Given demographic trends and caregiving research that include younger caregivers, there is reason to believe that this trend will continue to significantly affect family caregiving with more grandchildren assuming caregiving responsibilities to grandparents (Watkins, Menken & Bongaarts, 1987). In some families, grandchildren offer hope for meeting many of the grandparents' needs which otherwise may not be met.

Demographic changes increase the opportunity for interaction in the grandparent and grandchild roles. Furthermore, 94 percent of older adults with children are grandparents (Hooyman & Kiyak, 1991). Additionally, Barranti (1985) suggested that, "this intergenerational tie between grandparents and grandchildren may span 3 or 4 decades with 1 or 2 of these decades involving adult grandchild/grandparent relationships" (p. 343). Moreover, Kivett (1991) anticipated, "that today's children will spend approximately 50% of their life in the grandparent role" (p. 267). Therefore, given the increasing life expectancy and the increase in years individuals spend in grandparent-grandchild roles, caregiving researchers should begin to direct their attention toward the grandchild-grandparent relationship particularly paying close attention to care given or received between grandparents and grandchildren (Bengtson, 2001).

Grandchildren Caregivers

Grandchildren providing care to a grandparent is a relatively new phenomenon and has not been the focus of caregiving literature (Brody, 1989). Gerontologists, who have examined caregiving issues in the past mainly focused their attention on both the spouse and second-generation caregiver (i.e., the adult-child) (Stephens & Franks, 1999). When grandchildren caregivers are included in research studies, they are typically included with other caregivers (e.g., Beach, 1997; Dellman-Jenkins et al., 2000; Piercy & Chapman, 2001; Shaw et al., 1997); therefore, the unique experiences of grandchildren caregivers cannot be ascertained.

Although the caregiving literature is great, grandchildren providing care to grandparents have not received significant attention, despite the growing probability of such an arrangement (Sanborn & Bould, 1991). Research suggests that grandchildren believe they bear some responsibility for the caregiving of their grandparent (Hodgson,

1998). On the other hand, they do believe that their parents (middle generation) should provide the majority of care. Many grandchildren are torn between what they believe they should do and what they feel their role as a family member (i.e., a grandchild) allows (Hodgson, 1987). Interestingly, grandchildren may find themselves expressing conflicting feelings about their caregiving role, such as "Was I right to intrude on their [grandparent] decision? Was I helping? Just making matters worse? What are the rights and obligations of the grandchild?" (Hodgson, 1987, p. 22).

Tronto (2001) suggested that caregiving is a multifaceted experience with essentially one goal: to meet the needs of the care recipient regardless of any possible negative effects. Grandchildren may feel stress associated with providing care but report a feeling of attachment to their grandparent, as opposed to the adult-child who reports feelings of obligation (Dellmann-Jenkins et al., 2000). While grandchildren may experience conflict with the caregiver role (as displayed by Hodgson, 1987), they may also find a stronger sense of personal rewards (Dellmann-Jenkins et al., 2000). Because of the limitations of the current research examining the care of grandparents by grandchildren and the uncertainty of the meaning behind this experience, this study rendered itself as a qualitative design.

When the effects of caregiver burden on grandchildren whose parents were caring for an elderly grandparent were examined, grandchildren reported feeling a loss of social support and satisfaction with their relationship with their grandparents who have Alzheimer's disease (Creasey & Jarvis, 1989). Essentially, Creasey and Jarvis (1989) believe that the burden mothers assume with the caregiving experience affects how their children perceive their relationship with their grandparent. Grandchildren who are providing care to a grandparent, and whose parents are also involved in the caregiving experience, may experience stress as it trickles down from their parent (Beach, 1997; Fruhauf, 2002).

In a few exceptions, the scholars who researched grandchildren caregivers have examined informal caregiving including other family members. The participants in Beach's (1997) study experienced numerous positive outcomes to providing care to someone with Alzheimer's disease (e.g., increase in positive sibling interactions, increased understanding for aging process and attitudes about aging, positive

relationships with peers, and increase in dialogue with parents). Piercy and Chapman (2001) provided an introduction to the differences and similarities associated with how caregiving roles of family members (i.e. the adult-child and their children) are influenced. Researchers have also examined the effect grandmothers' Alzheimer's disease has on their granddaughters who live both within and outside the same household (Howard & Singleton, 2001). Granddaughters, however, did not have to indicate providing any type of care related tasks for their grandmother to participate in the study.

Hodgson's (1987) work was the first to suggest the uniqueness of grandchildren caregivers through a reflexive article on her experience as a grandchild who faces the aging of her grandparent and parent. Although brief, Hodgson's (1987) reflections on her struggle with the caregiver role create a glimpse into the experiences of grandchildren caregivers. Dellmann-Jenkins and colleagues (2000) examined young adult and grandchildren caregivers' (ages 18-40) motivation, support, and strains associated with providing care to older family members. Guided by development theory and literature on young adults and family caregiving, the authors focused on four specific issues: (a) how and why the role was acquired, (b) the consequences of the caregiving relationship, (c) the informal support networks of the caregivers, and (d) their recommendations to other young caregivers. The authors used a combined structured and open-ended interview procedure to seek insight into the young caregivers' experiences. Findings indicated that as young caregivers strive to find their position within family and social roles, they show filial responsibility through the commitment to their caregiving roles. Similarities between young children and grandchildren occurred with respect to strain of the caregiving role. Strains included struggling with time for social engagements, romantic relationships, career opportunities, and an increase in stress as a result of the caregiving role (81% of grandchildren experienced a rise in stress while only 59% of young caregivers reported an increase). Differences also occurred between grandchildren and young caregivers. Grandchildren initially took on the caregiving role because of the feelings of attachment to their grandparent while young caregivers felt obligated to provide care to their parents. The authors, furthermore, discussed the need for informal and formal support services for young caregivers.

Limitations of grandchildren caregiving literature. These studies are a starting point for understanding the experiences of grandchildren caregivers; limitations of the studies prevent a complete understanding of this unique caregiving experience. For example, Hodgson's (1987) reflexive article only offers anecdotal insight into the experiences of adult grandchildren faced with a grandparent's continued failing health and a parent's sudden change in health. The author implicitly suggested questions that should be asked (such as, "was I right to intrude on their [grandparents and parents] decision? Was I helping? What are the rights and obligations of the grandchild?") with respect to adult grandchildren for further research studies (Hodgson, 1987, p. 22); yet to this date no one has done so. Although Beach's (1997) study included grandchildren, children and nieces or nephews of a person with Alzheimer's disease were also included in the study. The researcher did occasionally separate participants' relationship to the care receiver in the results section; she did not, however, separate grandchildren caregivers from other young adolescent caregivers during her discussion. Furthermore, Piercy and Chapman's (2001) exploration of adopting the caregiving role was examined through the perspective of the *entire* family unit. The small number of grandchildren and grandchildren-in-law ($N = 11$) participating in the study and the lack of exploration of the *individual* grandchild experiences limit the results to solely inform our understanding of grandchildren caregivers because its focus on the entire family unit.

Dellmann-Jenkins and colleagues' (2000) study is the first known to empirically measure grandchildren caregivers. The authors, however, utilized a structured open-ended questionnaire, which does not allow for using probes (i.e., further in-depth questions signaling to the participant that the interviewer would like more information) and follow-up questions, which are commonly used in qualitative interviewing to help uncover possible implications of what the participant is saying (Rubin & Rubin, 1995). The study, furthermore, utilized a sample ($N = 21$) of predominantly granddaughters ($N = 19$), thus limiting the results to granddaughter caregivers. A sample of grandchildren caregivers, including more male participants, would allow for more conclusive results on grandchildren caregiver experiences. The authors suggested further research must ask more in-depth questions about the motivations to assume care and suggest that the age of participants should be expanded outside of the 18-40 year range. I disagree, however,

with expanding the age range for one study. It would be best to look at a smaller age group in order to examine cohort effects throughout the life course.

In this study, I sought to answer the questions posed by Hodgson (1987), while building on Dellmann-Jenkins and colleagues (2000) study. I addressed the limitations of Dellmann-Jenkins and colleagues' (2000) study by seeking participants, both male and female, ages 20 to 29, who are currently providing care for a grandparent. I developed questions for the interview guide (see Appendix C) that were guided by the theoretical frameworks and further spoke to the motivations of providing care to grandparents as previously uncovered in Dellmann-Jenkins and colleagues' (2000) study and asked questions illustrated in Hodgson's (1987) article. Informed by life-span development and life course perspectives, and symbolic interactionism this study elicited using a qualitative approach. Findings from qualitative research studies enable researchers to identify variables that may have not been suggested prior to the results. The findings from this study can be used as guide for researchers to develop surveys and measurement scales (Dilworth-Anderson, 2002), examining developmental issues, beliefs of caregiving by grandchildren, and perceptions of the caregiving relationship.

Chapter III

Methodology

In this chapter I will discuss the methods used in this study including a description of the overall approach and rationale, trustworthiness, procedures, the role of the researcher, participants in the study, piloting the study, and analysis of the data. The methodological approach used for this study allowed for the opportunity to explore the following research questions: What is the nature of caregiving by grandchildren in the grandparent-grandchild relationship? What meanings do grandchildren give to their caregiving experiences?

Overall Approach and Rationale

I explored the reasons why grandchildren provide care to grandparents, how grandchildren see their role as caregivers, and the perceived meaning behind their caregiving experiences. I employed a general method of description and interpretation (Merriam, 1998) that focused on the experiences of grandchildren who provide care to grandparents. The study was inductive, and I sought to understand the reality of the participants' experiences as grandchildren providing care for a grandparent (Creswell, 1994) through a constructivist lens. In order to explore the meaning participants gave their caregiving experiences I used symbolic interactionism as a guiding theory and life-span and life course perspectives as theoretical frameworks.

The Role of the Researcher

For the past three years I have been interested in studying grandchildren who are providing care to their grandparents. I became interested in this topic during my master's degree work, and it was not until I spoke with a colleague that I felt comfortable enough to pursue this as a dissertation topic. I have found that more and more of my peers are assuming some type of care provision for a grandparent. During my master's program I had a friend who was living with her grandmother and doing most of the instrumental activities of daily living (e.g., shopping, cleaning, cooking) while other friends were helping with the dishes and mowing the lawn for their grandparents when they would visit their grandparents. Soon after I began my master's program I found myself providing care to my grandmother. In order to help relieve the burden placed on my mother, I drove to my grandmother's home once a week to clean her house, cook meals

so she could reheat them as she needed, bring firewood into her home, take her grocery shopping, and make sure her weekly medicine was prepared in her organizer. Oftentimes, I engaged in these activities with my mother as a way to keep her company, but as my grandmother began to decline and my mother made more frequent visits, I went by myself in the hope that I was not only helping my grandmother, but possibly helping my mother as well.

After noticing this caregiving trend in my peers as well as myself, I began to re-examine the caregiving literature. I saw gaps in many of the studies. I discovered few participants had identified themselves as grandchildren, and those that had examined grandchildren in their studies did so simultaneously while examining other caregivers. Thus, I decided to research this topic for my dissertation.

My past experiences as a grandchild caregiver and my experience as a researcher have enabled me to develop into the qualitative researcher I am today. Reflecting on my experiences and who I am as a person allows me as a researcher to better examine the lives of participants for this study (Allen, 2000). Allowing the researcher to work as an instrument in qualitative studies is “simply to search out a match in one’s experience for ideas and actions that the respondent has described in the interview” (McCracken, 1998, p. 19). Arditti (1999) further urged family scholars to recognize that as researchers we each have a research lens in which our “interpretation of trends, findings, and methodological approaches is constructed” (p. 41).

I know from my past experiences that participants are more than numbers; they have lives, opinions, and feelings. Each participant experiences life differently than anyone else. The meaning the participants reached in this study and the research I will conduct in the future has grown as I reflect on my experience as a grandchild who assumed caregiving responsibilities to a grandparent.

Constructivists believe that there is no objective truth (Crotty, 1998). Constructionism allows for the discovery of how individuals construct meaning. Furthermore, Crotty (1998) stated “truth, or meaning, come into existence in and out of our engagement with the realities in our world” (p. 8). This suggests that each and every person I interviewed will have constructed meaning based on his or her own experiences within the environment and the objects within the environment. I believe that those

objects can be both tangible and intangible in nature. For example, a simple card (tangible) given to a granddaughter by her grandfather may have deep embedded meaning based on the relationship (intangible) between the two of them. Thus, I believe that it is necessary to approach this study through a constructionist approach.

Procedures

Qualitative research allows a study to unfold as it progresses. A basic interpretive qualitative research study, according to Merriam (2002), includes data collection through interviews, observation, or document analysis. For this study I used the most common form of interviewing, face-to-face interviews (Fontana & Frey, 2000). Qualitative interviewing is a way “of finding out what others feel and think about their worlds” (Rubin & Rubin, 1995, p. 1). Face-to-face interviews with grandchildren were conducted from January 24th to February 18, 2003. The interviews were semi-structured and lasted 30-80 minutes. Semi-structured interviews allowed the participants and the researcher to have the ability to control the direction of the responses (Rossman & Rallis, 1998). If a participant alluded to a topic of interest in response to an initial question I had asked, as a researcher employing a semi-structured interview, I had the capability to ask further questions about that topic by being flexible in the use of the interview guide rather than being constrained by a sequence of questions.

The interview format suggested by Seidman (1998) allows the researcher to plan a beginning, middle, and end to the interview. As the researcher, I was able to inform the participants of the length of time during the screening process, giving them initial information regarding the time expectations that were asked of them. This helped to decrease any anxiety that the participants might have had as to what was required of them. Seidman (1998) suggested interviews should last no longer than 60 to 90 minutes. This allows the participants the chance to “reconstruct their experience, put it in the context of their lives, and reflect on its meaning” (Seidman, 1998, p. 14). Also, Seidman (1998) believed that “rather than seeming too long, it’s long enough to make them feel they are taken seriously” (p. 14). Long interviews could potentially lead to both researcher and participant fatigue, and the participant losing interest in the study.

Interviews were conducted one time, at a place where grandchildren felt most comfortable. Participants requested to be interviewed at a number of different places

including coffee shops, a restaurant, offices, or a university student center. At the beginning of the interview, I had the burden to convey to each participant that I am a “benign, accepting, curious (but not inquisitive) individual who is prepared and eager to listen to virtually any testimony with interest” (McCracken, 1988, p. 38). However, I do believe that oftentimes throughout the interview I needed to be inquisitive in order to reach the depth of data necessary to answer the research questions. To follow McCracken’s (1988) suggestions for building rapport with participants, I provided them with an overview of the study, explained the questions guiding the research study, explained that the research had been approved through the university’s Internal Review Board (IRB) (see Appendix A), and informed them that their participation in the study was voluntary. I further informed the participants that they might stop the interview at any time and withdraw from the study without penalty. I then read over the IRB consent form (see Appendix B) and asked them to sign two copies, one of which I kept for my records, and one for their own reference. The purpose of this opening procedure was to provide the participants with an overview of the study and a standard way for me to begin each interview.

Before I conducted the interview, participants were asked to answer basic questions seeking demographic information. Oftentimes, because in-depth interviewing allows for individuals to develop truth with their stories, it may be difficult for researchers to “code people with numbers” (Seidman, 1998, p.3). Therefore, at the start of the interview I encouraged participants to suggest their own pseudonyms for further use in the dissertation and any manuscripts or presentations that will come thereafter. The combination of the opening conversation and collection of demographic information helped me build a rapport with the participants while earning their trust (Fontana & Frey, 2000; Seidman, 1998); which was essential to elicit and understand their viewpoints.

Using an interview guide (see Appendix C), I asked participants various questions designed to address the research questions. Specifically, interview questions were asked based on the guiding theoretical perspectives. I tape-recorded the interview in addition to taking notes on the interview guide. The notes focused on what I believed were areas that participants seemed to emphasize and the physical environment (or setting) during the interview. Employing these techniques during the interview allowed me the opportunity

to better understand the participants' experiences, to inquire about the meaning behind their responses, and to create a description of the interview setting to which I could refer during data analysis.

Researchers must be concerned about the actual number of participants in their study in order to yield substantial results. The number of participants required in a qualitative study depends on the types of questions being asked, how one will gather and analyze the data, and the resources available to support the study (Merriam, 1998). Merriam (1998) explained that, "what is needed is an adequate number of participants, sites, or activities to answer the question posed at the beginning of the study" (p. 64). Adequate is contextually defined. The number of participants interviewed in this study was based on the questions asked, the data collected, the analysis of the data, and the resources available (according to Merriam's (1998) suggestion). As the researcher, the decision as to when saturation was reached was a matter of interpreting the data gathered during the interview process.

Seidman (1998) proposed two criteria to determine when an adequate number of participants had been interviewed: sufficiency and saturation. *Sufficiency* means there are enough participants so that others outside of the sample might be able to clearly understand the experiences of those who are involved. *Saturation*, on the other hand is when redundancy is reached (Lincoln & Gubra, 1985), thus leading the researcher to no new information (Seidman, 1998). Researchers have suggested that saturation may begin at 25 participants (Douglas, 1985) and end with 1 participant (Merriam, 1995). Seidman (1998) stressed his reluctance to recommend any number for qualitative studies because each study is different based on its interview process and the researcher (Glaser & Strauss, 1967). I discovered after 17 interviews that I had reached sufficiency and saturation from the participants interviewed.

Sampling procedures included purposive and snowball techniques. *Purposeful* or *purposive* sampling included interviewing those participants from whom I could learn the most, in order to meet the purpose of the study (Patton, 2002). To find persons for the study, I asked them a series of initial screening questions (see Appendix D) to determine if they met the criteria and qualified to participate in the current study. The criteria

participants must have met included providing informal care to a grandparent based on the definition set by Biegel and colleagues (1991).

In order to obtain participants for this study I also used the technique called *snowballing*. *Snowballing*, or chain sampling, is a strategy connected to purposeful sampling. As a researcher using the snowball technique, I asked participants to recommend other individuals whom they believe may provide further information to the guiding research questions (Patton, 2002).

Participant Recruitment

Participant recruitment occurred in a predominately rural county (population 83,629) in a mid-Atlantic state between December 2002 and February 2003. In order to participate in this study, participants had to: (a) be an adult grandchild (20 to 29 years old) (b) who self-identified as currently providing care, as defined by Biegel and colleagues (1991), and (c) to a grandparent with no particular diagnosis or physical or mental illness. The rationale for setting the age range of participants in the study from 20-29 was to allow for an examination of how individuals in their 20s experience intergenerational relationships with grandparents within the context of providing care. Grandparents needed not to have had a specific medical diagnosis, as this study examined the experiences of all grandchildren caregivers, not those who only provided care to a grandparent who for example, had Alzheimer's disease.

Participants indicated in the screening process that they were providing care to a grandparent fitting the definition of caregiving from Biegel and colleagues (1991). That is, caregiving refers to the extraordinary care (i.e., usually involving a considerable amount of time and energy) in a home setting and requiring the performance of tasks that may be emotionally, physically, and oftentimes financially straining (Biegel et al., 1991). Participants were recruited with the idea of obtaining primary, secondary, and peripheral grandchildren caregivers in order to completely understand the meaning of providing care to grandparents. Similar to Dilworth-Anderson and colleagues (1999) types of caregivers, *primary caregivers* for this study had the highest level of responsibility than other family caregivers. *Secondary caregivers* were performing similar tasks as the primary caregiver, but without the same magnitude of caregiving responsibilities and *tertiary caregivers* had little or no responsibilities and only made decisions for their grandparents in an

emergency. In this study, there was one primary caregiver, nine secondary caregivers, and seven tertiary caregivers.

I used several methods to recruit participants. Eight were located through an e-mail announcement that was sent to all faculty affiliates of the Center for Gerontology at a land grant institution, and then forwarded to their course list serves. Four participants answered an advertisement (see Appendix D) placed in a local newspaper and four participants were notified about the study through word of mouth from the author and the administrative assistant to the Center for Gerontology. One participant answered a letter (see Appendix E) that was sent home with participants at the university's Adult Day Services.

I used a screening interview (see Appendix F) to ensure that each participant was appropriate for the study. The screening interview took place by phone when a potential participant called to inquire about the study, or after they made initial contact through e-mail giving me permission to call them. The screening procedure introduced the guiding research questions to the participants and gave them an opportunity to think about what types of questions I would ask during the interview. Then we arranged the time, date, and setting for the interviews. All interviews took place in a comfortable setting of the participant's choice (i.e., coffee shops, a restaurant, participant's office, my office, and the campus student center).

Participants

Participants for this study included 17 adult grandchildren ranging in age from 21-29 years old. The majority of grandchildren caregivers in the study were from the mid-Atlantic state in which the interviews took place; nine had relocated to the area from other parts of the state and two had relocated from other states. Nine grandchildren were female and eight were male. Thirteen of the grandchildren were single and of the participants four were married (ranging over 2 to 10 years of marriage), only one of whom did not have children. Fourteen grandchildren identified themselves as Caucasian and three reported themselves as African American. All grandchildren reported having some type of higher education with six reporting current enrollment in a graduate program, five enrolled in an undergraduate program, two currently working as teachers for public school systems, two unemployed (having previous work experience in the

home health field as front line workers), one nurse, and one employed for the city government as a communication specialist. All but two of the eleven grandchildren who were currently enrolled in school reported some type of social science major (i.e., education, human development, psychology, and sociology). Based on the information gathered during the interviews and the definitions provided in Chapter II, three grandchildren are primary caregivers, four are secondary caregivers, and the remaining provide peripheral care. Individual participant profiles are provided to enhance the understanding of each grandchild caregiver (see Appendix G).

All grandchildren reported currently providing care to at least one grandparent. Grandchildren provided care to grandparents ranging in age from 72 to 91 years old. The age range of grandparents represents 10 out of the 22 grandparents for this study. The ages of grandparents were not provided for 12 grandparents because some grandchildren did not know their grandparents' exact age, grandparents' birth records were not accurate, and because I failed to consistently ask for the age of grandparents during the interview process. Thirteen grandchildren reported providing care to their maternal grandparent(s). Four grandchildren were providing care to two grandparents. One grandchild is providing care to his paternal grandmother and father and great-grandmother. Grandchildren had cared for their grandparents for a period ranging from 5 months to "all my life," and lived approximately 3 miles to 500 miles (8 hours) from their grandparent at the time of the study. Two grandchildren reported co-residing with their grandparent(s), but not due solely to caregiving-related reasons.

Piloting the Study

For partial requirement in a qualitative methods course, I completed a pilot study using a preliminary interview guide with eight men and women who provided care to a grandparent. A pilot study, according to Seidman (1998), allows researchers to experience the possible "twists and turns of the interviewing process and the complexities of the interviewing relationship" (p. 32) before they engage in the actual study. Seidman (1998) encouraged researchers to pilot their studies so they may better understand whether their research structure is appropriate, learn the nuances of conducting interviews (including making initial contact and setting up and conducting the interviews), and learn to step back after the process and revise their research proposal.

The pilot study helped me navigate certain areas of the research process. First, it helped me develop the skills needed to interview participants successfully. I learned when to deviate from the interview guide while asking further questions regarding issues presented by the participant. Further, I realized the importance of having a clear and concise interview guide. I also learned the importance placed on my role as a researcher and research instrument. I learned that at times participants' emotions can become overwhelming for them, and that turning off the tape recorder to ensure their dignity is more important than "getting the data." For example, I can recall two times during the pilot study when I had to turn off the tape recorder because the participants were crying. Finally, I also discovered the importance of transcribing my own interviews, which helped me analyze and conceptualize the data.

Aside from developing research skills necessary to complete this study successfully, I interpreted the findings and gained experience developing themes and categories. Although this was a pilot study with a small sample, themes emerged from the interviews. The themes that emerged from the pilot study helped me to narrow my research questions for the current study.

Analysis of the Data

The analysis of the data was informed using a constructivist lens and the theoretical frameworks of life-span development and life course perspectives, in conjunction with symbolic interactionism. I consulted literature previously reviewed on family caregiving and intergenerational relationships, and incorporated personal reflections during data collection throughout the data analysis process. Because the amount of data from qualitative research can be overwhelming (Creswell, 1994), it was essential that I first get a good understanding of the data by transcribing the interviews myself. Each tape was transcribed immediately following the interview. The interviews were transcribed word for word, including pauses and bracketed notes about facial expressions, verbal pauses, and descriptions of the participants' actions at that time. After all interviews were transcribed and verified, I placed the tapes in a locked box in my home.

I condensed the data into themes and categories using a combination of methods outlined by Allen (1989) and Bogdan and Biklen (1998). In order to condense my data, I

read through the transcripts once and then a second time while writing down “words, phrases, patterns of behavior, [participants’] ways of thinking, and events” (Bogdan & Biklen, 1998, p. 171) that stood out to me. At all times during the data analysis, I kept in mind the research questions and the theoretical perspectives used to guide the research study. After two complete readings of the data, I prepared a first draft of coding families and coding categories reflecting on a question, “what is the data telling you,” posed by one of my committee members. The first draft included six coding families with 25 coding categories. As I was drafting the coding scheme my advisor, a committee member, and a research assistant read the same three interviews looking for ideas that came from the data. I first met with my advisor, Shannon Jarrott, to discuss the coding scheme, which resulted in the addition of new categories featuring the idea of continuity in the caregiving role. Next, I met with a committee member, Katherine Allen, to discuss the second draft of the coding scheme, which resulted in reorganizing the coding scheme by combining codes and adding new ones. A meeting with an undergraduate research assistant who is completing an independent study under my supervision resulted in further discussion about the overarching themes of this study. Discussion with a peer, who did not read any of the transcripts, but who is a family studies doctoral student and knowledgeable about qualitative research methods, centered on condensing the coding scheme while making it more descriptive (as advised by Katherine Allen from on-going e-mail conversations about the data analysis process); this process led to the fourth draft of the coding scheme.

I then coded three interviews by assigning the appropriate coding category indicated on the coding scheme (refer to Bogdan and Biklen, 1998, p. 185 for an example of a coded transcript). While I coded the data I returned to the coding scheme and made additions and discarded codes when necessary, in order to reduce overlap between codes and increase the clarity of the coding scheme. I discussed with Katherine Allen passages in the data that did not fit the current coding scheme. As a result of our discussion, we discovered that families are important to the experiences of grandchildren caregivers. Thus, we reorganized the coding scheme and added family dynamics as a new coding family, resulting in draft six of the coding scheme. I then coded three additional transcripts, which resulted in collapsing two codes into one (i.e., my responsibilities as a

caregiver and how I make sense of my role), an addition of one code (i.e., family caregivers) and moving the order of codes under one coding family (for organizational purposes).

Throughout the data analysis process, Dr. Allen read several of my transcripts and compared them to the emerging coding scheme in order to subject the data to intense scrutiny. She asked me questions about the storyline I was developing and how the research questions, theoretical frameworks, and interview questions were reflected in the data, as compared to what was emerging from the interviews themselves. Dr. Allen further challenged me to deal with the overlap in the original scheme; with her help I was able to bring an order to it that reflected the data by dividing caregiving into *behaviors* and *perceptions*. After three more transcripts were coded and changes were made to the coding scheme, I e-mailed a draft of the coding scheme to Dr. Allen. She suggested making the examples after each coding category parallel to the actual codes. After I made the examples reflect the coding categories, we stripped the coding scheme of the examples and further scrutinized the organization. We changed the wording of one coding family (i.e., the grandchild-grandparent relationships then and now) and added more description to one coding category (i.e., nicknames for my grandparent).

After all transcripts were coded, the final coding scheme of five coding families with sixteen coding categories was developed (see Appendix H). The rationale for assigning numbers to the coding categories was to allow me to return to the text and pull out quotes to incorporate in the discussion of this study. Further, coding families were used to answer the research questions and ultimately outline the findings of the current study (Bogdan & Biklen, 1998). As I wrote the findings section of the study, I integrated and connected themes to delineate the testimonies of the participants.

Trustworthiness and Credibility

The issue of producing research that is valid and reliable is a concern for all researchers (Merriam, 1998). There has been much debate about whether qualitative research produces valid results and reliable information (Tashakkori & Teddlie, 1998). Alternative approaches to establishing validity and reliability that are appropriate for qualitative research, however, may lead to renaming these concepts *trustworthiness* and *credibility* (Merriam, 1998).

Researchers often aim to discover reality through their studies. Validity, or trustworthiness, is one guide for researchers as they interpret their findings and relate findings to reality. Researchers aim at establishing internal validity by completing data analysis in a way that the findings suggest what the data has revealed (Merriam, 1998). Qualitative researchers, who themselves are the research instrument, assess reality through observations and interviews with participants (Merriam, 1998). In qualitative research, “reality is holistic, multidimensional, and ever changing; it is not a single fixed, objective phenomenon waiting to be discovered” (Merriam, 1998, p. 202). What is being observed and analyzed is the participants’ construction of reality.

Reliability, or credibility, is the essence of ensuring that the study can be replicated with the same results. Reliability is based on the idea that there is one answer and essentially a single reality to a phenomenon (Merriam, 1998, p. 205). Constructivists aim at offering “perspective and encourage dialogue among perspectives rather than aiming at singular truth and linear prediction” (Patton, 2002, p. 546). Qualitative research, further, embraces many interpretations of what is happening (Merriam, 1998), while understanding the world from the perspective of who is in it (i.e., the participants in this study) (Merriam, 1995). In order to achieve reliability and validity in qualitative research, researchers employ various techniques throughout data collection.

I strived for “consistency and dependability” while collecting the data for this study (Merriam, 1995, p. 57) in order to ensure that the findings are consistent with the data I collected. To achieve concise and dependable findings I employed strategies of trustworthiness and credibility to address validity and reliability in qualitative research. The strategies of qualitative research that enhance internal validity include: (a) triangulation, (b) member checks, (c) long-term observation, (d) peer examination, and (e) recognizing the researcher’s bias (Merriam, 1998). Techniques used to ensure credible findings include: (a) triangulation, (b) peer examination, (c) discussion of my position as a researcher, and (d) audit trails or process notes. I used triangulation, peer examination, recognition of my research bias, and construction of an audit trail as a means to insure trustworthiness and credibility.

Triangulation, the exercise of using multiple methods, researchers, or sources to support findings enhanced the validity of the current study (Merriam, 1998). I

triangulated data through the use of interviews with participants, reflexive notes, and outside literature on adult-grandchild caregiving to validate and support the qualitative narrative. As a researcher, it is important to consistently seek support and confirmation of research ideas and results from peers.

Peer examination, the strategy of having colleagues comment on findings, enhanced the proposed study by offering a chance for colleagues who have not been immersed in the data to look at the findings with a “fresh” but sound perspective (Merriam, 1998). In order to attain peer examination, I sought advice from my advisor, a committee member, a peer, and an undergraduate research assistant who was completing an independent study under my supervision. All three colleagues received copies of the same three interviews and were asked to read through them taking notes on issues that they believed emerged from the data. I met with each one of them separately, to discuss the coding scheme that I generated (then revising the coding scheme after each meeting).

I was also consciously aware, at all times, of my own *research bias* while keeping in mind my research lens during interviews and data analysis. My experience as a grandchild caregiver could have potentially guided the interview process to reflect my own experiences and not those of the participants. I kept reflexive notes throughout data collection and analysis, which provided a means for self-reflection during the research process. My own experience has been informed by my historical relationship with my family and my grandmother, my personal, and professional training. Acknowledgement and journaling enabled me to decrease the amount of bias that influenced this study and did not pose a way of swaying the study, but helped inform my role as a researcher. For example, I wrote about what challenged my ideas and beliefs about caregiving as I had experienced them. Listening to the participants’ experiences in this study helped me understand that grandchildren’s caregiving experiences was much more than what I thought it was. It is more than just providing care to a grandparent. I was shocked as I listened to Jacob discuss how he wanted to smack his grandmother around when she did not do what he said although he reassured me he would never do this. At this point my caregiving experiences have not elicited the frustration to which Jacob and other participants referred. Furthermore, I was quickly reminded that family dynamics play an important role in the experiences of grandchildren caregivers. Not all grandchildren I

interviewed have the same family relationship I have with my own parents and grandmother nor the knowledge about family caregiving that may enable my experiences to be different than those I interviewed.

An *audit trail* is a detailed account of how I collected my data, how categories were derived from the data, and my decision-making processes throughout the study. I provided a detailed description of the processes I completed in order to analyze the data. (Please refer back to the data analysis section for the audit trail.) As a result of these strategies I believe I was able to reach trustworthiness and provide a credible study.

Continuous “thinking and reflecting” provided the process to reach a thick description (Geertz, 1973, p. 6) of the data. Thick description, according to Patton (2002), is a way of organizing and displaying results of the proposed study so the “reader [can] enter into the situation and [the] thoughts of the people represented in the report” (p. 503). According to Merriam (1998), such a description paints a picture for the reader of the participants’ experiences and beliefs. In order to achieve external validity, Merriam (1998) suggested using thick description to provide enough information so that the audience will be able “to determine how closely their situations match the research situation, and hence, whether findings can be transferred” (p. 211) to other individuals in the same situation.

Summary of Chapter

This qualitative study, guided by a constructivist view, life-span development and life course perspectives, and symbolic interactionism generated valuable information about experiences of grandchildren who provide care to grandparents. The life-span development perspective (Baltes, 1987) allowed for understanding the multiple dimensions grandchildren may experience while assuming their role as a caregiver to a grandparent. The life course perspective enhanced the understanding of how the grandchild caregiving relationship evolved over time. Finally, symbolic interactionism allowed for interpretation of the participants’ construction of meaning from their experiences.

Grandchildren who were providing significant care to a grandparent who does not have a specific diagnosis were eligible to participate in this study. Grandchildren were interviewed one time, face-to-face, while answering interview questions guided by the

underlying research questions. Interviews were tape recorded and transcribed by the researcher. Analysis of the data was conducted using methods outlined by Allen (1989) and Bogdan & Biklen (1998) for achieving a coding scheme that included categories and sub-categories.

Chapter IV

Findings

Show respect for widows who really are alone.

But if a widow has children or grandchildren,
they should learn first to carry out their religious duties toward their own family
and in this way repay their parents and grandparents,
because that is what pleases God.

(First Timothy, Chapter 5 verses 3-4)

During a time in Laura's life when the demands of being a mother, wife, daughter, nurse, and grandchild caregiver was overwhelming, she came across this passage in the bible. After reading this verse, Laura shared that she was "doing God's work" when she gave her grandmother, who has dementia, a bath. Without her faith, Laura added, she would not have the strength to help her grandmother while managing other roles in her life. Like Laura, participants in this study reflected on similar struggles with providing care to a grandparent.

The current study is based on face-to-face in-depth interviews with 17 grandchildren caregivers, aged 21 to 29 years old. I designed the research study to solicit information from these participants that would inform the caregiving literature's understanding of the individual development of grandchildren caregivers in their 20s and provide insight and knowledge into the meanings coming from such a unique grandchild-grandparent relationship.

As I read, coded, and discussed the data with two committee members, one peer, and one undergraduate research assistant, it was evident that the grandchildren caregivers' accounts of providing care to a grandparent were expressed as a commitment to their grandparent and to their family. Individuals' developmental progress and the grandchild-grandparent relationships influenced their experiences as caregivers. The findings of this study revealed and are organized by five themes that illustrate the experiences of grandchildren caregivers: (a) how grandchildren described their grandparents, (b) the types of caregiving activities grandchildren engaged in, (c) their perceptions of providing care to a grandparent, (d) the nature of the grandchild-

grandparent relationship, and (e) how family history and dynamics support or distract from their caregiving role.

The findings section for this study is structured like the coding scheme. Beginning with the first theme, *describing my grandparent*, allows the reader to understand the identity of the grandparents who are receiving care, from the perspective of the participants. This section is descriptive and includes few quotations from the participants. All subsequent sections, except for *when I do it* (which is descriptive as well), include in-depth quotations from the participants.

Pseudonyms are used to protect the identity of each participant. Participants were asked at the beginning of the interview process if they could think of a pseudonym by which they would like to be referred to throughout the findings and discussion section of the dissertation. Five participants provided their own pseudonym and twelve participants were assigned a pseudonym by random; only I know the identity of the participant associated with each pseudonym. Appendix I provides information on each participant by pseudonyms.

Describing My Grandparent

Although the interview guide was not designed to elicit specific information about grandparents, what emerged from the data were grandchildren's descriptions of their grandparents. Grandchildren needed to tell me about their grandparents in order to fully explain their experiences as caregivers. This section includes two coding categories: (a) ways I talk about my grandparent, and (b) nicknames for my grandparent.

Ways I Talk About My Grandparent

A majority of grandchildren commented on their grandparents' personality and the perceptions of some of the challenges their grandparents faced throughout their lives. Josh described his grandfather as "not emotional or sensitive." Jacob thought of his grandfather as "kind of stubborn" and that his grandmother is "kind of weird...she does not normally get up till about noon" and had not for most of her life. Dave told me that "my grandfather is a very stern man. [He is] very set in his way" while Nate shared that his grandfather:

Is just sort of an obnoxious New Yorker... "you want to go to the Olive Garden?" "Well, I don't really like the Olive Garden." Well, we go to the Olive

Garden and then he says, “Alright, that wasn’t bad.” “That wasn’t bad” is a pretty high compliment. So, it is stuff like that.

Suzanne suggested that her grandfather “is very depressed, he has always had some psychological issues...He is either the sweetest man on earth and he can tell the best stories, ...or he can be the devil incarnate.” Sherry stated, “She is always there to listen. She is a great listener as most grandmas are...” Grandparents’ personalities can affect the caregiving experience by providing the ease of giving back to the caregiver. Caregivers feel they are getting something in exchange for helping their grandparent.

Grandchildren described their grandparents as being strong and representing the nucleus of the family unit. Hope expressed that her grandmother, “is a strong woman...[who] can get over the death of a loved one,” and Sherry has learned, “she is very patient...she is the nucleus [of the family] and [an example of] how strong one woman could be. I mean her husband had died when my dad was 16.” Tina recalled thinking that her grandmother was:

Somebody who had cared for other people... it was not unusual to see people come into the house and see her feed them...anybody who was down on their luck...needed a job or a place to stay, she always helped.

Paul expressed that there is “not a terrible amount of things [my grandmother] can’t handle,” and that, although his grandmother needs more help today than when he was younger, he explained, “[I] would say that she is assertive, and it is just understood that she knows what she is doing.” Maxie further stated that her grandmother has always been religious: “She helped me with that. She is very smart and a school teacher...a big history buff.” Ken shared that his grandfather “is fairly stocky, and he has always been like that. But, he is still kind of fragile.” The grandchildren’s ability to recognize their grandparent had strength was not overshadowed by their grandparents’ illnesses: “She is a pretty open person...she is like the glue of our family...she had always been the strong one...but now she is sick,” stated Renee.

Physical and cognitive limitations of grandparents did not go unnoticed throughout the interview process. Grandchildren commented on their interactions with grandparents and how their grandparents looked physically as a result of a medical condition. Josh found that “if she would see us today and then we’ll go by tomorrow, she

will be like, ‘I don’t remember...’ [I would say,] ‘you just saw us yesterday at church’...” Suzanne discovered that her grandmother’s “osteoarthritis [made] her fingers at the joint go crooked. I mean her whole fingers are like going in different directions,” and that because of her medical condition she is not able to complete various IADLs: “she used to be the neatest...I mean her house was spotless.” Monica, stated that her grandmother’s cancer resulted in her “feel[ing] like every kind of sickness is getting to her and she is just tired.”

Nicknames For My Grandparent

Grandchildren described calling their grandparents something other than the traditional names of grandmother and grandfather. The ease of verbalizing such names while I interviewed these grandchildren signified to me that grandchildren had referred to their grandparents by these names over their life course. Suzanne has called her grandfather “Grand” for years, and “Grammie” is what Hope calls her grandmother. Similarly, “Mimi” is Sherry’s grandmother and Josh called his grandfather “Papa L” and his grandmother “Grandma Xena.”

Two grandchildren shared that they created nicknames for their grandparents in response to their strengths and limitations of their grandparents. For example, Tina referred to her grandparent as “iron lady” because she “really has been an independent lady...I mean she has really been strong” and has overcome a lot throughout the years. Ken’s grandfather’s unsteady gait, prompted him to call his grandfather “weeblewabble.” These nicknames helped understand the connection grandchildren have with their grandparents by illustrating the informal nature grandchildren employ to refer to their grandparents.

Caregiving Acts

Grandchildren caregivers in this study reported carrying out various caregiving activities for their grandparents. Grandchildren also explained that there are certain caregiving tasks that they did not do for their grandparent, and the reasons why they had not engaged in such activities. Grandchildren commented on the amount of time they spent administering care and the reasons why they provided care to a grandparent.

What I Do or Don’t Do

All participants were helping a grandparent with some type of care-related activity. The type of activities, however, varied among the participants. Most grandchildren were helping with IADLs. For example, Dave mowed the lawn and performed yard and home maintenance when his maternal grandfather needed help. One participant, Patrick, reported helping his maternal grandmother with her dog, because it is too big for her to take care of; he also drove her around town and did odd jobs around the house. Paul assisted his grandmother with:

Carrying groceries over for her or food that we fixed, if she wants something heavy she wants me to move, or something technical like dealing with the VCR...I will be the one [she] call[s] with high light bulbs, or just little house work, maybe stuff with the yard.

Suzanne, on the other hand, was helping both maternal grandparents with minor home repairs, heavy cleaning, grocery shopping, and scheduling and driving her grandparents to various medical appointments. She also helped her grandfather transfer in and out of his chair while also monitoring his abusive behaviors towards her grandmother. Further, both Mary Ann and Tina commented on cooking meals for their grandparents, helping with paying their bills, doing their laundry, assisting with bathing and grooming, and preparing and picking up medications. Ken assisted his maternal grandfather with:

Bathing. I help get out his normal daily pills; I help give him some pills that are not oral pills. Sometimes suppositories and enemas and...sometimes, I help him get ready for bed. I follow him...we have a motorized chair that goes up and down the steps so he does not have to do that.

Grandchildren did not complete certain caregiving tasks for their grandparents. The grandparents of participants who did help with ADLs did not require such assistance. Grandchildren also said that they did not help with certain caregiving tasks such as financial duties because a parent or other relative assisted with that care-related duty.

Decision-making was one caregiving task that nine grandchildren reported not doing for their grandparent. Participants perceived the reasons for not making decisions for their grandparents, regarding medical care and financial arrangements was because their grandparent did not need any help with those activities, their grandparent was too independent, and because other family members (i.e., parents, aunts, and uncles) were

responsible for those caregiving activities. This perception, therefore, implies that the caregiving responsibilities of grandchildren caregivers are set apart from the responsibilities of other family members who provide care. For example, Nate stated that his “mother does the majority of [my grandfather’s] care. [Such as,] taking him to his appointments.” Grandchildren also reported a hierarchical order of which decision-making responsibilities are decided among family caregivers. In particular, Josh stated:

I believe it was in the best interest of [my grandparents]. But then also, I would be the lowest...because then it would be my aunt, my two uncles, my aunt, and then my dad would be over me.

This was not true, however, for all grandchildren caregivers. Four grandchildren reported making decisions for their grandparents on a regular basis. Suzanne stated that when a decision had to be made about the medical care of her grandmother, or addressing the problem behaviors of her grandfather, she took the initiative to seek help. Suzanne stated that she decided to do so because “nobody else would do it” and that:

It is kind of a strange situation, because I feel like my mom and her sister should make those decisions. But because they are not doing it I feel like I have to. I could not live with my conscience you know. But, I don’t want something to happen to either one of my grandparents. It would just be the wrong thing to do. To not try to step in and help in the situation.

Suzanne then scheduled an appointment at a medical center so that her grandmother could receive a geriatric assessment. Further, she intervened by calling the police when her grandfather threatened to kill himself and her grandmother. Laura believed she “play[s] a big part” in decision making and thinks that “both of [my grandmothers] trust me. And I know especially my mom’s mom sort of depends on me to make [or help make] decisions, especially when it comes to medical stuff.”

Two grandchildren stated that they could make decisions for their grandparents if a situation occurred that required it. For example, Charlie stated his grandparents:

Have never given me the opportunity, but I think if it came to that...I think in a moment of an emergency I think first of all I would definitely let my mom handle it, just because she is the closest one. But, I think if it was a situation where my mom could not be reached and I needed to make a decision for my

grandparents, I don't think they would have a problem with me making a decision for either of them...I think based on the relationship that we have they would understand that I would act in their best interest.

Further, two more grandchildren believed that they engaged in family discussions about their grandparents' care, but were not the only caregivers who contributed to decision-making. Jacob, for example, commented that "I think I probably could, but more my parents do. But, I am still involved in discussions on what we should do."

Decision-making may place greater demands on grandchildren caregivers before they are developmentally ready. Renee exemplified this when she said, "I guess if I had to, I could [make a decision for my grandmother]. But, I would not choose to." She further added, "I am afraid I would make the wrong decision," and she worried her family would get upset with her.

How Often I Do It

Grandchildren identified that the amount of time engaged in providing care to a grandparent ranged from daily to seasonally (during summer and winter breaks for those participants who were in college). Mary Ann and Charlie, who lived with their grandparents, helped their grandparents every day. Charlie's caregiving assistance consisted of helping with IADLs only, while Mary Ann was helping with both IADLs and ADLs. Tina provided care to her grandmother, who lives less than a mile away, five days a week for five hours a day. The amount of time spent in caregiving related duties, varied for certain grandchildren. For example, Patrick and Nate stated that they help their grandparents throughout the week, but some weeks were more time consuming than others. Hope, Suzanne, and Sherry reported going home at least once a month (sometimes more) to help their grandparents when other caregivers went out of town or needed a break. Hope, further discussed having to call her grandmother periodically to remind her to complete certain tasks, such as taking medicine and keeping medical appointments, when her mother was unavailable. Laura gave her grandmother a bath twice a month and Maxie drove 45 minutes, once a month to help her grandmother around the house. Six grandchildren reported providing care only during summer and winter breaks. The level of intensity was different for those caregivers, however, with some only helping

approximately 4 hours a week to someone like Renee who helped two and half hours a day throughout the summer.

Why I Do It

All grandchildren identified that the grandparent needed their assistance with care-related activities. However, the reasons why they were currently providing care differed between grandchildren. For some grandchildren, caregiving was not a new experience. Four grandchildren reported that the reason they began providing care to a grandparent was because it had been expected of them when they were younger, and it mirrored similar caregiving experiences in their family when they were children.

Grandchildren recalled that they first began helping their grandparent. Paul explained:

Your mother says to you, “you are going over there to help your grandmother...because she is old and she can’t do it, or she needs help doing it. Because one body can’t do it and she needs help doing it.”

Furthermore, Paul added, “The whole family is going to do something and just because you are young does not mean that you can’t pick something. You [can] move something around and you [can] pick up a rake.” One grandchild recalled that caregiving for his grandparents started when he was little: “I help[ed] out my father and mother, because [my parents] would go over and run errands, run a task for them. And so as soon as I could start driving, I would start helping out,” Josh said. Jacob recalled his “dad always help[ed] them fix stuff that my grandfather could not do, and so I kind of tagged along with dad. I helped [dad] help him, and once I started driving I would help [my grandparents] on my own.” Further, Charlie recalls helping his grandmother at a very young age:

I think just the progressive thing...I think my grandma would just sometimes not just even pawn stuff off on [my sister and me], but there were things that she did not want to do and so she would make it into a game...and I think that [it] had especially grown ever since I got my license.

Getting one’s driver’s license was a precursor to spending more time helping grandparents. Additionally, family situations contributed to providing care. For example, Renee recalled:

My mom and step-dad got married. I moved in with my grandmother so I could go to the same high school. So, I just started helping her around the house, and then she got Alzheimer's. So, then all the family had to help pitch in...we all helped her. It was kind of like a family thing. Like when I was there, I did most of the stuff.

Grandchildren reported that over time their grandparents' needs increased. The reason they were providing care today, therefore, was not just because *mom and dad* took them to their grandparents' house, but because they, as grandchildren, recognized their grandparents' growing need for care.

Grandchildren reported their grandparents' medical problems as reasons for providing care. Five grandchildren stated that their grandparent received their care because of a medical crisis (e.g., heart attack and fall) or chronic condition (e.g., arthritis, Alzheimer's disease, and diabetes) that prevented the grandparent from independently completing ADLs and IADLs. Sherry reported that her grandmother:

Had a heart problem. And so, she went into the hospital. And when she came home, being that I was the only one with the most flexible schedule, I just took it upon myself to do some of the things that I knew she needed.

Tina explained that her grandmother "fell on Mother's Day [and] had to have hip replacement [surgery]. She [then] needed full-time care. At the time I was between jobs, and I agreed to do it on weekdays." Laura stated:

I had found out from my step-mom that [my grandmother] pretty much had not had a bath since December. And it was March...She just was not doing it...and just talking with her it was obvious that she was in the early stages of Alzheimer's.

When Dave's grandfather developed shingles, he started helping him around the yard, because "my aunts and uncles and my mom wanted to give him a Father's Day present. And he had come down with shingles, real bad, last year. And they just thought that they could pay me to mow his yard for a Father's Day present." He continued to help out with mowing the lawn for the rest of summer and fall as a birthday gift to his grandfather. Furthermore, Dave stated that his grandfather, "could do [mow the lawn], but he should not do it. He had heart surgery a while ago...and his knees are pretty bad."

Six grandchildren stated that the reason why they were currently providing care to a grandparent was because of the death of their grandparent's spouse. Monica stated:

My grandfather died. Well, my [he] became sick...it is hard when both of them are sick at the same time. And obviously, [my grandmother] put herself aside to have him have Chemo and all that kind of stuff and now she is trying to play catch-up, and it is just not working.

Ken stated, "after my grandfather's wife died, [my grandfather] ended up moving in with us, and my mom would work, and my father would work, and they just did not have enough time and so they asked me to help him." Hope recalled the time when her grandfather became sick, and she began helping her grandmother:

It probably started about a year and a half, two years ago. My grandfather became terminally ill, and so I would go and help care for him; whether it be helping him out, getting [him] from one place to another, or "papa sit" so Grammie could actually go out.

Mary Ann provided care to her grandfather because he did not want his *deviant* daughter (Mary Ann's mother) to assist with the care of his wife. Mary Ann spoke about the time her grandfather asked her to take care of his wife:

[While on his deathbed, grandpa] looked up to me and asked me if I was going to be okay if he went on, and he was like "You promise me that you [will] watch over your grandma and take care of her?" And then he said, "I will make it home." And the very next day he died.

Patrick recalled, "I mean since [my grandfather] is gone now, [my grandmother] calls me and asks me for little things." Laura stated:

About 8 years ago, my grandfather was chronically ill and continued to just get weaker and weaker, and he had doctor's appointments in Roanoke. [I would take him.] Especially the one's in Roanoke, because they don't [go] to the big city. That was pretty much how it started and then, after he passed away, a few years ago she was kind of lost and pitiful.

The toll of watching one grandparent die, and then taking on the caregiving responsibilities for the other may affect the grandchildren's morale and motivation to provide care.

Two grandchildren reported various reasons (other than a medical crisis or chronic illnesses of grandparents) for helping their grandparent. Suzanne stated that she provided care to her grandparents:

Mostly just because my mom is [a caregiver]...they still live independently, but my mom is there every day after school, spending several hours a day helping them with different things, and I guess I just started helping out [my grandparents] by helping [alleviate her caregiving responsibilities].

Nate recalled that his:

Grandfather has been divorced for a long time. He lived with his sister for a while after that, but for probably about the last seven years or so he has been living on his own in Manhattan, New York City. And he was fairly independent...working part-time for an advertising agency...after September 11th, he was laid off. And that started a fairly rapid deterioration, and I think that it is based a lot on not being engaged mentally as much. He is also getting old, and he turned 80 in November...So, once it became clear that he was going down hill, my mother and her sister started talking more seriously about him moving down here. But of course, my brother was also diagnosed with Crones', so it was a difficult decision from that perspective. But it was the right thing to do. So, my grandfather moved to Roanoke in September.

The reasons for providing care to grandparents varied between participants. Medical reasons and the death of a grandparents spouse were the predominant reasons why grandchildren provided care. A few grandchildren had been providing care to their grandparents all of their lives, because that was the family norm. Further, grandchildren did not want their parents to provide care because they thought their parents would not have been as good of a caregiver for their grandparent or because they wanted to offer respite services to help alleviate the stress and strain of caregiving.

Caregiving Perceptions

In this section what emerged from the data were grandchildren's perceptions of their caregiving role. Grandchildren discussed how they defined their role and made sense of their role as caregivers. Further, grandchildren shared what they liked and disliked about providing care, and how they adapted to their caregiving situation. Finally,

grandchildren expressed how others perceive their caregiving role, and why other family members did not provide care.

How I Define My Role

Defining how grandchildren perceived their role as caregivers included three main responses. Grandchildren expressed that they either had experienced role reversal since providing care, alluded to role substitution, or stated that it was just their role as grandchildren. Hope described her caregiving experience as a role reversal when she was “the proud little granddaughter” after she encouraged her grandmother to drive by herself. She stated:

I think she came home and called and said “I went to the grocery store by myself today.” And that is weird; it is like role reversal. You only see your grandmother as like she knows what she is doing...now I am helping her with life skills. She goes on, “[my brother and I] were the center of attention, and now, in a way [my grandmother is] our attention. Again like the role reversal.” Laura agrees that being a grandchild caregiver resulted in role reversal. She stated, “Definitely, the roles have switched with the grandmother that I bathe. All my interaction with her now is more like I’m the mother and she is the child. And it has totally switched.” Charlie explained that he perceives his role as a caregiver as “the [evolution] of my relationship with [my grandparents], in the fact that at one time my grandmother was my caregiver and as times progressed may be it like inverted...I am the caregiver and she is the one receiving my care.” Renee expressed that, “I [should] be the one who depends on her, because I am the granddaughter.” Some grandchildren who experienced caregiving as role reversal embraced their situation, while like Renee others hesitated.

The data revealed that three grandchildren expressed the perception of role substitution with their caregiving situation. They believed they were providing care for their grandparents because another family member could not. For example, when Maxie’s grandfather was no longer able, she took his place by driving her grandmother around town. She stated her grandmother “was never able to drive...and of course when [my grandfather] went into the nursing home there wasn’t really anyone who [could drive her where she wanted to go]...she lived by herself.” Patrick agreed that he too “stepped in and started doing everything except for cook[ing] for [my grandmother]” once his

grandfather passed away. He added, “[her husband] would take her to the bank and that was stuff that happened during the day [and] I guess I felt obligated to do that myself.”

Mary Ann stated:

You know, I don’t feel like a grandchild. I feel like I am one of their kids...because I’ve done more than they really have...my mom, she can do a whole lot more than she does, but she just won’t, or doesn’t.

Grandchildren experienced role substitution while caring for grandparents when other caregivers were no longer available because of death or unwilling to assist. Obligation to their families and their grandparents served as one-reason grandchildren continued to provide care when experiencing role reversal and substitution was difficult.

Some grandchildren additionally perceived their role as a grandchild caregiver to be the same as a grandchild who is not a caregiver. Ken stated, “being a grandchild has a couple parts to it, and as you get older you start to see each part...you may not see that part until you are 26 or...depending on how old your parents are...I have gotten the full spectrum, and some people have only gotten snippets.” Paul agreed, “I don’t think of myself as a caregiver at all...it is like doing something you should want to do...you should want to do this. Because, it will allow [grandmother] to feel good about me...as a grandchild.” Sherry concurs when she stated, “In my situation, it is more of a partnership. It is like a spousal relationship, I think. It is more in a sense that it is a duty as a grandchild.” Further, Laura stated, “I think it’s just my role. It is what I should be doing.” And Laura expressed, “I have just seen it as being part of my role.”

How I Make Sense of My Role

In this study, what emerged from the data were ways in which grandchildren rationalized their caregiving role. All grandchildren discussed family values as how they made sense of providing care for grandparents. Giving back to family members, making grandparents a priority in their lives, and making grandparents happy were other ways grandchildren rationalized their role. Furthermore, a few grandchildren mentioned that there are different types of grandchildren (those who provide care and those who do not), and that this experience would give them the knowledge for future caregiving roles.

All grandchildren referred to family values as a way in which grandchildren made sense of their caregiving role. Grandchildren reported that providing care was the right decision, and that it was what they were supposed to do. For example, Nate stated:

It is a family and you have to do what you have to do to take care of each other...it wasn't really a decision, it was just sort of the right thing to do. It was I guess, the way I was raised, both by my parents and by America. When your grandparents get old you take care of them.

Jacob's values were represented when he stated, "I don't feel like I am supposed to do it as much as I think it is the right thing [to do]. Nobody says 'you need to take care of your grandparents'...I think I need to go [help them]." Ken stated:

Sometimes, it was almost like it was my duty...[Grandfather] is a family member and although I want to get away from the East Coast and get away from my family, I know that if [he] can't really help [himself], the next best person is a family member...I know that he has been so generous to me, like I said before...I just have to. And if I don't, I am going to be regretting it for the rest of my life.

Hope discussed that she values all family members, and she would do anything to help them. She stated her grandmother:

Is a family member. She gave life to my mother and then eventually to me. I do feel obligated because she is a family member...and if my mom needed a break, I am there, and if my mother were not in the picture, Grammie would be my responsibility.

Laura believed her religious values supported her efforts to provide care. She expressed:

My faith is very strong and it is a very important part of my life. I really feel that it is sort of what God wants me to do. That is, I need to take care of her because nobody else does.

Family values for Tina were so strong that if she were to find another job she "would still want to [provide care] about 1 or 2 days a week...Even if [my aunts] stop paying me and they start paying someone else."

Eleven grandchildren reported that they valued the time their grandparents spent with them when they were younger. Because grandchildren recognized their grandparents' earlier efforts, they perceived that it was necessary to reciprocate by

providing care. Simply put, Jacob stated, “I guess I just kind of wanted to return the favor. I mean for all the years they took care of us.” Additionally, Josh felt like he should reciprocate the care his grandparents gave him as a child. He stated, “It just felt like it was what I was supposed to do. They helped me out...helped raise me and so now they need us...now it is time to give back.” Renee supported this value when she stated:

I kind of owe [my grandmother], because she took care of me when I was little. So, I feel like I at least owe her at least to care for her now that she can't really take care of herself.

Laura shared a conversation she had with her grandmother:

When I give her a bath, she'll just say, “Oh, what would I do without you? You're just too good to me.” And I am like “Grandma, you did so much when I was a kid, of course I want to do this.”

Grandchildren further discussed that they felt obligated to reciprocate their grandparents' caring for them, and that they would not feel right if they did not do so. Maxie stated, “I feel obligated just because of the care [my grandmother] has given me in the past...you know I feel like I have the right to help her. I would not feel right if I did not.” Patrick reflected Maxie's sentiment, when he stated:

I guess it was just that she helped me for so long and now she is getting up there and she can't really do it herself...so, I am going to pay her back and help her. It is not that I really have to pay her back; it is just something I have done. I know that if I did not ever go over there she would still love [me] the same, but yet I feel better for myself.

Hope found that she wanted to care for her grandparents because they helped her financially when she was younger. She stated, “my grandparents helped give me some money to help pay for undergrad and it is a way I can give back.”

If anything were to ever happen to their grandparent, grandchildren expressed that their life as they knew it would stop. Grandparents seemed to be a priority to the grandchildren, and the amount of time providing care, or the timing of a caregiving event, did not matter to them. For example, Sherry stated, “School would stop for me, because I can go back to school. And financially I am not that strapped where that could not be an option.” Ken supported this rationale when he stated:

I know that if something is wrong with [my grandfather], or I have to get something done with him, I can push off whatever I need for myself and worry about him and then I can always go back to whatever it is I am doing. Because if I had to pull out of school for him, I can always go back. You know I can't bring him back.

Nate further discussed that he is:

Probably the least burdened in the family. I live on my own; I have a job to go to and I go home, and so I don't have kids to worry about...I guess I am just a little more available to do those sort of things.

Suzanne believed that the other things she needed to do in her life (i.e., school and job) can be put on hold to provide care to her grandparents. She stated, "[Providing care is] just time. I think it is just a phase. So, I just feel like...you've got to do what you've got to do." Tina supported Suzanne's thoughts when she stated:

I am not going to have my grandmother forever...I feel like it is just a temporary setback...things always change. Things never stay the same. There is always some kind of change that people go through.

Grandchildren, furthermore, wanted to make their grandparents happy. Suzanne's rationale for providing care to her grandparents included wanting to "make a little bit of a difference and [to] make them a little happier, because they have had rough lives." Sherry stated there was a difference "between keeping things the way they are, or [having] things change where she *need[ed]* [italics added] a caregiver. Because, to me, if she can do all those things, but with just a little bit of help, then what I have done is worth it."

While some grandchildren felt that caregiving is a natural part of their identity as grandchildren, several grandchildren perceived that they were different than other grandchildren. Because they provided care to their grandparents, they considered themselves separate from other grandchildren in their family. Maxie stated:

I want to be involved. I don't want to be a passive grandchild. I don't want to see my grandparents just because they have presents to give me, or they have money to give me. And when she passes away you know...I want to feel good about saying I did everything I could to help. I don't want to look back and feel guilty that I was not there for her or that I did not help.

Monica expressed that, “if [my grandmother] needs something, I am not going to turn my back.” Sherry reported that, “I definitely think it changes responsibility. Different grandchildren have different responsibilities.”

Three grandchildren expressed that providing care to their grandparent would prepare them for future caregiving responsibilities. Grandchildren thought their current caregiving situation would help build the skills necessary to provide care to a child, spouse, and parents. Charlie illustrated this when he stated:

I think that the [caregiving] relationship has helped me evolve into may be a better caregiver and may be I understand the responsibilities of a caregiver...like the caregiving I give my grandparents is kind of a foundation for the things I may attempt later on in life. [For example,] the caregiving of a wife, or that of a child, or, later on, the caregiving of my parents if need be.

The ability of grandchildren to find meaning with their caregiving situation was emphasized by Suzanne when she stated:

I can work on this situation, [and] may be that is going to set a better pattern in the future for my family with relationships and family problems, and being more open about mental illness and things like that. And so I feel like may be my great-grandkids can benefit from that. I mean these patterns have been going on so long. I mean I can get my granddad talking about his dad and his granddad, and they were all the same way. I mean, these patterns have been going on for a long time. So, if I can make some sort of difference, that is pretty meaningful for me.

Maxie expressed learning about the aging process from her caregiving experiences. She stated, “I guess it has given me a different view and maybe it will help me when I get older. And in turn that will help my kids and I can explain to them [about aging].”

Charlie’s thoughts about the future not only included how he is better prepared for providing care, but he suggested not wanting his children to help provide care to his parents if needed:

I think about if anything would happen to my parents, and I would have children at that time...I would not want my children to have to bear all that stuff when I felt like, if I was capable to do it, I would want to be that person to step [in] and

take on that role. And if I couldn't then I probably wouldn't care for my kids to do it.

How grandchildren made sense of their role went beyond the structural reasons stated previously as to why grandchildren provide care. Making sense of their role, allowed grandchildren caregivers to ascribe meaning to the caregiving role.

What I Like About My Role

As part of the theme caregiving perceptions, what grandchildren liked about their caregiving role emerged from the data. All grandchildren reported that they learned about themselves and their family from their caregiving experiences. Paul expressed that he learned he “should lend a helping hand to people when you can...you are aiding somebody or alleviating them of some burden.” Josh stated, “it just reaffirmed and help[ed] strengthen...[that I] know [I am a giving person.]” Hope expressed, “I have learned that I do enjoy the company of older people.” Charlie reported, “I think I have learned just [to] not take it for granted. Like as far as relationships are concerned.”

Grandchildren developed skills they believed they never had. Dave stated, “I learned that I have to be more patient with [my grandparents]...it helped me deal with people who are picky.” Maxie believed that she is “a more caring person than I thought I was. And patient. I always considered myself as a little selfish.” Ken stated, “I know that I am able to pick up a lot of things very quickly...I've learned to be creative.”

Grandchildren were surprised by their abilities and reactions to providing care. Tina, discovered that:

I used to always say that I could not assist someone in their personal duty...their personal care. Because I felt that I did not have the stomach for that. But I learned that when you have to, you can make yourself do it. I never, never thought I would have the strength to do that. You just learn that it is not as hard as you thought it could be. And I guess something inside just [raises] to it.

One grandchild reported getting upset when another caregiver took over her caregiving responsibilities. Laura explained:

You know when I said my step-mom gave [my grandmother] a bath? I was kind of like, “That is what I do. Butt off. You're moving in on my territory.” And then I realized how stupid that was. But, that was sort of my first reaction.

Grandchildren, like Sherry, developed an “interest in aging.” Monica discovered that “when I do become a doctor, I want to work in geriatrics...I just think it would be really rewarding.” And, Suzanne believed:

I was certainly interested in aging before this really ever even came up. So, it is not like that is what brought me into what I want to do for my career. But it certainly inspired me to help other people who are in certain situations.

Feeling good about one’s actions was another benefit to providing care. Grandchildren reported feeling good about themselves, and realized they were not selfish. For example, Ken’s ability to help his grandparent “makes me feel good because I am a generous person. It makes me feel like I am not selfish.” Patrick expressed that:

I learned that I feel better if I go and help [my grandma] as opposed to just sitting at home watching TV. I try to talk to her [at least by phone] everyday. And, if I don’t, I kind of feel like I should have called my grandma and see if she needs anything. I mean, I just care a lot about people. [Even though] I may not show it on the outside.

Jacob believed that providing care to his grandparents “makes me feel good about myself.”

Spending time together during care provision allowed for grandchildren to learn more about their families and about their grandparents. Grandchildren also realized that other grandchildren, who did not provide care, did not have the opportunity to spend more time with grandparents as they had. It is possible, that had these grandchildren not been caregivers, those experiences may have never occurred. Tina found that her grandmother was “good at giving advice.” Hope stated:

I love spending time with my grandmother. She is a retired schoolteacher as well. So, hearing about her teaching stories and hearing about mom...we have fun together. Just the other day, she showed me how to trim my eyebrows...She will show me some of the old ways of cooking.

Sherry expressed that her grandmother “has influence[d] who I am. I am just like her, with a lot of things. She is very historically involved, and I am very historically involved.” The grandchild-grandparent relationship was enhanced for Josh because of the time he spent with his grandparents:

It has enhanced [our relationship]...spending more time with them... learning about them, and learning about how things work in the past, and how they were raised, and the struggles they have overcome in their lifetime [has enhanced our relationship]. So, it is a wisdom builder [for me].

Caregiving for Monica was soothing, and a way to learn about her grandmother:

It is relaxing because I can just sit and talk to an older person for a few weeks...I am getting more out of it than [my grandmother] is...I know so many stories. And I think once I have kids, I am going to be [able to] tell them.

Tina discussed the value of providing care when she stated:

I just feel like it is a blessing for me to be able to spend that time together and have those days. A lot of the other grandchildren are not going to be able to say that they did that, and they are not going to be able to have that time.

One grandchild revealed that he received emotional support from his grandparent:

My grandmother is probably the least judgmental person in my entire family. She says, "I want to care about you as much as I can, no matter what you do..." I go home to just get the support or call to just get that support. When I am there, it kind of gives me a good feeling.

Providing care did not only enhance relationships with grandparents. Suzanne expressed a level of closeness with her mother and aunt because of providing care to her grandparents. She stated, "I think it made [my grandparents] feel like I really do care about them. I think it has helped with my relationship with my mom and my aunt, and so I think it is a good thing."

Beyond learning about themselves, their grandparents, and families, grandchildren also learned about life. Ken stated:

It makes me realize how things are in real life and how things progress. As a little kid, you need the care. As you get into the middle ages, you can take care of yourself, and as you get older you need the care again."

Patrick shared, "I make special time to take care of [my grandmother]. It has enhanced [my development] because it has given me another look on life. You should take care of other people and not just yourself."

Five grandchildren reported receiving some type of compensation. Compensation included wage, help with major purchases, and small cash gifts. Monica talked about the money she received from caring for her grandmother::

I am going to Africa this summer, and she has helped me with getting a plane ticket...it is not like I would ever do it because she has money, but at the same time she is kind of helping me.

Dave stated that mowing the lawn for his grandfather “gave me a couple bucks in my pocket. So it helps. This past summer I wanted to do some traveling, and so I got to take a couple of trips.” Some grandchildren do not expect to receive money from their grandparent. Josh stated:

When [my brother and I] go to the bank [with grandma], she usually gives us money. She really does not usually need to go to the bank, but I hope she will say, “I need to go to the bank...here is some money for school.”

Charlie explained about a time when his grandfather wanted to give him money for shoveling the driveway:

He [said, ‘here is] a ten-dollar bill.’ I [replied], ‘grandpa I don’t expect you to pay me.’ And he [said], ‘I know you did not expect to do it, but if you did not do it, I would have to pay someone.’ And he [said], ‘I want you to take this.’

Tina also receives money from her grandmother. She receives “\$30 a day,” but explained:

You know it is not actually minimum wage. I don’t make minimum wage or anything. [Grandma] pays for it out of her own pocket and stuff. She could not afford somebody else to come in.

A sense of self, spending time together, learning about life, and emotional and financial compensation were what grandchildren caregivers liked about their caregiving experiences. Although grandchildren discovered that they benefited from providing care, they did discuss effects of providing care that they did not like.

What I Don’t Like About My Role

Grandchildren experienced problems with their caregiving role. They noted time constraints as a primary issue. Sherry commented that on weekends when she visited her grandmother, she has “a mess of homework, and it [is not] going to get done.” Nate

commented on the amount of time he spends talking to his grandfather now that he provides care: “But it just seems like the frequency of the calls have increased, which is a little irritating... I don’t always feel like my time is my own because I am always on call.” Josh recalled a time during the holidays when the historical rift between his grandparents and great-grandmother affected his caregiving:

I went and picked [great-grandma] up. That was a strain on Christmas morning. [I had] to go and drive all the way to the northside of town; [which I did], instead of my grandfather [who] lives just two minutes away. [On top of] having to go all the way [to] get her and bring her back, after breakfast [I have] to follow them all the way back to [the] northside. [I then] see him go to his house, and then drop her off [at her house]. And [then I] come all the way back [home]. So, that would be the main strain.

Grandchildren reported feeling that their social interaction with friends and partners was interrupted due to the increased time spent providing care. Hope stated, “I don’t feel like Grammie is a burden or anything. It just sometimes...interrupts with the social stuff.” Renee also revealed that:

It is kind of hard. If I want to go to the mall or something, I have to make sure somebody is there to take care of [grandma]. I cannot go anywhere until my grandpa gets back. So I have to wait for everybody else to get back.

Maxie further added that she might already have plans when she is asked to help her grandmother: “There have been time[s] when my mom has said, ‘We are going up this weekend. And I will say, ‘Oh, well, I was going to do this, but we work it out.’ Jacob supported this notion when he recalled, “it is kind of a nuisance to have to drive up to Salem or something on a weekend when I’ve got free time, and I would rather be doing something else.” Paul expressed that when he was younger he would, “get annoyed at things...You might miss a ball game on T.V. to go and help out...You miss going out with a friend one time, to go help out.”

Grandchildren also expressed sacrificing their own financial growth, career aspirations, and personal goals to provide care to their grandparents. Hope stated there is “stress trying to balance your social life and getting your school work done. Going back on the weekends...the four hour drive.” Mary Ann expressed:

It has gotten me worried on how I am going to start a career... I don't know how I am going [to make a living] and take care of [my grandmother, husband, and son]. I have been so tired. My husband [has] epilepsy, so I have to take care of him and his meds, along with my grandma and her meds... it is stressful trying to take care of what I have to take care of.

Tina expressed:

Sometimes [it] is a sacrifice...my husband and I want to buy a home this year...but it is not like we will never be able to buy a home, [but] we have had to put it off...it has been a financial strain...my husband needs a new vehicle. We have been putting that off because we cannot make a payment. I am not bringing in [enough] income.

Monica reported that, "it has interfered a little bit because I am not making as much money in the summer as I could be." Suzanne stated:

I am hesitant to move too far away. I think that is the primary issue right now. I would move anywhere. I am definitely not a homebody. Traveling is exciting for me. But with the situation at home, I feel that I need to be within driving distance at all times; in case of a crisis of some sort. So, I think at this point that is a major problem.

It was not uncommon for grandchildren to express having depression or anxiety due to their parents' experience of care-related stress. Suzanne reported, "I have been treated with depression, and it is not totally relat[ed] to [providing care], but I am sure that had...been part of [it]." Oftentimes Hope expressed feeling "anxious, trying to please my grandmother" because of her demanding nature. Paul revealed, "because she was frustrated...I kind of help mom out to give her a little [relief]...I am going to be more responsible around the house...so it is a kind of [a] trickle down [effect]." Ken further discussed the caregiver burden he perceived his mother experiencing while truly enjoying having his grandfather in his care:

[Caregiving for my grandfather has been] a great burden on my mother; she is very stressed. There are times when she would want to say, "You know I wish I could just put him in a nursing home"...but at the same time we have so much fun with him.

Two grandchildren expressed getting frustrated with their grandparents when they were interrupted during their favorite pastimes. Nate remembered a pattern of behavior that his grandfather exhibited: “I watch the West Wing religiously, Wednesday nights 9-10. Without a doubt, he calls during the West Wing. Everybody else in my life knows not to call me during West Wing.” Charlie stated:

Now, sometimes living [with my grandparents]...I was trying to watch something. My grandpa [said], “Charlie come here for a sec.” I [said] “What do you need grandpa?” He [said], “You see where the steam in the bathroom makes marks up here? Where the water marks are?” and I was like “Yes, sir.” He [replied] “If I give you [a] rag will you clean all that off?” I [answered], “Give me a minute, as soon as I finish this, I will do it.” My grandpa and grandma can both be hard-headed. I look in [the bathroom], and my grandpa is trying to wipe down the walls.

Charlie’s frustration is not solely because he was interrupted while watching a TV show. He explained, “it is a frustrating thing...just the impatient nature. ‘Let’s do it now on my timetable, not on your timetable.’ So, I think that it is just frustrat[ing].”

Some grandchildren expressed they had experienced stress related to worrying about their grandparents. Grandchildren worried about if anything was going to happen to them and also expressed concern over their ability to provide care. For example, Maxie stated that, “the only stress I encounter is I don’t want her to [die]. That is going to break my heart...I just can’t think about it,” and Suzanne stated that “I worry about [my grandparents] too much...Worrying about what is going to happen...I am not only worried about present tense, but also what is going to happen in two or three more years.” Monica shared “[I am] worried [about my grandmother] a lot of times. But not [in a stress[ful way]...I wouldn’t say there [are] any strains. Honestly, if there was, I don’t know if I would [provide care as frequently].” Ken stated his fear of something happening to his grandfather:

I just feel bad for him. I don’t want him to feel lonely. I just want him to feel good all the time. Just as long as he feels good, there is nothing else that could bother me. [He] is the most important thing...[However, it creates] major social life problems. I don’t go out often... I just worry constantly that I am going to get a

phone call one night, or I am going to be sitting in my room, and I am going to have to drop everything and fly...my butt home.

Renee expressed the tasks of providing care to her grandmother:

You have to be responsible. You have to make sure she gets the right medicine, that she eats at the right time...I am not a big fan of responsibilities. I mean, I do what I have to do, and I don't really mind doing it. But, I am always afraid I will mess-up or forget something that is really important...and [I become] stress[ed] from [worrying] she will go off and we won't be able to find her.

On the other hand, Tina expressed that her grandmother demands a lot from her: "I feel grandma is harder on me than somebody else who is not related to her. [She] expect[s] more from me. And part of it is my fault because I have spoiled her."

Grandchildren experienced guilt at times. Occasionally, this was simply because grandchildren did not want to help their grandparents. Other times, grandchildren were consumed with their own lives and would forget to ask if their grandparent needed anything. Patrick stated that if he does not keep in close contact with his grandmother, he feels guilty:

[If I do not] call for like a day or two she will call and say, "Where were you? I was looking for you yesterday." She will never just call me and say, "Will you go do this?" [However] when I call [only then will she ask for help]. So, I kind of feel bad when she does that. I [say to her], "I am sorry I had [previous plans]."

Laura expressed feeling guilty when she starts to complain about providing care to her grandmother: "Whenever I am feeling a little selfish, [or] that [caregiving] is hard for me... 'Oh God, I have to do that again.' And it really makes me feel bad when I start feeling that way."

Grandchildren also learned that they do not possess virtues that they thought they possessed. Renee stated, "I have no patience...but then I guess, when push comes to shove, I can actually get stuff done, if I really had to." Nate also reported,

I've learned that I don't like other people [to] have to rely on me for their basic necessities, and I am a very independent person anyway. And I like for my friends and family to be independent too.

Grandchildren expressed that they did not like the demands their grandparents placed on them. Feeling frustrated was the predominant emotion grandchildren caregivers related to their caregiving experiences. Although grandchildren did not enjoy all aspect of caregiving, they did employ certain coping techniques to deal with such strains.

How I Cope with this Role

Grandchildren expressed possessing strategies that helped them cope with the stress associated with caregiving. For example, grandchildren exercised and discussed their feelings with family and friends to deal with stress. A few grandchildren expressed they did not have any coping mechanisms.

Grandchildren used caregiving strategies to make their experiences with providing care easier. The quality of care was of utmost importance to the grandchildren. Furthermore, grandchildren kept their grandparents in mind when they developed coping mechanisms. Sherry stated:

For instance, if I am going home...sometimes I don't tell [my grandma I am coming to visit]. And, I go and surprise her. So, [I] get the benefit of surpris[ing her], but at the same time [I] don't [have] the obligation of 30 jobs to do.

Charlie stated that when he is:

Ready to go over to the mall, I will ask, "Is there anything you need from over that way?" So I always check and make sure if [my grandparents] need anything. I guess that is preemptive too for me, so I don't get home and then have to go right back out.

Patrick stated, "Some days I just have to let [my caregiving responsibilities] go. I will call [grandma] first thing in the morning, or I will go over first thing just so I can have my time." Jacob stated, "if I can't do it, I just tell them I can't come down. They work around my schedule, and I work around theirs." Ken stated:

Detach yourself, just enough so that you can get the job done. Then, once it is over, you can go back to doing whatever it was you were doing...That is when you say, "You know, I'm your caretaker right now. I'm not looking at you like a grandchild, [and]...you are not my grandfather. I'm just a caretaker." Then you take care of him and you just treat him right. You feel a lot more comfortable and

you say, “Okay, I am back into [why] I am here.” Otherwise, you just let it get to you, and he looks so bad.

Sherry stated, “I like to think of it as...supplemental...not making [grandma] feel as if she has deficiencies. Highlighting what she can do...making her able to do more, because I am able to do some of the smaller, finer things.”

Grandchildren developed techniques for dealing with the interference in their social lives. Instead of taking time away from friends and from dating, three grandchildren developed strategies for including both. When caregiving placed a strain on Hope’s dating opportunities, she decided to take her grandmother on her dates:

Sometimes if Grammie did not need me I would spend more time socially [with others]. It has been fun...Kenny (my boyfriend) and I took my Grammie on a date. She just came with us...or he has come over and helped with something at Grammie’s house.

Maxie added, “May be when [my husband and I] were dating. On Saturday...you know you wanted to date on Saturday or something like that...actually I would [say], ‘just go with me [to my grandmother’s].’ And, so he did.” Jacob shared that he would “make [his friends] come [over to his grandparents’ house] sometimes.” Grandchildren’s ability to adapt to the demands of their responsibilities was evidenced by a wide range of coping mechanisms.

Grandchildren reported spending time with hobbies, friends and family, and religious activities. Nate discussed being involved with politics, writing, and traveling to cope with the stress of caring for his grandparent. Hope stated, “I go and talk with my mom,” and Tina believed, “a bath is good” and that “sometimes I talk to my husband and just vent [to] him.” Reading the Bible gave Laura the strength to provide care to her grandparents when she did not want to:

I don’t know if there is anything that I do that eases or lessens [the stress of caregiving]. But I think when it was really bad [and I needed to be productive] that verse in the Bible really strengthened me. I [believed] I [was] doing the Lord’s work [by helping], which I feel is my purpose in life. That really strengthened me through it.

Some grandchildren expressed not having any coping mechanisms, or having poor strategies for dealing with the stress of caregiving. Renee stated that she takes naps to deal with the stress she experiences in providing care to her grandmother who has Alzheimer's. Mary Ann stated that "Oh, no, I am still working on [my coping mechanisms]." Dave stated, "I pretty much just get over it. It is pretty much expected of me. I was paid to do it. So I would pretty much treat it like any other job." Paul stated, "I guess you just need to chuck it up to do[ing] what you have to do." Josh expressed that "I just learn to deal with it. Just have to talk to my mom and my brother because they know what is going on. My dad just ignores it like it is not happening." Jacob stated that he will "take it out on my parents. I go home and yell at them. 'I told grandma to go do [something] and she did not [do] it. You need to do something about it.' [I will] yell at them for scratching my truck." Ken stated:

If it gets to be too much, you need to talk to your friends and be like "I can't deal with this right now." I need somebody to just listen to me. My friends are real good about that. I don't talk to my parents too much.

Grandchildren caregivers were able to develop and utilize existing coping mechanisms in response to the stress they experienced from providing care. Some grandchildren, however, did not express having useful or any coping mechanisms.

How I Think Others Perceive My Role

Grandchildren perceived that their friends, partners, and family members thought they were either doing something good for their grandparent, or that they were wasting their time. Hope stated that her boyfriend often was frustrated with her and her caregiving situation: "Kenny probably got frustrated with it from time to time. But I think may be [he and my other friends] respect that I am taking care of a family member." Suzanne believed:

Most people feel like [I] should not get so involved. You can't help what is going [on]... You did not bring any of this on. People have always been like this. They are not saying, "don't get involved." They feel like I... I worry about it too much.

Tina expressed that some friends were not as supportive as others:

Some of them are in disbelief...I have one friend that tells me she would not do it for the amount of money that I am paid. I say to her, 'it is not your grandmother.' And then I have other friends who...think it is great...I have several friends who would do it. Their opinions differ depending on the person.

Tina goes on to explain, "Actually, I have a sister-in-law who thinks I should just go and get a full-time job. But it is not her grandmother, so she doesn't have the ties to her that I do." Mary Ann stated that her family "know[s] that I am the only one who is dependable, but half of [them] is like, 'why aren't you looking for a job?'"

Laura expressed, "I know my husband sort of admires me for it...he will say 'it is so good of you.' He knows how busy I am and everything." Charlie stated, "I think my friends understand it." Ken stated, "they respect me for taking care of them. They just think it's a real nice thing to do. It is real honorable." Sherry expressed, "this is what [my friends say,] 'you're so good, or I wish I had more time to spend.' That is what they say. And it all comes down to choices. Basically, that is what it comes down to." Patrick acknowledged, "a lot of my friends say it is nice...[and that] a couple of my buddies do it also." Maxie stated that her friends "are pretty supportive. No one has really made fun of it. A lot of my friends do things like that." Josh shared his thoughts about how he has experienced his friends' perceptions of his caregiving role:

I think they think of it as a good thing. I don't think they think, "Oh, Josh has got to go with his grandparents." A whole lot of them wish they have grandparents. Either they don't have grandparents that are still living, or their grandparents are in Nebraska or California, [and] they can't see them on a regular or frequent basis. Nate's perceptions of why his friends support him may be because he does not tell them everything he does for his grandfather:

I think they respect it. Some of them have these same relationships and some of them don't. I think they'd think it's cool. I'd say something like "I've got to go now I'm taking my grandfather to a movie." I don't say, "I've got to go now because I have to do all this other crap in order to get us to the movie."

Paul's experience is similar to Nate's:

I don't think [my friends] know anything about [what I do for my grandmother]...no one has ever asked about [her]. And they would say, 'Oh that's

cool' because some did not have grandmothers, grandparents, or may be only had one parent.

Dave expressed, "I don't think anyone really knew about it...but if they did they would think it was nice." Although, friends, partners, and other family members support grandchildren caregivers, grandchildren may not express the difficulties they face when providing care to their grandparents.

Why Other Family Members Don't Provide Care

Grandchildren perceived the reasons why other family members did not provide care to their grandparents was because the family members were too young, have other priorities in their lives and because of differences about traditional gender roles. Additionally, grandchildren discovered that they were frustrated with family members who did not help. Grandchildren caregivers could not understand why they were the only grandchildren who were helping their families care for their grandparents.

Both Patrick and Monica expressed that the reason why they were the only grandchildren who provided care was because other grandchildren were too young (not of driving age). Monica believed:

When [my grandmother]...and my grandfather first started getting sick, I was older. I was [in] college. I was 19, and now I am 21. I am a lot closer to her than any other grandkids...I would not have done this ten years ago, but at the same time, I guess I am the oldest grandchild. So, I guess it was my job to step up and help her.

Distance contributed to the reason why other grandchildren did not help provide care to grandparents. Jacob recalled a time when his father got upset at other family members.

Jacob stated:

On my mom's side, I have little cousins [who] live in Delaware. They can't really do anything...I can tell my dad is upset with his brother-in-laws because nobody helps with anything. Like over Thanksgiving; everybody came down, and we had planned on going up and working on their house, and nobody wanted to do it.

[Their response was], "Why do I have to do it? It is not my parents."

Charlie agreed with Jacob when he stated:

I have three cousins that are my uncles' children, and we were all pretty close. But, I think a lot of it was [that] they lived in Tennessee. So, they were never [at grandma's and grandpa's] quite as much, and I think in the long run, both of my grandparents started to depend on my sister and I for little things.

Grandchildren expressed frustration with not understanding why they were the only ones who helped their grandparents. This was evident when Laura stated, "I am the *only* grandchild that does a thing. And two of [my cousins] live in the basement downstairs with their father. That is very frustrating." In addition, traditional beliefs about gender roles played a part in the reasons why family members would not help out. Renee stated:

My grandpa hates to do anything. He will go to work, work all day, and refuse to do anything else. He won't do laundry. He is like "That is not my job, women should do that." He is freaked out because he now has to cook his own breakfast. Maxie reported that "my brother does not do as much as I do. He has a very demanding job, so he does not do as much. Guys just don't do as much in general." Other grandchildren reported that their siblings and parents were too busy to help their grandparents. For example, Monica stated, "My parents are really busy. They have a son that is graduating." Laura explained:

My brother lives in Roanoke and he's got two kids, and he works full-time. He doesn't make the time that I think he should, not even to care for her but to go and visit her. But that is just where he is right now. That is pretty much where all of [my brothers and cousins] are right now.

Tina has to remind herself that everyone has a reason why they choose to not provide care:

[Do not judge] somebody from your perspective; [if] you don't feel they are [not] doing anything, [that] doesn't mean they don't have problems at their home. You have to put yourself in their shoes. That is one thing I have to keep remind[ing] myself.

Nate reflected on what it meant to him to be a grandchild caregiver:

I don't really know if there is a universal definition of what it means to be a grandchild; outside of love and family kinds of concepts. Certainly those are

still there, may be they're even more with the caregivers. I have never been anyone else's grandchild, and I have never had any other grandparents. And I am not sure how it [is] supposed to work. I know the way it seem[s] right to me. Laura expressed her frustration with not understanding why others choose not to help her grandmother:

I don't know why the rest of them don't see [providing care] as part of their role. I always thought that I would take care of [my grandparents], or help them as long as I could...It just figures the way it would be. That I would be the one to do it.

Laura added that:

The lawn mowing...I have lots of big strong cousins that don't go up there...I was the only one who was trying to do anything for her. I was really frustrated. I was thinking: if I don't do it, somebody else is bound to step up to the plate, and no one did...At first it really made me mad, but now I have just accepted it.

Jacob stated that oftentimes, when he is busy and cannot make the 35-minute drive, he will tell his grandparents to call his brother, who lives five minutes away, to help. He expressed they said,

“No, he won't.” And I will call my brother, and I'll [say], “Grandma needs her yard mowed, why can't you go over and mow it sometime?” [He replied] “I don't have anytime for that.” [I responded], “Well, I don't have anytime to come from Blacksburg [to] do it. You go over, it will take you five minutes to go over and an hour to do it. Then you can go home. They'll appreciate it.” [He said], “I don't have anytime for that.”...That is what I don't get. We grew up in the same family; same parents, same time, same grandparents, and the same ethics could apply...He just does not have any desire to care for them. But, on the other end I am going to do whatever [I can].

The frustration grandchildren caregivers have with other family members who do not provide care may be due to not completely understanding why, in most cases, they are the only ones who do provide care. Some grandchildren understand that they are the oldest grandchildren, and in their family that is their responsibility to provide care. For others, not knowing why some family members do not provide care, may lead to greater levels of stress for grandchild caregivers.

Grandchild-Grandparent Relationships: Then and Now

Grandchildren expressed that their relationships with their grandparents changed over time. Most grandchildren articulated that the change in their relationship with their grandparents, as a result of providing care, was for the better. Two individuals revealed that providing care to grandparents distracted from their relationships with each other. During the interviews, grandchildren described what their relationship with their grandparents was like when they were younger, and how they perceived their relationship now. The following section includes sub-themes of: (a) I remember growing up, and (b) what our relationship is like now.

I Remember Growing Up

Grandchildren described not only the frequency with which they spent time with their grandparents but also the activities they engaged in as children. Grandchildren expressed seeing their grandparents on a regular and consistent basis. Patrick explained that:

Growing up I would see [my grandma] pretty much every day. Because my father worked swing shift and my mom worked at Tech, she would take me over to my grandma's. So I would hang out with them during the day. She would play games with me, watch TV, have lunch, and just do whatever during the day...Once I got into grade school, that is where I would get on the bus. [Grandma] would get me off the bus, and she would help me with my homework when it needed to be done.

Josh recalled he would "spend a night over [grandma and grandpa's]...we would watch TV until it became time for us to take our baths, and then she would cook us breakfast...[that went on] at least [every] Saturday and Sunday until I was 15." Sherry remembered her grandmother's involvement with activities when she was a young girl: "During the school year, she would come to all my school functions...or when my parents would go out to a party...or out of town for business, I would spend the weekend at her place." Furthermore, Sherry "lived with [my grandmother] for a semester, when I was in high school. I was in my rebellious stage and my parents made me mad." Jacob recalled spending time at his grandparents house: "We were there about every other weekend...we pretty much would play Uno a lot...Grandma was always trying to help

me with that.” Renee remembered spending time with her grandmother: “[We] did a lot of shopping...[and we] watch[ed] soap operas. I would be there everyday.” Mary Ann shared about the times she spent with her grandmother: “We would read books. We would swing on the swing on the porch...We’d go to the store.” Charlie recalled how living close to his grandparents fostered an increase in time spent together: “I remember growing up we lived right over the hill...So, a lot of times me and my sister would walk down the hill and over to where she lived.” Maxie shared that her grandparents:

[Would] probably come [and visit] a couple times [a] month. Sometimes, they would stay for a week at a time. She has been involved since I was born. She came and visited my mom when I was born, and always wanted to take us home.

Tina recalled being spoiled by her grandmother when she was little:

She was the type who would spoil you...my grandmother would fix me all this food, and I did not want it. So she would take me to Hardee’s [for] milkshakes and french fries. When she would take me home, my mom said, “[You] would come home everyday with M&M’s™ and a Dr. Pepper”...She spoiled me, and I guess I am kind of returning it back.

Paul stated, “It really was like having a third parent...[I] would see [her] all the time. There was no reason to make a special visit.” Laura recalled her relationship with her grandmother:

She’s just precious. She was always there when I was a kid. [She] and my grandfather used to baby-sit us a lot...They took me to my orthodontist appointments for [the] two years I had braces...And then we would spend a week with them during the summer. She was definitely the type that [did not miss] a birthday. Nothing [important] went by without [me] hearing from her, and [receiving] a card; which she still does. She is a quilter, and she taught me how to make biscuits. She is just what you envision when you think *grandmother* [italics added].

Unlike most grandchildren in this study, Hope did not have frequent contact with her grandparents. She remembered:

Growing up...we did not live close to my grandparents. They were six hours away. They were actually our closest relatives, and they lived 6 hours away. We

always saw them at Christmas. They never missed a Christmas until I was in [the] 12th grade. We saw them pretty regularly, probably every other month...I used to always do [my grandmother's] hair...I remember in the mornings when they would sleep over our house, we would get them up in the mornings...[and have] teatime...we still have teatime [at her house].

Some grandchildren did not have as good memories as others of spending time together with grandparents when they were young. Nate stated that he never had a close relationship with his grandfather, and that this may be due to the fact that they only saw each other, "once every year and [grandpa] would come down here about once a year. [In addition to other gatherings], if there were any special family occasions." Suzanne recalled having good and bad memories with her grandparents when she was a child:

You know, my granddad has always had lots of animals, like a mini farm of sorts. So I have really good memories of being around puppies, little baby goats, and chickens...I remember my grandmother would take care of me when I was sick and I could not go to school. So I have happy memories with that...But, I remember being just a little girl, seeing my granddad hit my grandmother, and [seeing] my grandmother crying. [I remember] hearing things that adults talk about. The adults always think the kids are not listening, and I can vividly remember that stuff. So that was definitely the poor memories.

Dave recalled how being the oldest grandchild may have affected his relationship with his grandfather:

I was the youngest [grandchild] until I was seven...and up until that [time], I always saw my granddad as a very rough man. I think it's because of...well, he does have a lot of roughness about him. Then a couple of little cousins [were born]...I think once the babies came along, I saw a different side of him. [He was] a lot happier, more laid-back, and not so uptight about things.

Ken discussed how his perception of generational differences might have influenced the development of his grandchild-grandparent relationship with his grandfather:

We never got along too well. I mean grandparents and grandchild; I mean they are nice to each other. But the age difference makes a big deal. After he started living with us, we [developed] a closer bond and spent time [together], when I

[was] home during breaks, and when I go and visit, we will sit down and watch TV.

Laura remembered visiting with her paternal grandmother in Kentucky before she moved to Pulaski, “it was just so much fun. They had a pool and horses and all kinds of stuff...She was just fun. And then I think probably around the time...I think I was probably around 20, I started losing touch with her.” As children, grandchildren caregivers perceived their relationship with grandparents as either close or distant. Providing care to a grandparent was not contingent on having a “good,” or close relationship with grandparents.

What Our Relationship is Like Now

Regardless of the grandchild-grandparent relationship as children, sixteen grandchildren perceived the caregiving relationship as a benefit to their intergenerational connection with grandparents. Ken stated that his relationship with his grandfather:

Has gone up immensely...We are back on the same level. Now, I don't know if [it] is because as he has gotten older, [and] he has dropped back down to my level mentally, or if it is just the fact that we mesh better. I was so young when he would spend time around here, [and] generally it never really worked out.

Charlie stated that:

If anything, [providing care] has enhanced [my] relationship [with my grandparents]. I have realized my role as a caregiver, and I understand it...I think that it is an intense relationship. I think it is a relationship that is as intense today as it was [when I was] growing up.

Patrick shared that, “When I was younger, I guess I was kind of crazy. [Grandma] would talk to me, but, now I think she just really listens to me. [She] respects me.” Dave shared that:

I got to know [grandpa] when I got older. I could relate to him a little more, [and] talk with him about more things, instead of what I finger-painted. We just got along more... It is nice, because it has changed.

Renee stated that, “I think we are closer. We were always close, even when I was little, but I think we are closer now...I get to spend more time with her, and we get to hang out...So, that is fun.” Josh reflected that his relationship has “remained the same with my

grandmother...and it actually improved [with] my grandfather...we talk more than we used to, may be not so much emotionally, but we actually talk more.” Sherry believed her relationship with her grandmother has “definitely gotten stronger...I am her outlet for things...she will tell me things [when] nobody else will listen to her... and so it kind of strengthens that friendship.” Tina stated that:

I think [my relationship with grandma] is different...[and] it has remained the same, but I feel closer to her. I am learning things about her that I didn't know before. As far as changing, I don't think it as changed for the worse in any way. I just think we are closer.

Jacob discussed how his relationship has evolved over time. He stated:

I guess it has kind of enhanced it because I am not afraid to tell them to (hesitates) “shut up.” Like when you are little, and everything you would not dare say that to your grandparents. But, now it is just “Stupid, you cannot do that.” I guess it has enhanced [our relationship], because now we kind of bicker back and forth, calling each other names. Not like hatred, screaming at each other. Just kind of bicker and laugh at each other...I can't really think how it has hurt it.

Grandchildren caregivers have had positive experiences with their relationships with grandparents. One grandchild, however, does not perceive his current relationship with his grandparent positively. Nate reflected that on his relationship with his grandfather:

Well I think that it [has] become more frustrating. I feel like I am burdened with giving him care; he feels like he is burdening me. And, I think that any change in the relationship has not been that positive. There have been some positive changes, but I think they have been out weighed for the most part.

The grandchild-grandparent relationship changes over time, and does not remain the same. In particular, this may be highly mediated by the fact that grandchildren are providing care to their grandparents; this is an often intense opportunity to further cultivate intergenerational relationships. For some grandchildren, the caregiving experience has provided them the means to nurture their relationships with their grandparents.

Family History and Dynamics

Comments about parents and family stories emerged from the data as important contributors to the grandchild-grandparent caregiving relationship. Grandchildren reflected that their parents either served as mediators, or distracters to their relationship with grandparents. Family stories that went beyond those of just parents and grandparents, aided in understanding the experiences of grandchildren caregivers.

Parents as Mediators and Distracters

The data revealed that parents acted as mediators or distracters to grandchildren's relationships with their grandparents. When parents were mediators, they encouraged the participants in the study to help their grandparents by bringing them to a grandparent's house, by providing pictures of grandparents and by calling grandparents. Paul, Maxie, Josh, and Jacob expressed that their parents played an important mediating role by taking them to their grandparent's house when they were little, while instilling in them that it was expected that they provide care. Patrick's family stepped in and helped provide care to his grandmother, illustrating to him the importance of helping family members in need. Sherry was supported by her father: "My dad definitely sees that [closeness], and he supports that between my grandma and me. And so in that way, that is important for me...a way of pulling us together."

Parents distracted from the grandchild-grandparent relationship when they had poor relationships with their parents. Parents who did not have good relationships with their children, further troubled the grandchild-grandparent relationship. Two grandchildren, however, experienced their parents as distracters from their grandparents' care. Mary Ann discussed how her mother was never kind to her, or her grandparents: "Of course when I was a kid, I can remember she would cuss [grandma] like a dog. I remember hearing her and so, I guess that is part of why...I want to make sure she is taken care of." Suzanne recalled when her mother told her about the time her grandfather had threatened to kill himself and her grandmother:

[Mom] said, "Your grand had another little spell today." I thought she meant that he had been nauseous. So, I [said], "A spell? Oh, is he nauseous again?" She is like "No no, the other spell." I [said], "What are you talking about?" Then she is like "He used the gun." And I am like, "That is not a spell." That is how my

family [is]...my mom is especially bad about it. She does not want anybody else involved. She wants to cover it up as much as possible, and stop the situation and act like it never happened.

Although these parents were not capable of providing their parents with quality care, Mary Ann and Suzanne stepped in and took over where their mothers fell short.

Other Family Stories

Family stories other than those about parents and grandparents enhanced the understanding of grandchildren's caregiving relationship with grandparents. Dave stated that he provided care to other older family members as well: "My aunts and uncles, they call upon me because they need help. Like dog sitting, or just random things like that."

And, Tina told a story about her aunts being frustrated with her:

My aunts are like well, you know, they don't cater to every little thing that [grandma] wants. I do. I am more like that...like when I help her with the shower. I put her towels in the dryer and get them warm. I really baby her. A lot. And then in the morning, she'll ask for coffee and she'll say, "It's too hot, put a piece of ice in it." And so I put a piece of ice in it, and then five minutes later she says, "Oh, well, it is too cold now." And I will go, and fix it again. So I really have her spoiled. In some ways I really regret spoiling her so much, but then in other ways it is good.

Monica expressed that "some of my mom's brothers and sisters have been upset because I am so close to her." Josh recalled how providing care to his grandparents can be stressful:

There has always been some kind of rift between my grandmother and my great-grandmother. And it was something that happened 150 years ago, [or] whatever. So it has always been, for many many years that we could not go to eat together at the same time. Like my grandparents and my great-grandmother...my grandmother refused to eat with her at all...we all go to the same church...and it is like [I am] pulled [in different directions]...[when] going to go eat with them, and trying to go eat with her. [It even goes as far as] my grandmother would sit on the left side [of the church], and my great-grandmother sits on the right side.

Family stories about other family members affect grandchildren as they provide care to their grandparents. Grandchildren caregivers' positive or negative experiences with other family members affect their provision and perception of their caregiving roles.

Summary of the Chapter

Although all grandchildren were providing care to a grandparent (or grandparents), what that meant to each of them was different. Their perceptions of how they made sense of their relationship with their grandparents evolved over time, and was influenced by their caregiving experiences. Grandchildren caregivers reflected on how their situation and experiences influence who they are, and how they have developed individually.

Grandchildren provided both ADLs and IADLs for grandparents, with a majority of them assisting with grocery shopping and yard and home maintenance. The amount of time engaged in caregiving activities varied among grandchildren. Grandchildren stated that the main reason they were providing care to a grandparent was because he or she was chronically ill, or was beginning to slow down due to age.

Grandchildren's definition of their caregiving role varied among participants; the most widely stated experience was role-reversal. All grandchildren caregivers experienced the benefits, as well as the strains associated with care provision. Some grandchildren developed and utilized coping mechanisms to deal with the strain of providing care; others did not have effective strategies of coping in place. Perceptions as to the reasons why other family members did not provide care revealed frustration from the grandchildren.

Understanding the grandchild-grandparent relationship in the past, assisted with discovering the current relationship between grandchildren and their grandparents. The family dynamics of grandchildren provided a means of historically understanding other mediating relationships in the lives of grandchildren caregivers. The relationships grandchildren caregivers have with their grandparents and family members provide for multiple experiences, both similar and different, within the range of caregiving situations.

Chapter V

Discussion and Conclusion

The purpose of this study was to examine the nature of caregiving from the perspective of grandchildren caregivers and to discover the meanings grandchildren give to the caregiving relationship with their grandparents. Interviews were conducted with 17 adult grandchildren, aged 21 to 29 years, who identified themselves as currently providing care to at least one grandparent. Findings included the characteristics of grandparents, caregiving acts grandchildren provide for their grandparents, grandchildren's perceptions of providing care, past and current relationships with grandparents, and family dynamics that influence their caregiving role.

Developmental issues of grandchildren caregivers were examined using the life course and the life-span perspectives. Symbolic interactionism and the constructivist epistemological lens further aided in examining the meaning grandchildren caregivers give to their caregiving relationship. The intersection of these theoretical perspectives informed the research questions for this study. The research questions that guided this study were:

1. What is the nature of caregiving by grandchildren in the grandchild-grandparent relationship?
2. What meanings do grandchildren give to their experiences of caregiving?

In the next section I will discuss the findings of this study. I will consider the findings in the light of existing research studies on family caregiving, grandchildren caregivers, and grandchildren-grandparent relationships. I will also present implications of the study for current theory, limitations of the study, recommendations for future research, implications for practice, policy recommendations, and a personal narrative.

Overview of the Findings

The research question examining the nature of caregiving by grandchildren in the grandchild-grandparent relationship is best answered by focusing on what activities grandchildren are providing for their grandparent, why they are providing care, and how often they help their grandparent. On the basis of these findings, it appears that grandchildren caregivers are engaging in caregiving activities similar to adult-children and spousal caregivers. Grandchildren express helping their grandparents with both

ADLs and IADLs (Dellmann-Jenkins et al., 2000; Piercy & Chapman, 2001; Shifren, 2001). The extensive body of literature on family caregiving has revealed that family caregivers may be providing care for several reasons: the care receivers' health problems (e.g., cancer, chronic conditions, and mental health) (Shifren, 2001), the caregivers are closer in proximity than other family members (Baum & Page, 1991), and family values and filial responsibility that endorse family caregiving (Dellmann-Jenkins et al., 2000; Piercy & Chapman, 2001). Nearly every participant in the current study described that the reason why he or she was providing care was initially due to health problems or aging related decline of grandparents and because of filial responsibility to their grandparents. The findings of this study support Dellmann-Jenkins and colleagues' (2000) and Piercy and Chapman's (2001) conclusion that family values and filial responsibility were primary reasons why grandchildren helped their grandparent.

The amount of time grandchildren engaged in care-related activities for their grandparents varied. The variation in amount of time was due to the needs of the grandparent (i.e., those grandparents with more limitations received a greater amount of care), the constraints of grandchildren's occupation (i.e., those grandchildren who did not work or were in school reported more time involved with care), the other responsibilities of grandchildren (i.e., those grandchildren with fewer social roles reported more time for caregiving), and the geographic distance between grandchildren and grandparents.

Regardless of generational lineage within families and the extent of time devoted to providing care, grandchildren caregivers illustrate that they can provide care for grandparents that is similar in content and magnitude to adult-children caregivers. Grandchildren even discussed modeling caregiving behaviors for family members and developing caregiving strategies, which they believe are more effective than other family members. The caregiving strategies that grandchildren caregivers in their 20s employ help them make practical, and sometimes critical, contributions to family caregiving that enable their grandparents to endure life (Winton, 2003). Further research examining caregiving strategies of grandchildren caregivers and other family caregivers would allow for further comparison.

At the same time that grandchildren report success as caregivers, they also report strains associated with providing care to a grandparent. Strains include limiting the

opportunity to cultivate social and romantic relationships, which is consistent with Dellmann-Jenkins and colleagues' (2000) research. Grandchildren indicated that they became frustrated with their grandparents and with the role of being a caregiver. Although I anticipated that participants would report experiencing role conflict (Piercy & Chapman, 2001), it was evident for some grandchildren that the change in their family role was embraced openly. Furthermore, grandchildren reported taking on the role of other family members, thus indicating role substitution, which grandchildren associate with caregiver strain.

Implications of the Study for Current Theory

This study was designed to allow grandchildren to construct meaning from their caregiving experiences. Using a constructivist epistemological lens and symbolic interactionism as a guiding framework permitted me to understand grandchildren's experiences within their own world (Crotty, 1998). Grandchildren described how they worked within the historical context of their families and relationships with grandparents in order to construct meaning from their caregiving experiences. Grandchildren were resourceful in their own interpretation of what meaning they associated with being caregivers. My role as a researcher was to be open to the participants and the data they provided by interpreting and reinterpreting what they were saying (Crotty, 1998). Although this task is often difficult for researchers, its richness provided the meaning of caregiving for grandchildren that might not otherwise have been achieved if I were to employ a different epistemological lens and theoretical approach.

The lifespan development (Baltes, 1979, 1987) and life course perspectives (Bengtson & Allen, 1993) provided the foundation for examining grandchildren caregivers. On the basis of these findings, it appears that grandchildren caregivers may be experiencing advanced individual development. Some grandchildren who found themselves providing care at an unexpected time in their lives were influenced by this nonnormative event. A principle theme of the life course perspective is that the experiences of individuals occur in the context of on-time and off-time events (Hareven, 1982). Many of the participants may have believed that the timing of their caregiving experiences is *off-time*. Thus, for these participants, caregiving is a nonnormative event that is associated with the experience of stress. Caregivers reflected this in their reports of

stress or guilt as they attempt to provide care, while struggling with their own development. Some of the grandchildren caregivers, however, feel that the *off-time* nature of providing care for a grandparent may help them prepare for providing care to their own parents.

Some grandchildren do not experience providing care as non-normative or an off-time event. They experienced a family role that had been a part of their lives since they were small children. Engaging in this caregiving role since childhood may have affected these 20-year-old grandchildren differently than those who recently found themselves in the role of caregivers. The ability to adapt to this role may be influenced by when and how grandchildren caregivers move into such a role. Although this finding emerged from the data, the interview guide did not allow me to discern these differences between caregivers. Future researchers may be interested in further examination of these issues.

Plasticity with regard to caregiving and as explained in Baltes' (1979, 1987) lifespan development perspective, is evidenced by the grandchildren in this study. Plasticity is the ability of an individual to adapt to life events within their range of functioning. Grandchildren caregivers exhibit the ability to adapt to caregiving situations and develop coping mechanisms that allow them to be successful caregivers. For example, although grandchildren caregivers experience social strains, they were able to adapt to their situation by combining caregiving and social activities together. Grandchildren's capacity for change and their ability to operate near the high limit of their functional capacity allow them to successfully adapt to their caregiving role. Furthermore, grandchildren identify and tap into a latent reserve, drawing on faith, cognitive distancing, and social support, when they face particularly challenging care demands.

The multi-dimensional approach of the life-span development perspective helps evaluate grandchildren's gains and losses associated with providing care to grandparents. Grandchildren caregivers revealed that they gained skills necessary for successfully providing care to a grandparent. Grandchildren describe gaining patience and knowledge about care provision and about their grandparents. Grandchildren caregivers further discovered that they are capable of completing activities (i.e., personal, intimate care) that they never knew they could do. Although grandchildren gain certain skills and

knowledge, they likely do not do so without experiencing decline in other areas. For example, grandchildren describe financial loss and reduced time available to engage in social activities. Grandchildren also experience the loss of the traditional grandchild role, while gaining experience from role substitution.

Based on Erikson's stages of psycho-social development, a precursor to Baltes' (1979, 1987) work, individuals experience a series of conflicts requiring resolution to support their successful development. Each developmental task in Erikson's eight-stage model is linked to chronological age (beginning at birth and ending with death) and physical development. A person resolves the conflict when he or she successfully achieves developmental areas suggested for that stage. Individuals in their 20s would likely experience conflict of intimacy vs. isolation; intimacy occurs when a person can expand his or her identity to include a sense of "we" as he or she forms one or more intimate relationships. For those grandchildren who were married, it is likely, but not automatically indicated, that they had successfully achieved intimacy. The remaining 13 grandchildren may still strive to accomplish identity or intimacy. The intensity of providing care for grandparents may lead to intimacy within the grandchild-grandparent relationship. In order to bathe, groom, and toilet a grandparent, grandchildren must have a strong sense of self and an ability to trust themselves and their grandparents. Once intimacy is established, grandchildren and grandparents can freely engage in these ADLs, and a level of personal intimacy may be established. Whether mediators or distracters, parents help grandchildren with this role because they may want to help their child achieve these developmental goals.

Grandchildren also experience elements of generativity in the caregiving role. The conflict of *generativity vs. stagnation* (Erikson's seventh stage) is a stage that individuals in middle adulthood classically experience. Grandchildren express that caring for their grandparents made them feel good about themselves and that they are giving back to another generation. Generativity has been described as individuals giving to the next generation (i.e., that is their children or a younger generation), which would not involve giving to an older generation. Grandchildren caregivers are giving care to an older generation and may be experiencing parallels to Erikson's generativity by establishing a

model for other family members to meet the needs of younger generations (Blieszner, Mancini, & Marek, 1996) or future generations of older adults.

Grandchildren further experience elements of ego integrity, which represents resolution of the final conflict, *ego integrity vs. despair*, in Erikson's stages of development. Ego integrity, accepting one's own life cycle, successes, and failures, allows for "death [to lose] its sting" (Erikson, 1963, p. 268). An older adult who has not achieved ego integrity, will likely experience a fear of death. Although the grandchildren in this study are not near death (based on age alone), their experiences may provide the foundation for successfully achieving ego integrity. For example, parallels to ego integrity are expressed when grandchildren state that they know they will not feel guilty when their grandparents pass away because they did something good for their family, especially their grandparent. Continuing to feel good about the caregiving role grandchildren face allows them to better resolve the final stage of Erikson's development.

Spouse and adult-child family members typically have many competing roles and strains; grandchildren may be called on to provide care because family members believe the grandchild has fewer competing demands on time and energy. The developmental tasks of young adults may get lost in the shuffle as spouses and adult-children focus on their own developmental challenges. While these may be more concrete (e.g., earning money at work or raising other young children), they are no more important than those of the 20-year-old caregiver (e.g., developing identity and intimacy). Oddly enough, while the caregiving role may be given to grandchildren because their developmental tasks are not viewed as critical by other family members, the caregiving role, despite its strain and conflict, seems to foster successful achievement of these age-related tasks. As grandchildren caregivers continue to grow throughout the life course, they are likely to revisit certain stages of Erikson's model (Erikson, 1997) and may fully achieve resolution of these conflicts with greater ease than if they had not been caregivers. The implication this study has on Erikson's stages of development, in regards to grandchildren caregivers, should be further explored.

Limitations of the Study

Although this study opened the research discourse to examine the experiences of grandchildren caregivers separate from other caregivers, the findings are limited to those

sharing personal characteristics with the participants. Although three participants were African American, and all had some type of advanced degree or health-related training, I would further expand this research by including participants who were from other racial backgrounds and who possessed more diverse educational achievements. Absence of grandchildren who did not respond to the call for participants because they do not identify themselves as caregivers to their grandparent but clearly would be eligible to participate in this study, may be another limitation to this study. Additional sources of referrals might help obtain participants who do not think of themselves as caregivers. This would likely give a wider range of caregiving experiences.

Recommendations for Future Research

Findings reveal that grandchildren benefit from their caregiving experiences. Grandchildren receive emotional and physical compensation while learning about themselves and about life. To fully explore the experiences of grandchildren caregivers, future research would benefit by using social exchange theory as a guiding theoretical framework. Although this study revealed that grandchildren received both benefits and drawbacks from providing care to their grandparents a future study examining the rewards and costs grandchildren caregivers' experience would accomplish further understanding of the grandchild-grandparent relationship in the context of caregiving. Conducting interviews with grandchildren caregivers and the grandparents whom they help, and designing an interview guide that addressed the issue of costs and rewards, would assist in understanding the exchange grandchildren and grandparents experience.

Findings from this study inspire me to examine grandchildren's beliefs about providing care to a grandparent before they have actually engaged in care provision. Grandchildren report in this study that family values and interactions, as well as their own personal interests, are reasons why they provide care. Grandchildren report, however, that other grandchildren (i.e., their siblings and cousins) do not help their grandparents. This finding leaves me wondering why some grandchildren provide care and others do not. Examining personality, family characteristics, altruistic behaviors, and individual characteristics to predict beliefs about providing care to a grandparent would be the next step in understanding why some grandchildren provide care, while others do not.

Implications for Professional Practice

On the basis of these findings, grandchildren caregivers in their 20s are juggling other roles while striving to obtain personal goals. Time constraints, internal pressure for grandchildren to help grandparents, and the struggle to adapt to change in family roles are reasons that grandchildren experience stress related to their caregiving role.

Professionals who advise and consult individuals in their 20s may want to assess grandchildren by asking them if they are providing care to a grandparent. Grandchildren caregivers would also benefit from support groups. If there are enough grandchildren caregivers in the community, it might benefit them to meet together. Although support groups are not as effective as individual counseling, support and encouragement from peers may enable them to generate solutions counselors may not have provided (Zarit & Zarit, 1998). As the findings revealed, grandchildren caregivers in their 20s are experiencing caregiving both similarly and differently than their parents and grandparents. Mental health and social support services traditionally provide assistance to spouse and adult-child caregivers but should also target this younger generation of caregivers. At the same time that grandchildren caregivers would benefit from support services used primarily by adult-child and spouse caregivers, service providers should be prepared to discuss specific issues associated with this cohort. For example, grandchildren caregivers in the current study faced issues of finding time for dating, delaying education, and limiting job searches to geographic areas close to their grandparents. Agencies and current resources could adapt their presentation and marketing of educational materials to integrate, support, and recognize this valuable group of caregivers who often are providing as high levels of caregiving as spouses and adult-children. Although grandchildren caregivers may be a new group to the family caregiving service industry, they deserve and need assistance similar to other family members.

Families and family therapists should recognize the emotional stressors associated with grandchildren who are providing care to a grandparent. Grandchildren may need special attention to their stressors and the methods they use to cope. It is evident through some of the experiences represented by the grandchildren in this study, that grandchildren do not always recognize their own stress associated with caregiving. Grandchildren may

provide socially acceptable answers to interview questions regarding stress, because they may not want to feel guilty about the stress and strain they experience. Therapists who advise grandchildren should further probe these feelings with their clients to better understand their experiences, while offering them support.

Conclusion

This qualitative study provided insight into the nature of caregiving and the meaning grandchildren give to caregiving based on their experiences, a topic which has received little attention in the caregiving literature. The findings from this study support and add to the current literature on family caregiving and intergenerational relationships specifically in regard to grandchildren who are providing care to grandparents and adult grandchild-grandparent relationships within the context of caregiving. The experiences of grandchildren caregivers support the notion that, within families, caregiving is multi-directional. Caregiving is “not just given by those of an older generation to members of a younger generation, but rather caregiving is reciprocal and interactive in families” (Winton, 2003, p.185). Support service providers should seek out and include this young group of caregivers at the same time that they develop and modify programs and materials for different generation of caregivers. Recommendations for future research highlight the use of incorporating exchange theory to further the understanding of grandchildren’s experiences providing care to grandparents.

Personal Narrative

As a grandchild caregiver, it was important for me to conduct a study on the experiences of grandchildren caregivers. Conducting this study was not only a challenging professional experience for me, but it also brought me closer to understanding more about myself as a grandchild caregiver. For me, and many of my participants, being a grandchild and being a caregiver were one in the same. Those roles went hand in hand. I never experienced what a few of the participants referred to as *role reversal* or *role substitution*, but I can clearly see why their experiences of these changes were so real.

As I conducted the interviews and analyzed the data, I found a little bit of myself in each of the participants for this study. When Maxie talked about bringing in wood for her grandmother as a young girl, and Josh and Paul expressed that as children they

remembered putting the groceries away for their grandparents, I recalled times when I did just that to help my grandparents. Hope's excitement when her grandmother told her that she drove to the grocery store by herself reminded me of this past winter break when my grandmother, for the first time in three years, made apple fritters. Although the frustration in my grandmother's eyes saddened me as I watched her tire from standing at the kitchen counter, it reminded me of the days when she would have those same apple fritters, potatoes pancakes, and sauerkraut balls (my favorite) on her wood burning stove. I thought to myself, may be she is making a comeback, and will go back to being the grandmother I remember.

Worrying about grandparents seemed to be a common feeling among participants. I too worry about my grandmother. When I first started caring for my grandmother, I worried constantly about whether she was eating, would remember to take her medicine, or would trip and fall. My anxiety level went down once she moved in with my parents. I knew that my father would have no trouble getting her to eat because of his outstanding culinary skills, and that my mother would be able to provide the love and affection she needed since the passing of my grandfather. Today, however, I worry more about my parents and their sanity. I often tell them to take grandma to one of my uncles' homes, so they can have a weekend alone. I get frustrated, however, because my mother does not want to burden her brothers (who themselves help very little). I have seen an improvement in the last several months, with my parents' quest to get away from the house to enjoy activities they once engaged in before providing care to my grandmother. But it still could be better than the current situation.

In many ways, conducting this study provided a way for me to better understand myself. As a grandchild caregiver, I have had experiences that I did not expect to have until I had to help my parents. For example, changing my grandmother's bed linens after she has soiled them, encouraging (to the point of almost forcing) her to eat when she did not want to, and reviving her from an unconscious state after she had fallen were caregiving tasks I was not prepared to perform. I realized that although caring for my grandmother was often time consuming and physically and emotionally draining, I enjoyed every second. Like the grandchildren caregivers in this study, I feel good about myself, my contribution to my family, and to my grandmother when I assist her. Making

her happy and comfortable is my top priority. Even though today I do not see my grandmother as much as I would like, I believe in my heart that she will always remember me as the granddaughter who helped her when she needed it most. My only hope is that the 17 grandchildren who participated in this study will face each caregiving challenge freely, and experience satisfaction and pride with every moment spent in the company of their grandparents. I believe that they will.

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Appendix A

Protocol to Accompany Institutional Review Board Request for Exemption Virginia Polytechnic Institute and State University

Project Title: Grandchildren Caregivers: Rethinking the Caregiving Experience

Principal Investigator: Christine A. Fruhauf, Doctoral Candidate, Human Development

Faculty Advisor: Dr. Shannon E. Jarrott, Assistant Professor, Human Development

Justification of Project

Throughout the past twenty years, family caregiving has dominated the literature in gerontology (Bass & Noelker, 1997). The increase in life expectancy, smaller families having longer adult relationships, and an increase in multiple generation families have contributed to the interest in examining caregiving issues among the aging population (Bengtson, Giarrusso, Silverstein, & Wang, 2000; Hodgson, 1998; Stevens & Franks, 1999).

The caregiving literature focuses predominantly on the level of stress and burden experienced by caregivers, in addition to the physical and mental problems associated with providing care to a family member (e.g., Biegel & Schulz, 1999; Cahill & Shapiro, 1998), while specifically focusing on care for those with Alzheimer's Disease and related disorders (e.g., Gallant & Connell, 1998; Kirsi, Hervonen, & Jylha, 2000). Although the caregiving literature is large, it is grandchildren providing care to grandparents that have not received significant attention. The research thus far related to caregiving at a young age focuses on those who provide informal caregiving to parents (Shifren, 2001). In addition, the literature focusing on grandchildren who are providing care to grandparents has examined informal caregiving by extended adolescent family members only living in the same household (Beach, 1997) and young caregivers' needs for formal and informal services to help care for their parent and grandparent (Dellmann-Jenkins, Blankemeyer, & Pinkard, 2000).

Based on the caregiving literature and current aging demographics, it is evident that the growing aging population will need greater amounts care. Because the fastest aging population is among the oldest old (those 85+) (Morgan, 1998) primary caregivers (usually spouses and adult-children) may find themselves aging while facing health needs that limit the amount of time and type of care they are willing and able to provide to the care recipient. Younger caregivers, particularly grandchildren, therefore, may find themselves stepping in and assuming caregiving responsibilities. Though the caregiving literature as a whole has included participants who have identified themselves as grandchildren, the research has not examined the importance grandchildren who are providing care to grandparents give to their experiences. Furthermore, research further

has not examined the benefits, stressors, and coping strategies grandchildren may experience from the caregiving relationship.

The purpose of this study is to understand the decision making process behind assuming care and the everyday experiences of adult grandchildren (20-29 years old) who are providing care to their grandparents. The study will be qualitative in nature and explores the reasons why grandchildren are providing care to grandparents, how grandchildren's development influences their caregiving experience, how the relationship between the two generations has changed or remained the same, and the meaning behind grandchildren's caregiving experience.

Procedures

In order to illustrate the experiences of grandchildren caring for grandparents qualitative research methods are optimal for this study. This study will consist of personal interviews with approximately 30-40 adult grandchildren (20-29 years old) who are providing care to a grandparent. The participants in the study will have answered a request to volunteer. Participants will be recruited by the principle investigator through verbal announcements in Human Development Courses at Virginia Polytechnic Institute and State University and at invited meetings of various organizations, an existing database from The Center for Gerontology at Virginia Tech, written announcements in community newsletters, and postings at community centers, laundromats, coffee shops, apartment buildings, and beauty shops. The participants will have indicated in the screening process that they are currently providing some type of care for a grandparent, who lives in the community as opposed to a long-term care facility, but may not necessarily be living with him/her. Interviews will be of a semi-structured nature, and will be conducted one time at approximately 60-90 minutes each. I will conduct the interview in the grandchild's home, whenever possible. If the participant does not want me to interview them in their home or it is not convenient, I will interview them where they feel most comfortable (e.g., offices, coffee shops, and libraries). Participants will be encouraged during the screening process to bring family pictures to the interview. Family pictures will be used as a tool to help the researcher understand the experiences of grandchildren as well as providing an avenue for the participant to freely discuss their caregiving situation. Copies of pictures will be made with permission of the participant to help with data analysis. Interviews will be taped with permission from the participant and transcripts will be made of the interviews to aid in analysis.

Risks and Benefits

Though there are no known risks involved in this project, it is possible that as grandchildren reflect on their caregiving experiences, they may remember when providing care to their grandparent was difficult and led to increased levels of stress. The process of interviewing, however, often proves a more cathartic than painful experience. Grandchildren will be aware that their input will ultimately help improve the lives of grandchildren caregivers.

This project has the potential to benefit participants. The project will also benefit the family unit and researchers interested in caregiving. Finally, this study may allow for

policy makers and employers to recognize the need to understand third generation caregiving and possible services needed to foster optimal care and quality of life.

Confidentiality/Anonymity

I will strive to maintain confidentiality at all times. To ensure confidentiality I will use pseudonyms during the recording of the interview and in the final write-up of the study. I will make initial contact with the participants, and only I will know their identity. All consent forms will be filed and locked in a security file box in my home. Tapes will also be stored in my home after transcripts have been created. All efforts will be made to ensure anonymity of the participants.

Compensation

Participants will receive a \$5.00 gift certificate to Target (i.e., a discount store) at the end of the interview.

Informed Consent

Please see attached informed consent form that will be presented to each interviewee before the interviews are recorded.

Biographical Sketch

Christine A. Fruhauf, MA
Adult Development and Aging
Department of Human Development

Currently, I am a doctoral candidate in adult development and aging, and have started my third year at Virginia Tech in the Department of Human Development. During the 2002-2003 school year, I will work as a graduate research assistant for Dr. Karen Roberto at the Center for Gerontology. My research interests include intergenerational relationships, caregiving issues of families, and dementia care in institutional settings. On October 3, 2001 I completed the *Training in Human Subjects Protection* offered by Dr. David Moore. I earned my Master of Arts degree from the University of Akron where I majored in family development and earned a graduate certificate in gerontology. My thesis, titled "The Relationship of Age and Subjective Well-being: A Test of Kozma's Theoretical Model," is a secondary data analysis using data from The General Social Surveys. I earned my Bachelor of Science in Human Ecology from The Ohio State University, where my major was human development and family studies with a concentration in gerontology.

Shannon E. Jarrott, Ph.D.
Assistant Professor and Director of Research VT, Adult Day Services
Department of Human Development
307 Wallace Hall
540.231.5434

Dr. Shannon E. Jarrott is an assistant professor in the department of Human Development at Virginia Tech. She received a Ph.D. in Human Development and Family

Studies with a minor in gerontology at the Pennsylvania State University in 1999. Her research interests and experience focus on dementia care including the experiences of family caregivers and therapeutic activities for adults with dementia in institutional care settings.

Dr. Jarrott has conducted caregiving research in the United States and Sweden, specifically surveying adult day service programs in Sweden and the US. The findings of the study have been published and presented both nationally and internationally.

Dr. Jarrott is the Director of Research for Virginia Tech's Adult Day Service program. She has conducted internally and externally funded research at the ADS program involving the use of horticultural therapy, modified Montessori activities, and intergenerational programming. She recently completed an ASPIRES funded validation study of an observational measure used to assess the affect and activity of older adults with dementia in institutional care settings.

Joyce Arditti
Associate Professor & Departmental Reviewer
Department of Human Development
311 Wallace Hall
540.231.5758

Appendix B

Informed Consent

Project Title: Grandchildren Caregivers: Rethinking the Caregiving Experience

Principle Investigator: Christine A. Fruhauf, MA Doctoral Candidate, Human Development

Faculty Advisor: Dr. Shannon E. Jarrott, Assistant Professor, Human Development

1. I hereby agree to participate in an interview in connection with the project known as *Grandchildren Caregivers: Rethinking the Caregiving Experience*. I understand that my participation is voluntary, and I will be asked questions about my experiences related to my caregiving experience and my relationship with my grandparent.
2. I understand that I will be asked to participate in one interview, which will take no longer than 90 minutes, and asked to provide photographs at the time of the interview of me and/or with my grandparent.
3. I understand that I can withdraw from the project and the interview at any time without penalty of any kind. In the event that I withdraw from the interview or project, any tape made of the interview will be either given to me or destroyed, and no transcript will be made of the interview.
4. I understand that I will receive a \$5.00 gift certificate to Target upon completion of the interview.
5. I understand that there are no known risks to participating in this project, though it may be difficult at times to discuss the experiences I wish to share. I also understand that the benefits of this project are great, as my experiences may help inform other caregivers who are providing care to a grandparent.
6. I understand that the interview will be audio-taped. In the interview, I will be identified by a pseudonym so that I may remain anonymous in any transcript, tape, and reference to any information contained in the interview.
7. This project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, by the Department of Educational Research and Evaluation.
8. If I feel I have not been treated according to the description in this form, or that my rights as a participant in the research have been violated during the course of this project, I know I can contact Dr. David Moore, Chair, IRB, Research Division, Virginia Tech, or Dr. Shannon E. Jarrott, Faculty Advisor, Human Development, Virginia Tech, at the phone numbers listed below.
9. I voluntarily agree to participate in this study and agree to be interviewed according to the terms outlined above. I have read and understand the Informed Consent and conditions of this project. I have had all my questioned answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

Signature

Date

Should I have any questions about the research project or procedures, I may contact:

Christine A. Fruhauf, M.A.

Dr. Shannon E. Jarrott

Dr. David Moore

Principle Investigator

Faculty Advisor

Chair, IRB

540-951-4164

540-231-5434

540-231-4991

PARTICIPANTS WILL BE GIVEN A COPY OR DUPLICATE ORIGINAL OF THIS CONSENT FORM

Appendix C

Interview Guide Questions

The questions guiding the research are as follows:

- What is the nature of caregiving in the grandparent/grandchild relationship?
- What meaning do grandchildren place with their caregiving role?

As you already know, I am conducting a research study that examines the experiences of grandchildren who are providing care to their grandparents. Before I begin with the interview, I want to remind you that your agreement to participate in this research study is purely voluntary and that you may decide at any time to end the interview. I also want to remind you that your answers are confidential and that the tapes will be destroyed after I have transcribed the data and I have incorporated what you have said into my results. At this time do you have any questions of me, about the study, or how the interview will run?

At this time I will read the Informed Consent to you and if you agree with the following I would then like for you to sign a copy for me, and I will then give you a copy for your records.

Demographics & Background Information

I am first going to ask you a few general questions about you and your family.

Can you think of a pseudonym that you would like for me to use in place of your real name during this interview?

Where and when were you born?

How would you describe your racial/ethnic background?

What is your current marital status? (Probe: If divorced, when was the divorce finalized and how long did the marriage last?)

How many members are there in your immediate family and whom do they include (Probe: parents, siblings, children, etc)?

Are you currently employed outside the home? If so what is the title of your work?

What are the occupations of your mother, your father, [and your spouse]? (Probe: if parents are retired ask what they did for a living most of their lives)

For whom are you currently providing care?

How long have you been providing care to this person?

Where does your grandparent live in relation to you?

Responsibilities as a Grandchild Caregiver

Next, I will ask you questions pertaining to your responsibilities as a caregiver to your grandparent and the responsibility associated with the care provision.

Can you describe how you came about providing care to your grandparent? (Probe: Who else provides care to your grandparent?)

What type of caregiving activities do you provide for your grandparent? (Probe: Activities of Daily Living, Instrumental Activities of Daily Living, or Social interaction)

On average how much time do you spend a week providing care to your grandparent?

What are your rights and obligations as a care provider to your grandparent? (Probe: Do you feel you can make decisions for your grandparent?)

How has the caregiving experience interfered or enhanced with what you want to do in life?

How do your friends/peers perceive your caregiving role? (Probe: Do they think you are wasting your time? Do they support you?)

What have you learned about yourself from your experiences with providing care to your grandparent? (Probe: Have you learned patience, built an interest in medical/human service field, dislike caregiving (i.e., specific tasks), time management).

How have you experienced stress related to your caregiving responsibilities?

What strains have you experienced in your role as a caregiver? (Probe: ADL/IADL dependencies, control of problem behaviors, role overload (conflict and strain), loss of shared social activities, loss of affective exchange, loss of persona?)

Have you encountered physical or mental health problems associated with your caregiving experience? (Probe: Have you not gone to the doctor because you have been busy caring for your family member? Have you experienced any signs or symptoms of depression, anxiety, and/or illnesses?)

How do you cope with the stress associated with your caregiving experience? (Probe: do you exercise, spend time with a hobby, become sedentary, or engage in deviant behavior?)

Meaning of the Grandparent and Grandchild Relationships Over time

Next, I am going to ask you a series of questions relating to your relationship with your grandparent and questions that pertain to the reasons why you are providing care to your grandparent..

Can you describe the interactions you experienced growing up with your grandparent? (Probe: Before providing care & now, what did you do and how did you feel about it?)

What contributed to you becoming a caregiver to your grandparent? (Probe: Did your parents not want to or could not care for them (because of possibly financial, health, proximity reasons), Are you just filling in for your parents when they cannot be there, Are you offering respite care to your parents?)

How has your relationship changed or remained the same due to the caregiving experience? And, how does the caregiving role enhance or interfere with your relationship with your grandparent? (Probe: In relation to your own goals and aspirations.)

What does it mean to you to be a caregiver to your grandparent? (Probe: Does it change/alter what it means to be a grandchild?)

Thank you for participating in this research study. We have finished with the interview questions, but before we end is there anything else you would like to tell me about you, your grandparent, your family, or anything else you believe may help me understand your caregiving experience?

Again, I will keep your responses strictly confidential only using the pseudonym you gave me at the beginning of the study for reference. If you should have any questions or concerns regarding the interview, please do not hesitate to contact me, my faculty advisor, or Dr. David Moore at the numbers listed at the bottom of the informed consent form. Thank you again for your time.

Appendix D

Newspaper & E-mail Announcement

Do you cut the grass for your grandparent? Do you clean a grandparent's house because it is hard for him/her to do so themselves? If you are a grandchild, 20 to 29 years old, who is currently providing assistance to a grandparent, you are eligible to participate in a voluntary study conducted through the Department of Human Development at Virginia Polytechnic Institute and State University. Participants completing a face-to-face interview will be given a \$5.00 gift certificate to Target. Please contact Christine Fruhauf for further information at 540.951.4164

Appendix E

Letter Announcing the Study

January 21, 2003

Dear Caregivers:

I am writing to invite your family members, and other people that you may know, to participate in an exciting new research project focusing on grandchildren caregivers. This study has been approved by the Institutional Review Board at Virginia Polytechnic Institute and State University and is conducted through the Department of Human Development.

With the increase in life expectancy and shrinking family size, and the increase in multiple generation families, more caregiving responsibilities will fall to multiple generations. Aging families, must then consider the possibility that grandchildren (the third generation) will provide care to a grandparent.

To be eligible to participate, you should be between 20 and 29 years old and currently providing some type of help such as mowing the lawn, cleaning the house, doing laundry, making dinner, or providing transportation for a grandparent. Your participation would involve one face-to-face interview, lasting no longer than 60-90 minutes, at a location and time of your convenience. Upon completion of the interview, you will receive a \$10 gift certificate to Target.

If you or any family members are interested in being interviewed please contact me directly at 540-951-4164 or cfruhauf@vt.edu if you have any questions.

Thank you for your help.

Sincerely,

Christine A. Fruhauf,
Doctoral Student
Department of Human Development

Appendix F

Screening Form

As you know, I am conducting a study on grandchildren who are providing care to grandparents. Before we set-up an interview, I'd like to tell you about the project and ask you a few questions. If after the screening interview you qualify to participate in the study and you voluntarily wish to do so, I will then ask for your contact information and set-up a time for us to meet.

The purpose of this project is to understand the meaning behind grandchildren who provide care to grandparents. In order to understand the meaning of grandchildren caregivers, I will conduct one 60-90 minute interview with grandchildren 20-29 years old.

Are you 20 years or older? Yes No (If no, stop interview now)

For whom are you providing care? _____

What is your relationship to...? _____
(If relationship is other than grandchild, stop interview)

How long have you provided care for your grandparent? _____

Do you live with your grandparent? Yes No

If no, in relation to where your grandparent lives how far away do you live? _____

On average how often do you provide help? _____

What type of caregiving activities do you help your grandparent with?
(Circle all that apply)

- Activities of Daily Living:
- Bathing
 - Dressing
 - Personal Grooming
 - Toileting
 - Walking
 - Other

Instrumental Activities of Daily Living:

Financial Duties

House/yard work

Laundry

Grocery Shopping

Cooking

Transportation

Keeping Track of Medical Appointments

Other

At this time I believe you are eligible to participate in the study.

Would you like to participate in a face-to-face interview? Yes No

If yes, can I please have your name? _____

Phone number where you can be reached? _____

Date for interview _____

Time for interview _____

Place for interview _____

Before I let you go, I would also like to invite you to bring along any photographs of you and your grandparent that you believe would help me understand the relationship that you have with him/her. With your permission I would like to ask if I could make a copy of them to use in the analysis of the data. At this time do you have any questions?

You can contact me at 540.951.4164 or at cfruhauf@vt.edu if you have any questions. Thank you for your time. I look forward to seeing you soon.

Appendix G

Participant Profiles

Primary Caregiver

“Mary Ann”

Mary Ann, a 26 year-old white female, was born in Blacksburg, Virginia and is currently unemployed. Mary Ann has been married for two years and has a three-month-old son. Her husband has epilepsy and cannot drive to his workplace due to driving restraints because of his condition. Mary Ann currently resides in Floyd, Virginia and moved her family in with her grandmother two weeks prior to the interview. Mary Ann is the primary caregiver to her grandmother and has been providing care for about two years.

Secondary Caregivers

“Charlie”

Born in Radford, Virginia, Charlie, a 28 year-old single white male, works as a teacher at a public high school. He considers his mother, father, younger sister and her husband and son his immediate family. His mother is an administrative assistant at their church and his father is a maintenance engineer. He has been providing care to his maternal grandparents since he was six and has found a dramatic increase in his caregiving responsibilities in the past four years. He currently resides with his grandparents and provides daily care with IADLs.

“Tina”

Tina was born in Blacksburg, Virginia and has been married for eight and one half years. She is a 27 year-old white female who has a 7 year-old son. She currently is unemployed and after the interview applied for a job as a front-line care provider. She has been providing care for her paternal grandmother for the past nine months. Tina spends five days a week at her grandmother’s home and provides care on average five to six hours a day. Tina is the primary caregiver but shares her responsibilities with her aunts.

“Suzanne”

Suzanne was born in Roanoke, Virginia and is 25 years-old. Suzanne is a single white female who believes her mom, aunt, and grandparents make up her immediate family. She works part-time at various jobs while also working as a graduate research assistant in gerontology at a local university where she is studying gerontology. Her mother and aunt

are schoolteachers and live about an hour and a half away, close to the West Virginia border. On average, Suzanne has been providing care to her maternal grandparents for the past three years. She shares caregiving responsibilities with her mother and aunt (who are daily caregivers), and travels to her grandparents' home at least twice a month to assist with care related tasks.

“Sherry”

Sherry was born in Wakefield, Virginia and is currently 25 years-old. She is a single white female who currently as a graduate research assistant at a university, sports trainer, and volunteer at the local rescue squad where she pursues a graduate degree in gerontology. Sherry considers her mother, father, and older brother her immediate family. Her father and brother are farmers and her mother is a schoolteacher. She has been providing care to her paternal grandmother for two and one half years. She believes that her father and she share the caregiving responsibilities for her grandmother and finds that she provides care to her grandmother when she goes home to visit at least once a month and as much as three times a month.

“Hope”

Hope is a single white female and was born in Waterville, Maine. She is 26 years old and is currently working on her Master's degree in education at a local university where she also works as a graduate assistant at the university at which she is earning her graduate degree. Hope's immediate family includes her mother, father, and older brother. Her father owns his own business and her mother is a retired schoolteacher. Her parents moved to Fredericksburg, Virginia when she was in elementary school. On average she drives home every other weekend to provide care to her maternal grandmother; especially when her father and mother go out of town for business. During summer and winter breaks she helps her grandmother three or four times a week at two to four hours a day.

“Laura”

Born in Blacksburg, Virginia, Laura a 29 year-old white female has been married for 10 years. Laura currently works part-time as a nurse at a local hospital and considers her husband, 4 year-old son, and 20 month-old daughter her immediate family. Her husband is an engineer. She provides care for her maternal and paternal grandmothers. Both grandparents live in Floyd, Virginia about 40 minutes from Laura's residence. She has

been providing care for her maternal grandmother for eight years and her paternal grandmother for about one year. She provides approximately eight to ten hours a month assisting her grandmothers.

“Patrick”

Patrick was born in Christiansburg, Virginia and is a 23 year-old white single male. He is currently a graduate student majoring in criminal justice at a local university. Patrick works part-time as an academic advisor at the university which he attends. He considers his mother and father his immediate family. His mother is an administrative secretary and his father is a state police officer. He has been providing care to his maternal grandmother since he began driving six years ago. Since his grandfather's death seven months from the time of the interview, he has noticed an increase in the amount of time he spends helping his grandmother. On average, he helps his grandmother four to five times a week. Patrick stated that the whole family helps his grandmother.

“Nate”

A native of Queens, New York, Nate relocated with his parents to Roanoke, Virginia when he was 8 years-old. Nate, a single white male, is currently 24 years old and works as a communications coordinator for a local major city. He considers his mother, father, younger sister, and two younger brothers his immediate family. Nate's mother is not employed outside the home so she can care for his youngest brother who has Crone's disease, and his father is a director of client services for a mail order catalogue. Since September 2002, Nate has been providing care to his maternal grandfather who moved to Roanoke from Manhattan, New York. Nate reported he provides anywhere from zero to twenty hours a week assisting his grandparent (fewer hours occur when he travels out of town for work) and that his mother helps as well.

“Jacob”

Jacob, a 21 year-old single white male, was born in Blacksburg, Virginia. He currently is an undergraduate student at a university majoring in engineering. He considers his mother, father, and older brother as his immediate family. His mother is a housewife and his father is a dentist. Jacob identified that he has been providing care for his maternal grandparents for the past two years. He stated that his mother and father are his grandparents' primary caregivers and that the three of them are the only caregivers to his

grandparents. On average, he provides care two times a month at three to four hours at a time.

Tertiary Caregivers

“Maxie”

Maxie was born in Roanoke, Virginia and is 25 years-old. She is a white female who has been married for over two years. Maxie is an elementary school teacher and is currently working part-time on her kindergarten to fifth grade teaching certification at a local university. Her husband works at an investment company. She has a mother, father, and older brother. Maxie’s mother is an administrative secretary and her father works at a local factory. She has been providing care for her maternal grandmother, who lives in Floyd, Virginia, for over 10 years. She spends approximately 12 hours a month helping her grandmother. Maxie identified her uncle as the primary caregiver to her grandmother, with her mother and herself equally providing the same amount of care.

“Ken”

Born in Ellicott City, Maryland, Ken, a 21 year-old single white male, is currently enrolled at a university. He is majoring in civil engineering and considers his mother, father, older brother, and younger brother his immediate family. Ken’s mother is a media specialist and his father is a systems management specialist. He has been providing care for his maternal grandfather, who resides in his parents’ home, for over a year and a half. On average he provides daily care for his grandfather during winter and summer breaks and weekends when he goes home.

“Renee”

Renee, a 21-year-old single African American female, was born in Martinsville, Virginia. Renee is currently enrolled as an undergraduate at a university student majoring in psychology. Renee considers her mom, step-dad, and older stepbrother and sister to be her immediate family. Her mother works in consumer affairs and she does not know what her stepfather’s occupation is. She has been providing care for her maternal grandmother for four years, since she moved in with her during her senior year in high school. Renee provides care five days a week at two and one half hours a day for her grandmother when she is home during summer and winter breaks.

“Monica”

Born 21 years ago in Dallas, Texas, Monica, a single white female, currently is president of a local volunteer organization. She is working towards her bachelor's degree and is a pre-med major. She considers her immediate family to include her mother, father, and younger brother who currently reside in Pennsylvania. Her mother is a nurse allergist and her father works for an insurance company. She has been providing care to her maternal grandmother for one and one half years and does so weeks at a time during winter and summer breaks. Other than herself, she believes her uncle and her grandmother's neighbors provide care.

"Paul"

Born in Richmond, Virginia, Paul is a 24 year-old African American male who is currently pursuing his Master's degree in sociology at a university. He believes his mother, father, and older brother constitute his immediate family. Both his parents are retired schoolteachers and currently provide care to Paul's maternal grandmother. Paul has been providing care for his grandmother all his life and helps when he is home during school breaks. On average, he believes he helps his grandparents about three hours a week.

"Josh"

Josh, a single African American male, was born in Richmond, Virginia. He is currently 22 years-old and is taking university classes to meet admission requirements for a graduate degree in public administration. Josh currently works six hours a week as a computer lab technician. He considers his family to include his mother, father, and younger brother. His mother is a school teacher and his father works for the U.S. postal service. He currently is providing care for his paternal grandmother and grandfather and has been doing so, since he began driving. On average, he provides care two and one half hours a day during summer and winter breaks.

"Dave"

At 21 years-old, Dave has been providing care to his maternal grandparents for the past 8 months. He considers his uncle as his grandparents' primary caregiver. Dave was born in Salem, Virginia and is a single white male, who is currently enrolled as an undergraduate university student, majoring in human resources. He works as a front desk clerk at a local hotel and considers his immediate family to include his mother, father (who is deceased),

and his older sister and two older brothers. His father died when he was 13 years-old and his mother has been on long-term disability since he was 12 years-old.

Appendix H

Grandchildren's Perceptions of Caring for Grandparents Final Coding Scheme

- 100 Describing My Grandparent
 - 101 Ways I talk about my grandparent
 - 102 Nicknames for my grandparent

- 200 Caregiving Acts
 - 203 What I do or don't do
 - 204 How often I do it
 - 205 Why I do it

- 300 Caregiving Perceptions
 - 306 How I define my role
 - 307 How I make sense of my role
 - 308 What I like about my role
 - 309 What I don't like about my role
 - 310 How I cope with this role
 - 311 How I think others perceive my role
 - 312 Why other family members don't provide care

- 400 Grandchild-Grandparent Relationships Then and Now
 - 413 I remember growing up
 - 414 What our relationship is like now

- 500 Family History and Dynamics
 - 515 Parents as mediators and distracters
 - 516 Other family stories

Appendix I

Table 1. Information on Participants by Pseudonym

Pseudonym	Age	Race	Current Employment	Grandparent	Length of Caregiving	Other Caregivers
Suzanne	26	White	Student	Maternal GM & GF	3 years	Mother & Aunt
Paul	24	Black	Student	Maternal GM	All his life	Mother & Father
Sherry	25	White	Student	Paternal GM	3 years	Father
Tina	27	White	Unemployed	Paternal GM	9 Months	Aunts
Renee	21	Black	Student	Maternal GM	4 years	Mother & Aunt
Hope	26	White	Student	Maternal GM	1 year	Mother
Maxie	25	White	Teacher & Student	Maternal GM	10 years	Uncle & Mother
Josh	22	Black	Student	Paternal GM, GF, & Great-GM	5 years	Aunt
Dave	21	White	Student	Maternal GF	8 Months	Uncle
Patrick	23	White	Student	Maternal GM	6 years	Family members
Ken	21	White	Student	Maternal GF	2 years	Mother & Father
Charlie	28	White	Teacher	Maternal GM & GF	All his life	Mother
Nate	24	White	Communications	Maternal GF	5 Months	Mother
Laura	29	White	Nurse	Maternal GM Paternal GM	8 years 1 years	Parents
Mary Ann	26	White	Unemployed	Maternal GM	4 years	No one
Monica	21	White	Student	Maternal GM	2 years	Uncle

Note. GM represents grandmother and GF represents grandfather.

CHRISTINE ANN FRUHAUF

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EDUCATION

- Ph.D. Human Development
Area: Adult Development and Aging
Virginia Polytechnic Institute and State University,
Blacksburg, Virginia
May, 2003
- M.A. Family & Consumer Sciences
Area: Family Development
Certificate: Gerontology
The University of Akron, Akron, Ohio
August, 2000
- B.S. Human Ecology
Area: Family Relations and Human Development
Focus: Gerontology
The Ohio State University, Columbus, Ohio
December, 1997

PROFESSIONAL EXPERIENCE

Research

- 1/02-Present **Graduate Research Assistant**
Center for Gerontology
Virginia Polytechnic Institute and State University
- Qualitative data analysis, data entry, statistical analysis, and reports
 - Administrative duties and various team projects focusing on grandparenthood and rural aging.
- 1/02-7/02 **Graduate Research Assistant**
Department of Human Development
Virginia Polytechnic Institute and State University
- Assisted research team with focus group sessions to evaluate the graduate students' perceptions of the department and their program.

- Assisted with development of focus group questions, note taker during focus group sessions, analysis of data, and wrote results

8/01-5/02

Graduate Research Assistant

Department of Human Development &
Virginia Tech Adult Day Services
Virginia Polytechnic Institute and State University

- Social History Project: Collaborated on generating reminiscence questions to ask participants, staff evaluation, and data entry.
- Service-Learning Project: Developed and presented orientation materials packet for Service-Learning students, conducted follow-up meetings, conducted, transcribed, and coded focus group interviews
- Intergenerational Community Building: Coordinated and assessed activities in conjunction with the Child Development Lab school instructors and Adult Day Service Staff

5/01-8/01

Graduate Research Assistant

Center for Gerontology &
Department of Human Development
Virginia Polytechnic Institute and State University

- Worked on ASPIRES Grant; *Dementia Care Mapping: A Test of Validity*. Worked with a team to develop research methodology, instrumentation, and IRB materials, make contacts with adult day centers in the state of Virginia, collect and process observational data, and write technical reports based on the observations

8/98-5/00

Graduate Research Assistant

School of Family & Consumer Sciences
The University of Akron, Akron, Ohio

- Assisted professor with editing tasks
- Conducted library and computer literature searches

3/97-9/97

Undergraduate Research Assistant

Department of Human Development & Family Science
The Ohio State University, Columbus, Ohio

- Transcribed qualitative interviews
- Conducted thematic analysis of the grandparent's role
- Assisted with statistical analysis
- Assisted with library searches and copying of research articles

- 4/97-5/97 **Reviewer**
 Department of Human Development & Family Science
 The Ohio State University, Columbus, Ohio
- Helped with editing Family Life Month Fact Sheet
 - Helped with editing proposal for Batelle Grant
- Instruction**
- 8/02-Present **Independent Study Instructor**
 Department of Human Development
 Virginia Polytechnic Institute and State University
- Currently teaching undergraduate student about the research process, focusing on both quantitative and qualitative methods with an emphasis on basic qualitative methods
- 5/02-6/02 **Adjunct Instructor**
 Department of Human Development
 Virginia Polytechnic Institute and State University
- Upper Division Undergraduate/graduate Course, Community Based Programs for Older Adults, 10 students
- 1/02-3/02 **Research Mentor**
 Center for Gerontology
 Virginia Polytechnic Institute and State University
- Assisted & supported an undergraduate student's research project, funded through the 2001-2002 AARP Andrus Foundation Undergraduate Scholarship Program for Study of Aging and Finance and presented at the 2002 AGHE conference
- 8/01-12/01 **Adjunct Instructor**
 Department of Human Development
 Virginia Polytechnic Institute and State University
- Upper Division Undergraduate/graduate Course, Community Based Programs for Older Adults, 14 undergraduate students & 1 graduate student
- 9/01-12/01 **Student Tutor**
 Student-Athlete Academic Support Services
 Virginia Polytechnic Institute and State University
- Undergraduate Course, Human Development II: Adulthood & Aging

- 1/01-5/01 **Co-Instructor**
 Department of Human Development
 Virginia Polytechnic Institute and State University,
 Blacksburg, Virginia
- Undergraduate Course, Human Development II: Adulthood & Aging, 58 students
- 8/00-12/00 **Graduate Teaching Assistant**
 Department of Human Development
 Virginia Polytechnic Institute and State University,
 Blacksburg, Virginia
- Assisted professor with grading for two sections of an undergraduate course, Human Development II: Adulthood & Aging, 85 students
- 7/00-8/00 **Adjunct Instructor**
 School of Family & Consumer Sciences
 The University of Akron, Akron, Ohio
- Introductory Undergraduate Course: Courtship, Marriage, & the Family, 30 students
 - Upper Division Undergraduate Course: Adolescence in the Family Context, 17 students
- 8/98-5/00 **Graduate Teaching Assistant**
 School of Family & Consumer Sciences
 The University of Akron, Akron, Ohio
- Assisted professor with lectures, grading, and supervised students with research papers in undergraduate courses, Child Development, Family Life Management, and Family: Middle and Later Years
 - Taught undergraduate computer lab component in senior level course, Family and Consumer Sciences: Senior Seminar

International Studies & Aging Related Training

- 5/01 **Aging in Sweden**
 Hälsohogskölan, Institute for Gerontology
 University College of Health Sciences
 Jönköping, Sweden
- Courses focused on culture and history of human services in Sweden, income for elderly Swedes, health care, community and institutional programs for older Swedes and their families, and comparisons between Sweden and U.S. systems and values were made

2/01

Dementia Care Mapping (DCM):

A New Method of Evaluating Quality of Care

Bradford Dementia Group & The Heather Hill Institute,
Chardon, Ohio

- Completed DCM basic course where I learned the key principles of the person-centered approach, DCM coding frames, positive events, personal detractions and operational rules, and data analysis

Aging Related Employment

8/01-5/02

Graduate Assistant

Virginia Tech Adult Day Services
Virginia Polytechnic Institute and State University

- Assisted staff and participants with activities
- Newsletter Editor

2/98-8/98

Activity Coordinator

Kethley House, Alzheimer's Unit
The Benjamin Rose Institute, Cleveland, Ohio

- Provided, scheduled, staffed, and conducted individual and group activities for residents
- Completed initial assessments, religious assessments, progress notes, medical data systems, and attendance records
- Participated in care plan meetings

6/93-1/96

Physical Therapy Aide

Margaret Wagner House
The Benjamin Rose Institute, Cleveland Heights, Ohio

- Provided individual rehabilitation to consumers
- Provided and conducted group therapy sessions
- Assisted with office work, charting, and schedules

11/91-5/93

Weekend Receptionist

Margaret Wagner House
The Benjamin Rose Institute, Cleveland Heights, Ohio

- Answered switchboard of twenty lines, filed documents, delivered mail to residents, and answered inquires from residents, family, and friends

PUBLICATIONS

Fruhauf, C. A., Jarrott, S. E., & Lambert-Shute, J. (2003). *Service-Learning students: Change in attitudes*. Manuscript in preparation.

Fruhauf, C. A., Roberto, K. A., & Stremmel, A. (2003). *Intergenerational relationships: Connections and Disruptions through the life course*. Manuscript in preparation.

Fruhauf, C. A. (2003). *Rethinking family caregiving: A close examination of third generation caregivers*. Manuscript in Preparation.

Jarrott, S. E., & Fruhauf, C. A. (2003) *Dementia care mapping: A test of validity*. Manuscript in preparation.

Lambert-Shute, J., Jarrott, S. E., & Fruhauf, C. A. (in Press). Service-learning at dementia care programs: An orientation and training program. *Gerontology & Geriatrics Education*.

Linville, D., Lambert-Shute, J., Fruhauf, C. A., & Piercy, F. P. (in Press). Using participatory focus groups of graduate students to improve academic departments: A case example. *The Qualitative Report*.

PROFESSIONAL PRESENTATIONS

Papers

Fruhauf, C. A., Roberto, K. A., Stremmel, A., & Kretzer, S. E. (2002, November). *Grandparenting in an Era of Change: Perspectives of Three-Generation Families*. Paper session presented at the annual meeting of the Gerontological Society of America, Boston, MA.

Fruhauf, C. A. (2002, May). *Rethinking Family Caregiving: A Close Examination of Third Generation Caregivers*. Paper session presented at the annual meeting of the Southern Gerontological Society, Orlando, FL.

Fruhauf, C. A., & Jarrott, S. E. (2002, March). *A Semester of Co-Teaching an Adult Development and Aging Course: Insights and Suggestions for Future Instructors*. Paper session presented at the annual meeting of the Association for Gerontology in Higher Education, Pittsburgh, PA.

Fruhauf, C. A., Jarrott, S. E., Geller, K., Lavery, K., & Rhody-Scott, D. (2001, September). *Aging in a welfare state: Lessons learned while traveling in Sweden*. Paper presented at the Virginia Polytechnic Institute and State University Center for Gerontology Forum Series, Blacksburg, VA.

Posters

Jarrott, S. E., & Fruhauf, C. A. (2002, November). *Dementia Care Mapping: A Case of Validity*. Poster session presented at the annual meeting of The Gerontological Society of American, Boston, MA.

Lambert-Shute, J. J., Jarrott, S. E., & Fruhauf, C. A. (2002, November). *Service-learning: Influences on Aging Attitudes*. Poster session presented at the annual meeting of The Gerontological Society of America, Boston, MA.

Fruhauf, C. A., Kretzer, S. E., Gozali, T., & Mehta, S. R. (2001, November). *Great-grandparents and Great-grandchildren: Factors that Contribute to the Relationship*. Poster session presented at the annual meeting of The Gerontological Society of America, Chicago, IL.

Fruhauf, C. A. & Witt, D. D. (2001, March). *The Relationship of Age and Subjective Well-being: A Test of Kozma's Theoretical Model*. Poster session presented at the annual meeting of The Southern Gerontological Society, Lexington, KY.

Fruhauf, C. A. & Meyer, L. L. (1998, April). *Transitions in Family Life: Grandparents becoming Parents*. Poster session presented at the annual meeting of The Ohio Council on Family Relations, Columbus, OH.

Workshops

Fruhauf, C. A., Lamber-Shute, J., & Jarrott, S. J. (2003, March). *Coordinating Service-learning at an adult day center: Suggestions and recommendations for a successful experience*. Workshop conducted at the Association for Gerontology in Higher Education, St. Petersburg, FL.

Galway, A., Fruhauf, C. A., Gigliotti, C., Nester, S. & Steeves, J. (2001, September). *Adaptive activities in a person-centered care environment*. Workshop conducted at the Virginia Adult Day Services Association Annual Fall Training Day, Charlottesville, VA.

Roundtable Discussion

Fruhauf, C. A. (2002, April). *The Next Step to Understanding the Experience of Third Generation Caregivers*. Roundtable discussion conducted at the Quint States Southeastern Symposium on Child & Family Development, Blacksburg, VA.

INVITED LECTURES

Fruhauf, C. A. (2002, November). *Coping with death and dying in later life families*. Guest Lecture at the Virginia Polytechnic Institute and State University, Advanced Human Development course, Blacksburg, VA.

Fruhauf, C. A. (2002, October). *Family late-life relationships: Diversity in family caregiving*. Guest lecture at the Virginia Polytechnic Institute and State University, Advanced Human Development course, Blacksburg, VA.

Fruhauf, C. A. (2002, September). *Making the connection: Extending the parameters of grant writing skills*. Guest lecture at the Virginia Polytechnic Institute and State University, Human Services course, Blacksburg, VA.

Fruhauf, C. A. (2001, October & 2002, March). *Grandparenting and families* Guest lecture presented at the Virginia Polytechnic Institute and State University, Introductory Human Development course, Blacksburg, VA.

Jarrott, S. E., & Fruhauf C. A. (2001, September, & 2002, January). *Aging in Sweden*. Guest lecture presented at the Virginia Polytechnic Institute and State University, Human Development II course, Blacksburg, VA.

Fruhauf, C. A. (2000, August). *Health and happiness in the golden years*. Guest speaker at the American Business Women's Association, Port of Cleveland Chapter, Cleveland, OH.

RESEARCH INTERESTS

Grandparenting issues
Family caregiving
Quality of care for persons with dementia in institutional settings
Quality of life and life satisfaction over the life course
Family gerontological policy issues

PROFESSIONAL INVOLVEMENT

Awards and Honors

Southern Gerontological Society's Student Paper Award, 3rd place, 2002
James D. Moran Thesis/Dissertation Award, 2002
Sigma Phi Omega, National Academic Honor and Professional Society in Gerontology, 2001
Glorine Tuohey Memorial Special Scholarship in Gerontology, 1999
National Scholarship Fund of American Business Women's Association
American Business Women's Association Scholarship Recipient

- Pleasant Valley Chapter, Parma Heights, Ohio, 2000, 2001,
 - Anita Clark Memorial Scholarship, 2002
- Port of Cleveland Chapter, Cleveland, Ohio, 2000
- Sheauga Charter Chapter, Chardon, Ohio, 1999, 2000, 2001, 2002
- Western Reserve Chapter, Twinsburg, Ohio, 1997, 2000
- Big Creek Charter Chapter, Parma, Ohio, 1995, 1996, 2001, 2002

Kappa Omicron Nu, National Academic Honor Society Member, 1999
University of Akron Student Travel Grant, 1999
Dean's List, 1997
Geauga County (Ohio) 4-H Alumni Award, 1995
Geauga County (Ohio) Junior Leader's Scholarship Recipient, 1993
Orange Boosters Award, 1993
Geauga County (Ohio) 4-H "I Dare You" Award, 1993

Service

Graduate Policy Committee Member, Dept. of Human Development, Virginia Polytechnic Institute and State University, 2002-03

- Student Representative (Appointed by Department Head)
- Theory Course Sub-Committee Member

Graduate Student Association, Dept. of Human Development, Virginia Polytechnic Institute and State University, 2002-03

- Co-Chairperson

Student Reviewer for *Journal of Marriage and Family*, 2002
 Quint States Steering Committee, Virginia Polytechnic Institute and State University, 2001-02

- Special Programs Chairperson

Student Reviewer for *Personal Relationships*, 2000-Present
 Aging Task Force, Virginia Polytechnic Institute and State University, 2000

- Student Member

Sigma Phi Omega, National Honor Society, Virginia Polytechnic Institute and State University, 2001- Present

- President, 2002-03
- Secretary, 2001-02

Student Policy Committee of Graduate Council, The University of Akron, 1999-00

Graduate Student Government, The University of Akron, 1998-00

- Secretary, 1999-00
- Member, 1998-00

Student Advisory Committee to the Dean, The University of Akron, 1999-00
 College of Fine and Applied Arts

Greek Week Service Co-Chair, 1996-97

Social Sorority, 1993-1997

- Philanthropic Chairman, 1995-96
- Pledge Class President, 1993

Geauga County (Ohio) 4-H Junior Fair Style Show Coordinator, 1994-96
 Geauga County (Ohio) 4-H Volunteer Camp Counselor, 1992-94

Memberships

Southern Gerontological Society, 2000-present
 American Association of Family and Consumer Sciences, 1999-present
 Ohio Research Council on Aging, 1999-present
 Northeast Ohio Gerontological Society, 1999-Present
 Gerontology Association, University of Akron, 1999-2000
 American Society on Aging, 1998-present
 Gerontological Society of America, 1997-present

- BSS Student Representative for Student Awards Committee, 2000-03
- BSS Program Committee, 2001
- Poster Session Chairperson, 2001
- Campus Representative,
 - Virginia Polytechnic Institute and State University, 2001-02
- National Conference Student Volunteer, 2000
- National Council on Family Relations, 1996-present