Custodial Grandparenting and the Impact of Grandchildren With Problems on Role Satisfaction and Role Meaning

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This study compared three groups of grandparents, attempting to disentangle grandparental role demands from child-specific problems as sources of role-specific and grandchild-relationship distress. Those grandparents raising grandchildren reported to demonstrate neurological, physical, emotional, or behavioral problems exhibited the most personal distress, the least role satisfaction and role meaning, and the most deteriorated grandparent-grandchild relationships. Custodial grandparents raising grandchildren reported to have few difficulties also differed in the ways listed above from those grandparents not raising their grandchildren and from those raising grandchildren displaying problems. For men, but not women, more positive grandparent meaning was associated with raising a grandchild. Significantly, custodial grandparent meaning was more difficult for grandparents to raise or that boys react more negatively to the adverse circumstances under which grandparents are not providing care (see Emick & Hayslip, 1996; Kornhaber, 1996). Moreover, a grandchild’s problems that, for example, may be linked to his or her parents’ divorce could further complicate the grandchild’s adjustment to being cared for by grandparents. Grandchild’s difficulties may also interfere with the grandparents’ lifestyle, leaving them little time for one another, requiring everyday routines to be altered, and making future plans they have made less certain (see Jendrek, 1994).

Purpose of This Study

The purpose of this study was to compare three groups of grandparents in order to examine the extent to which personal, role-specific, and grandchild-relationship sources of distress were experienced by custodial grandparents due to their nontraditional roles, while attempting to separate grandparents’ role demands from child-specific problems as the sources of such distress. Studying custodial grandparents in this manner permits a clearer view of the unique stresses and demands of this new role apart from those stresses associated with problems experienced by the grandchildren.

As appropriate models of behavior may not exist for many contemporary grandparents who raise their grandchildren, they must define for themselves the nature of the new parental role with which they must cope (see Rosow, 1985). Individuals have no control over when they become grandparents or of their geographical proximity to their grandchildren. They are also unable to remediate dysfunctional parenting styles or prevent the divorces of their adult children, which may cause unrecognized and/or unanticipated problems experienced by the children being cared for by a grandparent. The new role behavior problems children display, the more often parents turn to grandparents for assistance, particularly in families managed by divorced or never-married women (Burton, 1992; Minkler et al., 1992; Hayslip, 1996; Kornhaber, 1996).
Although many children raised by grandparents exhibit behavioral and emotional problems, it is unclear whether their difficulties result from disturbances in their families of origin, from their reactions to the transition from one caregiving arrangement to another, or from residing with grandparents. Significantly, a history of a troublesome parent-grandparent relationship seems to affect the grandchild-grandparent connection negatively (Whitbeck, Hoyt, & Huck, 1993); a difficult past shared with one's adult children may therefore interfere with the ability to raise one's grandchildren.

The effects of parenting on grandparents are, for the most part, negative. Grandmothers become ambivalent and report lower morale the more involved they are in the rearing of grandchildren (Gardner, Scherman, Mobley, & Brown, 1987; Johnson, 1988; Minkler & Roe, 1993; Solomon & Marx, 1995). Custodial grandparents often report concerns about (a) their relationships with their grandchildren's parents, (b) the consequences of their own incapacitation or death (Emick & Hayslip, 1996), and (c) legal custody issues (Derdeyn, 1985; Herman, 1990; Wilson & DeShane, 1982). Ironically, those grandparents who are in positions of authority and who have more formal relationships with their grandchildren may have more difficulty developing close emotional relationships with the grandchildren in their care (Emick & Hayslip, 1996). Those grandmothers raising crack cocaine–addicted children may face many unique difficulties (e.g., crime and violence in the neighborhood, limited income, lack of support from churches and/or from husbands/partners). Such difficulties can lead to depression, anxiety, increased smoking, alcoholism, and poorer physical health (Burton, 1992). Custodial grandparents who hold full-time jobs report having less energy to devote to child care, and because they may also be caring for aging parents or adult children, they may become overburdened (Hagestad, 1988; Kahana & Kahana, 1971; Wilson, 1986). Many custodial grandparents also report limits on their social roles and isolation from their friends due to their parenting responsibilities, and may themselves divorce as child care responsibilities increase their reliance on friends or extended family (Jendrek, 1994; Minkler, Roe, & Robertson-Beckley, 1994). They also report not seeing their noncustodial grandchildren as often as they would like and feeling guilty about this comparative lack of closeness (Emick & Hayslip, 1996).

Despite the difficulties custodial grandparents face, many feel fortunate to be able to parent again and to do a better job of parenting than they perceive they did with their own adult children. For some grandparents, the stresses of raising their grandchildren are mitigated by carrying on the legacy of the family, taking satisfaction in parenting their grandchildren, and being able to enjoy the love and companionship of their grandchildren (Burton, 1992; Burton & deVries, 1993; Chase-Lansdale, Brooks-Gunn, & Zamisky, 1994; Dressel & Barnhill, 1994; Minkler & Roe, 1993).

Literature underscores the importance of studying the impact of grandparents' resumption of the parental role on their well-being as well as the meanings and styles associated with grandparenting (e.g., valued elder, indulgent), variables that may also influence grandchildren's perceptions of their relationships with grandparents (Emick & Hayslip, 1996; Kahana & Kahana, 1970).

Hypotheses
In light of the previous research speaking to the many difficulties faced by custodial grandparents, we predicted that relative to traditional grandparents (not raising their grandchildren), those custodial grandparents raising grandchildren with few problems would experience more personal distress, less satisfactory relationships with their grandchildren, less satisfaction with their grandparental roles, and derive less positive meaning from being grandparents. Those grandparents raising problematic grandchildren were expected to be the most negatively affected by the demands of their new parenting role in concert with the difficulties brought to the relationship by their grandchildren.

Because women are more likely to be in caregiving roles later in life (see Bengston et al., 1990), and in view of the gender differences in the experience of grandparenting (Kornhaber, 1996; Thomas, 1986), we also explored differences between men and women in the impact of custodial grandparenting. Our expectation was that women would experience traditional grandparental roles most positively relative to those raising their grandchildren, and that among those women raising problem grandchildren, distress and role meaning would be the most substantively negatively affected (see Thomas, 1986). In contrast, because men typically are less likely to assume caregiving roles later in life (Bengston et al., 1990), the demands of custodial grandparenting were expected to affect them negatively. In concert with men's comparative lack of satisfaction with grandparent roles, differences in distress and role meaning across traditional and custodial groups of grandparents were expected to be of less magnitude for men, relative to women.

Method
Sample
Participants in this study were 193 male and female grandparents from the Dallas–Fort Worth area of Texas. Volunteers were recruited by a variety of methods to ensure a reasonably representative sample of both custodial and traditional grandparents. Both clinics and self-help groups were approached as potential sources of custodial grandparents due to the high incidence of family trauma that often leads them to become surrogate parents. Additionally, senior centers, older adults’ organizations, and newspaper announcements were used to identify both custodial and traditional grandparents. If a couple was parenting, only one member was permitted to volunteer to permit independence of responses; in such cases, the couple decided who would participate. Despite the diverse sources and methods by which the participants were recruited, the final sample must be considered somewhat biased due to the generally positive response bias associated with community samples of middle-aged and older adults (see Baltes, 1968). However, an analysis of custodial and traditional grandparents cross-
classified by referral source (clinic vs nonclinic) was non-
significant ($\chi^2 = 3.01, p > .05$), suggesting that both groups
of grandparents were equally likely to be recruited from
each source. Table 1 presents the sociodemographic charac-
teristics of the traditional and custodial groups of grandpar-
tents in this study (e.g., age, gender, income, marital status,
race, health, and level of education).

Several limitations should be noted regarding the sample
of grandparents here, which was self-selected and thus may
not represent the population of grandparents (custodial and
otherwise) as a whole. The majority were middle-class Cau-
casian women, though approximately 20% of the partici-
pants were either African American or Hispanic (see Table
1). This sample of traditional and custodial grandparents
does, however, resemble a national sample of custodial
grandparents (Fuller-Thomson, Minkler, & Driver, 1997) in
terms of age, gender, race, income, age of the grandchild
when caregiving began, and duration of primary caregiving.

Procedure

An initial version of the questionnaire was piloted with
10 elderly participants ($M_{age} = 70.1$) to determine any diffi-
culties inherent in self-administration; based upon the re-
sults, several changes were made to make the questionnaire
more concise and clear. Revised questionnaires were subse-
sequently distributed in person by the second author to each
participant, and then returned by the participant to a contact
person at the participant’s referral point (e.g., clinic, sup-
port group, senior center).

Measures

Independent variables.—The definition of traditional and
custodial grandparents was of central concern in this study.
Moreover, it was equally important to distinguish reliably
subgroups of grandparents raising their grandchildren to
disentangle role adjustments from the grandchildren’s prob-
lems as sources of distress (personal, role-specific and
grandchild-relationship) for custodial grandparents.

Traditional grandparents were defined as those whose
grandchildren were in the care and custody of their parents.
These participants provided little or no care for their grandchil-
dren. Custodial grandparents were defined as those who had
assumed physical and financial responsibility for a grandchild
who was age 18 or under and who lived in the grandparents’
home. Custodial grandparents had legal custody of their grand-
children in just over half the cases. When queried, custodial
grandparents never described the extent of their caregiving re-
sponsibilities as “part-time” or “casual” in nature, whereas
100% of those in the traditional grandparent group did so.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Traditional $(n = 92)$</th>
<th>Custodial-Low Problem $(n = 51)$</th>
<th>Custodial-Problem Child $(n = 50)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20% (18)</td>
<td>20% (10)</td>
<td>22% (11)</td>
</tr>
<tr>
<td>Female</td>
<td>80% (74)</td>
<td>80% (41)</td>
<td>78% (39)</td>
</tr>
<tr>
<td>Male grandchild</td>
<td>31% (29)</td>
<td>55% (28)</td>
<td>82% (41)</td>
</tr>
<tr>
<td>Female grandchild</td>
<td>69% (63)</td>
<td>45% (23)</td>
<td>18% (9)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>85% (78)</td>
<td>74% (38)</td>
<td>76% (38)</td>
</tr>
<tr>
<td>Divorced</td>
<td>8% (7)</td>
<td>14% (7)</td>
<td>6% (3)</td>
</tr>
<tr>
<td>Separated</td>
<td>2% (2)</td>
<td>4% (2)</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Widowed</td>
<td>5% (5)</td>
<td>8% (4)</td>
<td>16% (8)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>81% (75)</td>
<td>80% (41)</td>
<td>84% (42)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8% (7)</td>
<td>0% (0)</td>
<td>8% (4)</td>
</tr>
<tr>
<td>African American</td>
<td>11% (10)</td>
<td>20% (10)</td>
<td>8% (4)</td>
</tr>
<tr>
<td>Annual Income ($1,000s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10</td>
<td>10% (9)</td>
<td>14% (7)</td>
<td>24% (12)</td>
</tr>
<tr>
<td>11–20</td>
<td>9% (8)</td>
<td>16% (8)</td>
<td>12% (6)</td>
</tr>
<tr>
<td>21–30</td>
<td>9% (8)</td>
<td>31% (16)</td>
<td>32% (16)</td>
</tr>
<tr>
<td>31–40</td>
<td>8% (7)</td>
<td>18% (9)</td>
<td>14% (7)</td>
</tr>
<tr>
<td>41–50</td>
<td>9% (8)</td>
<td>4% (2)</td>
<td>4% (2)</td>
</tr>
<tr>
<td>51–60</td>
<td>23% (21)</td>
<td>4% (2)</td>
<td>4% (2)</td>
</tr>
<tr>
<td>&gt;61</td>
<td>34% (31)</td>
<td>14% (7)</td>
<td>10% (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Education</td>
<td>13.50</td>
<td>2.84</td>
<td>6–20</td>
<td>12.67</td>
<td>3.09</td>
<td>5–20</td>
<td>11.64</td>
<td>2.20</td>
<td>4–18</td>
</tr>
<tr>
<td>Self-Rated Health</td>
<td>3.98</td>
<td>.70</td>
<td>2–5</td>
<td>3.95</td>
<td>.92</td>
<td>2–5</td>
<td>3.58</td>
<td>.97</td>
<td>1–5</td>
</tr>
<tr>
<td>Age</td>
<td>58.45</td>
<td>6.60</td>
<td>41–71</td>
<td>52.61</td>
<td>9.4</td>
<td>30–71</td>
<td>56.34</td>
<td>6.13</td>
<td>43–68</td>
</tr>
<tr>
<td>Age of Grandchild</td>
<td>7.34</td>
<td>4.11</td>
<td>1–18</td>
<td>6.35</td>
<td>2.61</td>
<td>1–14</td>
<td>8.08</td>
<td>2.07</td>
<td>3–12</td>
</tr>
<tr>
<td>Number of Grandchildren</td>
<td>4.73</td>
<td>2.18</td>
<td>1–12</td>
<td>3.43</td>
<td>2.18</td>
<td>1–11</td>
<td>4.76</td>
<td>3.35</td>
<td>1–21</td>
</tr>
</tbody>
</table>
Respondents reported on salient features of their relationship with only one grandchild age 18 or younger (Thomas, 1986, 1990). This procedure was used because different grandchildren affect grandparental feelings and perceptions in different ways (Cherlin & Furstenberg, 1986; Thomas, 1986, 1990); such perceptions are likely to be confounded by different feelings toward various grandchildren.

If respondents indicated that they did not parent a grandchild, they were asked to report on a grandchild age 18 or younger for whom the primary responsibility of care lay with the child's parents, who they saw the most frequently of all their grandchildren, and for whom they provided only minimal or nominal care. Custodial grandparents were asked to report on the grandchild who had been in their care the longest (i.e., a grandchild age 18 or younger for whom they provided all of his/her care, who might or might not be in their legal custody, and with whom they coresided).

Of special importance to this study are grandparents' responses to questions regarding the extent to which their grandchildren manifested nine specific problem behaviors and to one additional general category that asked grandparents to write in problems and behaviors not listed in the questionnaire. Frequency distributions for problem behaviors in the traditional and custodial groups of grandparents are presented in Table 2. Respondents rated the problem behaviors (nine specific problems in addition to an “other” category) on a continuum of severity (1 = no problem to 5 = severe problem), with a score of 13 being the median. Traditional grandparents were extremely unlikely to report any problems displayed by their grandchildren, whereas those in the custodial-problem child group (n = 50) ranged from 10–13, whereas those for the custodial–problem child group (n = 50) ranged from 14–23. For all specific problem behaviors except for alcohol and drug abuse, a multivariate analysis of variance (MANOVA; Multivariate F(20,360) = 43.81, p < .01) and subsequent ANOVAs (all Fs(2,190) > 4.38, p < .01), indicated that the frequency of problems in the traditional and custodial–low problem child groups was similar, but problems were less frequent or intense than those of the custodial–problem child group. Such effects remained statistically significant (Multivariate F(20,350) = 38.55, p < .01, all ANOVAs F(2,185) > 3.45, p < .01) when controlling for the number of grandchildren, role duration, grandparent age, grandparent health, and grandparent level of education.

The circumstances under which grandparents assumed responsibility for their grandchildren included divorce; incarceration; mental, emotional, or physical impairment of the parent; death of the parent; child abuse; or parents' drug abuse. Divorce, child abuse, and the parents' emotional disturbance and drug abuse were the most common. Sixty-four percent of custodial grandparents earned less than $30,000 per year, whereas 57% of traditional participants earned at least $50,000 annually (see Table 1).

When asked why they resumed parental responsibilities, those in the low problem group indicated that they (a) did not report on their grandchildren, whereas those in the custodial-problem child group (n = 50) ranged from 10–13, whereas those for the custodial–problem child group (n = 50) ranged from 14–23. For all specific problem behaviors except for alcohol and drug abuse, a multivariate analysis of variance (MANOVA; Multivariate F(20,360) = 43.81, p < .01) and subsequent ANOVAs (all Fs(2,190) > 4.38, p < .01), indicated that the frequency of problems in the traditional and custodial–low problem child groups was similar, but problems were less frequent or intense than those of the custodial–problem child group. Such effects remained statistically significant (Multivariate F(20,350) = 38.55, p < .01, all ANOVAs F(2,185) > 3.45, p < .01) when controlling for the number of grandchildren, role duration, grandparent age, grandparent health, and grandparent level of education.

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When asked why they resumed parental responsibilities, those in the low problem group indicated that they (a) did

<table>
<thead>
<tr>
<th>Table 2. Grandchildren's Perceived Problems by Grandparent Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grandparent Group</strong></td>
</tr>
<tr>
<td><strong>Traditional (n = 92)</strong></td>
</tr>
<tr>
<td>Problem</td>
</tr>
<tr>
<td>Alcohol abuse</td>
</tr>
<tr>
<td>Drug abuse</td>
</tr>
<tr>
<td>Oppositional behavior</td>
</tr>
<tr>
<td>Mental retardation</td>
</tr>
<tr>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Sexual identity</td>
</tr>
<tr>
<td>Learning difficulties</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>In trouble with the law</td>
</tr>
<tr>
<td>Other*</td>
</tr>
</tbody>
</table>

*Note: Scoring: 1 = no problem to 5 = severe problem.
*Other* includes but is not limited to acting out, behavior, autism, spina bifida, allergies, asthma, grief at the parent's death or divorce, ulcers, migraine headaches, and seizures.
so because they wanted to prevent the grandchild from being placed in a foster home (70%), (b) were the only one available to parent the grandchild (68%), (c) desired to nurture the grandchild (66%), or (d) felt they would be a better parent than the child's adult parent (60%). Approximately 30% did so because they wished to aid their adult child in a time of crisis. Forty-nine percent still reported positive feelings toward the adult child; 50% were, however, disappointed in the adult child. Approximately 25% felt some guilt over either their adult child's failure to adequately parent or their own failure as a parent; only 37% reported that they were glad to parent again. Forty-three percent felt isolated from their friends, and 20% felt that their roles as grandparents were restricting.

Among those grandparents in the problem child group, 76% reported a desire to avoid foster care, 84% felt that they were the only one available to parent, 70% wanted to nurture the grandchild, and 55% felt that they would be a better parent than their adult child. Forty percent wished to help their adult child in a time of crisis, and 38% reported positive feelings toward their adult child. On the other hand, 68% were disappointed in their adult child, 38% felt guilty about their adult child's behavior, and 40% felt guilty about their own parental failures. Only 26% said they were glad to parent again, and 50% felt isolated from friends or experienced limitations (e.g., time restrictions) in their grandparent roles.

Unlike the traditional grandparent group (where 31% of grandchildren were boys), 57% of the grandchildren in the low problem group were boys, and 82% of the grandchildren in the problem child group were boys (see Table 1). The difference across groups in the gender of the grandchild was statistically significant ($\chi^2 = 35.48, p < .01$).

**Dependent Variables**

Perceptions of social resources were evaluated in terms of visits and other contacts with the grandchild's parents, other relatives, or friends (Havighurst, 1973), as well as the extent to which this social network provided physical resources (e.g., transportation, money, food, clothing) and psychological help (e.g., "cheering me up") (Beyer & Woods, 1963). A measure of social support from the adult child, other family members, and friends was created by summing perceptions of the extent (1 = none to 5 = a great deal) to which such persons provided 11 different types of assistance, resulting in a 33-item scale assessing the extent of such support from others (alpha = .82).

Satisfaction with grandparenting was assessed using 15 questions (alpha = .79) used in the Thomas (1990) study. Each question was answered on a 5-point Likert-type scale (strongly disagree to strongly agree), and higher scores indicated greater satisfaction (alpha = .90 in this study).

The meaning of grandparenthood was evaluated via items from Thomas (1990) originally developed by Kivnick (1982, 1983), who derived five dimensions of meaning pertaining to grandparenthood: Centrality (having high personal salience), Valued Elder (being admired and sought out for advice and help by a grandchild), Immortality through Clan (being able to live on through a grandchild), Reinvolvement with Past (being able to relive earlier experiences), and Indulgence (being able to spoil and to be lenient with a grandchild). High scores reflected an important and increased meaning of grandparenthood. In previous research (Kivnick, 1982), coefficient alphas had ranged from .68 (Indulgence) to .90 (Centrality) (all alphas exceeded .73 in the present study).

Grandparents' perceptions of their relationships with grandchildren were measured by the Positive Affect Index (10 items) and Negative Affect Index (10 items) (Thomas, 1986, 1990). The former index asked the grandparents to describe the extent (Likert format, none to a great amount) of their mutual understanding with, trust in, respect for, and affection for their grandchildren, whereas the latter measured the extent of the grandparents' negative feelings toward irritating behaviors of the grandchild (alpha = .79; Thomas, 1989). The Positive and Negative Affect Indices predict well-being in samples of grandparents (Thomas, 1986, 1990). Alphas for these scales in this study were .92 and .93, respectively. Two additional questions asked the participants first to rate the quality of the grandchild relationship (5-item scale, very negative to very positive) and second, to rate their satisfaction with this relationship (5-item scale, very unsatisfied to very satisfied).

Psychological well-being was assessed via Liang's (1985) 15-item self-report scale, which includes items that span a long-term time frame to reduce the possible distortion of results due to the effects of temporary situations. Positive and negative affect (transitory affective components), happiness (a long-term affective component), and congruence (a long-term cognitive component) were assessed by an integration of items from the Bradburn Affect Balance Scale (Bradburn, 1969) and the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961). Total scores for well-being were used in this study; alpha for this sample was .67.

**RESULTS**

Prior to the analysis of covariance (see below), a principal components analysis (see Tabachnick & Fidell, 1996) with varimax rotation was conducted with the intention of improving the interpretability of the aforementioned set of rather diverse dependent variables. Two unique factors were extracted, labeled PC1 and PC2, and used as the criterion variables in the regression analyses (see below). Analysis of scree plots confirmed this to be a two-component solution. The second principal component was derived on the basis of the residualized variance among the correlations, and was, consequently, necessarily orthogonal to the first principal component (Tabachnick & Fidell, 1996). Using a criterion of .40, all variables were found to load on either PC1 or PC2, with the exception of perceived social support. Satisfaction with grandparenting, perceptions of being a valued elder, centrality of the grandparent role, and the degree to which grandparents saw meaning in indulging their grandchildren loaded on both factors. However, with the exception of valued elder, these variables correlated more highly with one factor over the other (see Table 3). The first principal component (defined by the grandparent's perceptions of the relationship with the grandchild, well-being, grandparenting satisfaction, and the meaning dimensions of valued elder and role centrality) accounted for 44% of the variance.
in the correlations among the variables and was termed Psychosocial Satisfaction (alpha = .87). The second principal component accounted for an additional 17.4% of the unique variance in the correlations among the variables, and was defined by each dimension of grandparental meaning and, to a lesser extent, by satisfaction with grandparenting (see Table 3). It was termed Positive Grandparental Meaning (alpha = .84).

Data were first analyzed via an ANOVA utilizing grandparent gender and grandparent group (i.e., traditional, low problem, problem child) as independent variables and the principal components (PC₁, PC₂) as dependent variables. These analyses indicated that for PC₁, a group main effect, F(2,187) = 78.86, p < .01, as well as a group by grandparent gender interaction, F(2,187) = 5.62, p < .01, were obtained. A priori contrasts indicated that the PC₁ scores of the traditional group and those of the two custodial groups were significantly (p < .01) different from one another, as were the scores of the low problem and problem child groups; the highest Psychosocial Satisfaction scores were obtained for the traditional group, and the lowest PC₁ scores were found for the problem child group (see Table 4). The traditional group’s PC₁ scores also differed from those of the low problem group.

Simple effects analyses accompanied by a priori contrasts to explore the group by grandparent gender effect indicated that for men, PC₁ scores were higher, F(2,36) = 43.01, p < .01, in the traditional group, as compared to both the low problem group and the problem child group (p < .01). The low problem and problem child groups’ PC₁ scores were also different from one another, as were the PC₁ scores of the traditional and low problem groups. For women, all three groups’ PC₁ scores were different from one another, F(2,151) = 51.97, p < .01; the lowest scores occurred in the problem child group and the highest scores were found in the traditional group (p < .05; see Table 4). There was no main effect for grandparent gender on PC₁.

For PC₂, the 3 × 2 ANOVA indicated that there was a main effect for grandparent group, F(2,187) = 5.95, p < .01, as well as a grandparent group by grandparent gender interaction, F(2,187) = 3.39, p < .05. Simple effects analysis indicated that the two custodial groups’ PC₂ scores were higher (p < .05) than that of the traditional group, but not different from one another, like the PC₁ scores of the traditional and low problem groups. There were no main effects for grandparent gender on PC₂.

To explore the grandparent group by grandparent gender interaction for PC₂, simple effects analyses accompanied by a priori contrasts indicated that for the men, group main effects were statistically significant, F(2,36) = 12.49, p < .01, with the PC₂ scores of the two custodial groups being higher (p < .05) than that of the traditional group. The two custodial groups’ PC₂ scores were, however, similar to one another. For the women, no groups’ PC₂ scores were different from one another. For the men, the traditional and low problem PC₂ scores were different; for the women this was not the case.

Data were next analyzed via an analysis of covariance (ANCOVA), again employing the principal components as dependent variables and grandparent gender and grandparent group (i.e., traditional, custodial-low problem, custodial-problem child) as independent variables. In this case, self-reported health, income, age of the grandparent, time spent (in months) in the respective grandparental role (i.e., traditional or custodial), and total number of grandchildren served as covariates. A separate ANCOVA was conducted for each principal component as the principal components were, by definition, orthogonal to each other.

The results of the ANCOVA with PC₁ as the dependent variable revealed that among the covariates, self-reported health (beta = .23, t = 3.60, p < .01) and the time spent in the grandparental role (beta = .22, t = 3.00, p < .01) each

### Table 3. Principal Component Analysis of Dependent Variables

<table>
<thead>
<tr>
<th>Item</th>
<th>PC₁</th>
<th>PC₂</th>
<th>(β)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive affect</td>
<td>.86</td>
<td>.24</td>
<td>.79</td>
</tr>
<tr>
<td>Negative affect</td>
<td>-.86</td>
<td>.26</td>
<td>.81</td>
</tr>
<tr>
<td>Social support</td>
<td>-.14</td>
<td>.28</td>
<td>.10</td>
</tr>
<tr>
<td>Well-being</td>
<td>.81</td>
<td>-.05</td>
<td>.65</td>
</tr>
<tr>
<td>Satisfaction with grandparenting</td>
<td>.60</td>
<td>.40</td>
<td>.52</td>
</tr>
<tr>
<td>Valued elder</td>
<td>.61</td>
<td>.60</td>
<td>.73</td>
</tr>
<tr>
<td>Role centrality</td>
<td>.74</td>
<td>.45</td>
<td>.74</td>
</tr>
<tr>
<td>Immortality through clan</td>
<td>.09</td>
<td>.84</td>
<td>.71</td>
</tr>
<tr>
<td>Reinvolved with past</td>
<td>.12</td>
<td>.71</td>
<td>.52</td>
</tr>
<tr>
<td>Indulgence</td>
<td>.35</td>
<td>.64</td>
<td>.53</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>4.40</td>
<td>1.74</td>
<td></td>
</tr>
<tr>
<td>Percent of common variance</td>
<td>44</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

*Notes: Factor Labels: PC₁ = Psychosocial Satisfaction, PC₂ = Positive Grandparental Meaning. Italics signify variables principally defining each factor.

*Commonality estimates.*

### Table 4. Observed Means, Standard Deviations, and Adjusted Means for Principal Component Scores Across Grandparent Groups and Grandparent Genders

<table>
<thead>
<tr>
<th>Grandparent Group</th>
<th>Traditional (n = 92)</th>
<th>Custodial–Low Problem (n = 51)</th>
<th>Custodial–Problem Child (n = 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n = 18)</td>
<td>Female (n = 74)</td>
<td>Male (n = 10)</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>AdjM</td>
</tr>
<tr>
<td>PC₁</td>
<td>.87</td>
<td>.43</td>
<td>.51</td>
</tr>
<tr>
<td>PC₂</td>
<td>-.55</td>
<td>.59</td>
<td>-.49</td>
</tr>
</tbody>
</table>

*Note: PC₁: Psychosocial Satisfaction, PC₂ = Positive Grandparental Meaning.*
reliably adjusted group means on the dependent variable PCi, with both health and time spent in the grandparental role being positively associated with PCi scores. Following removal of the variance associated with the covariates, the main effect for grandparent group, $F(2,2,182) = 59.27, p < .01$, and the grandparent group by grandparent gender interaction, $F(2,182) = 4.41, p < .01$, were able to distinguish these groups of grandparents from one another reliably on the basis of their scores on PCi. The effect of grandparent gender on PCi scores was not statistically significant.

For PCi, simple effects analysis accompanied by a priori contrasts, $F(2,187) = 99.27, p < .01$, indicated that all three groups’ PCi scores were different ($p < .01$) from one another, with the traditional group scoring highest and the problem child group scoring lowest (see Table 4).

To decompose the interaction effect, PCi scores were analyzed via a simple effects analysis accompanied by a priori defined contrasts. This analysis revealed that for men, traditional grandfathers scored higher on PCi than grandfathers in both custodial groups, $F(2,31) = 27.80, p < .01$. Moreover, the low problem group scored significantly higher ($p < .01$) on PCi than did the problem child group. However, in contrast to the ANOVA findings for men, when employing the covariates, the PCi scores of the traditional and low problem groups were not different from one another (see Table 4).

Among women, traditional grandmothers had the highest PCi scores versus grandmothers in both custodial groups, whose PCi scores were lower. In addition, the low problem group’s PCi scores were higher than those of the problem child group. The PCi scores of the traditional and low problem groups were also different ($p < .01$) (see Table 4), with the traditional group’s PCi scores being higher.

Results for the analysis of PCi revealed that the age of the grandparent ($\beta = -.25, t = -2.95, p < .01$), income ($\beta = -.17, t = -2.34, p < .01$), and total number of grandchildren ($\beta = .25, t = 3.28, p < .01$) significantly impacted scores on PCi. After adjusting for the covariates, the interaction of grandparental status and gender reliably distinguished the groups of grandparents from one another, $F(2,182) = 4.79, p < .01$. The main effects of grandparent group and grandparent gender on PCi were not statistically significant (see Table 4).

In exploring the grandparent group by grandparent gender interaction for PCi, simple effects analysis accompanied by a priori contrasts suggested that for men, grandparent group differences emerged, $F(2,31) = 3.29, p < .05$, with the traditional group scoring lower than either of the custodial groups, whose PCi scores did not differ from one another. Moreover, the PCi scores of the traditional and low problem groups were different ($p < .01$) (favoring the low problem group). For women, all groups’ PCi scores did not differ from one another (see Table 4).

As social support resources failed to define either PCi or PCi, a separate 3 (grandparent groups) by 2 (grandparent gender) ANCOVA was carried out for social support scores. This analysis suggested that levels of social support were similar across all three grandparent groups, and that there was no interaction between grandparent group and grandparent gender. Gender effects were, however, statistically significant even when the effects of the above sociodemographic covariates were taken into account $[F(1,182) = 6.86, p < .01]$, with women reporting more social support (Adj. $M = 40.45$) than men (Adj. $M = 36.20$).

**DISCUSSION**

These analyses clearly suggest the value of differentiating between the demands of reassuming the parental role in middle and later life and the difficulties particular to the grandchild being raised as sources of stress in the lives of the custodial grandparents in this sample. This distinction is especially salient in light of the circumstances (e.g., child abuse, divorce or drug abuse on the part of the parent who had formerly raised the child) that led the grandparent to become the grandchild’s surrogate parent. Indeed, the pattern of our results indicates that aspects of psychological distress or well-being, role satisfaction, relationship quality, and, to a certain extent, some dimensions of grandparental meaning (see Table 2) are affected negatively by the resumption of the parental role, especially when the child being cared for evidences a variety of difficulties with which the grandparent must cope. It is important to note that the impact of custodial grandparenting on these variables (i.e., Psychosocial Satisfaction) was not reduced when controls for duration of the role (traditional and custodial), income, number of grandchildren, grandparent age, and grandparent self-rated health were made.

It was particularly surprising to find that Positive Grandparental Meaning (PCi) scores favored men in both custodial groups versus traditional grandfathers. This suggests that for some custodial grandparent, raising their grandchild can indeed permit them to derive a greater sense of personal meaning from the role, despite its negative impact on well-being, relationship quality, relationship satisfaction, and those aspects of meaning related to feeling valued by others in the family and to role centrality. This seems to be unrelated to the presence or absence of child problems, as for men, the PCi scores of the traditional versus both custodial groups were statistically different from one another, whereas the two custodial groups’ PCi scores were similar. These findings for men reinforce the positive influence that custodial grandparenting may have in the lives of many middle-aged and older adults by helping them cope with the personal demands of raising a grandchild. This positive influence is underscored by the reasons many grandparents give when explaining why they took on new parental responsibilities (e.g., wanting to prevent the child’s placement in a foster home, wanting to nurture and care for the child in a time of crisis, feeling that they could do a better job of parenting than their adult child).

Previous research (e.g., Burton, 1992) has indicated that custodial grandparents derive many rewards from their parental roles. This sense of satisfaction associated with obligation to one’s parental responsibilities is further reflected in this study; all but 11 of the 101 custodial grandparents indicated that if they had it to do over, they would assume responsibility for their grandchild again. On the other hand, 41% of custodial grandparents indicated that if someone else could be found who was completely acceptable to them as a surrogate parent, they would allow that...
person to assume the care of their grandchild. Thus, they were experiencing some ambivalence about their parental roles, reflecting the stresses of raising grandchildren. These supplemental findings reinforce those reported above, suggesting that raising grandchildren has taken financial, emotional, and physical tolls on the custodial grandparents in this study, despite the symbolic benefits (e.g., knowing that they were making a difference in their grandchildren’s lives) and their dedication to seeing that their grandchildren were well cared for. 

With regard to the effects of sociodemographic variables per se, time in the role and health each positively predicted Psychosocial Satisfaction (PC) scores. Although contingent upon the findings of longitudinal work, this suggests that over time, some grandparents may adjust to the demands and/or privileges associated with being either a custodial or traditional grandparent. Moreover, as might be expected, those in better health derived more psychosocial satisfaction from their roles, whether or not they were raising grandchildren (problematic or problem-free). For PC, both grandparent age and income (negatively) and number of grandchildren (positively) covaried with such scores, suggesting that younger grandparents who have more grandchildren may derive more meaning from their role. Surprisingly, those participants earning less money annually derived more meaning from their roles, which might suggest that meaningful grandparenting (custodial or not) serves to compensate one psychologically for the adjustments in lifestyle associated with having less money.

Past research has revealed numerous influences on the grandparent-grandchild relationship, including disposition of legal custody (Kennedy & Keeney, 1988) and the ages and genders of the grandparent and the grandchild (Kahana & Kahana, 1970, 1971; Link, 1987; Neugarten & Weinstein, 1964; Troll, 1983). In this study, approximately half (53%, 27 of 51) of those in the low problem group had legal custody of their grandchildren, whereas 48% (24 of 50) of those in the problem child group had legal custody of their grandchildren. Thus, not having legal custody does not appear to explain the relative levels of distress in the custodial grandparent groups assessed here.

It is interesting to note that despite the literature speaking to gender differences in the experience of grandparenting (see Kornhaber, 1996; Thomas, 1986), our data do not support a main effect for grandparent gender. However, the interaction of grandparent group and grandparent gender suggests that men may have a less difficult time coping with their new roles in raising (or helping to raise) their grandchildren (see above). One might speculate that perhaps some men were more involved than others in their own young children’s lives, or experienced their new roles as especially meaningful in light of the demands of their careers, or had negative experiences with retirement. These findings for men may also reflect the fact that men and women may interact differently with the grandchildren they are raising; i.e., men may participate in more play-like activities than women, who may engage in more difficult and/or everyday child-rearing tasks such as housecleaning, cooking, child care, and discipline. It is also possible that such men are simply more likely to volunteer for research dealing with grandparenting with respect to grandparental meaning, consequently representing a positively biased sample of men who are custodial grandparents.

With regard to Psychosocial Satisfaction (PC), however, custodial grandfathers appeared to suffer. One might speculate that such men could be raising their grandchildren alone, be in poorer relative health, have difficulty redefining themselves as parents given their traditional instrumental orientation (i.e., being the breadwinner versus being the nurturer) or be less able to deal with the unique difficulties presented by raising a problem grandchild. Significantly in this respect, Thomas (1986) found that women expressed more satisfaction with their roles as grandparents than men did because they had been principally responsible for raising their own children. Men who expressed more satisfaction had more active relationships with their grandchildren. These data are consistent and indicate that, compared to traditional grandfathers, custodial grandfathers may derive less psychosocial satisfaction from raising a low problem grandchild; a problem grandchild may present a greater number of personal difficulties for them. Such data were not gathered here, but being able to share child-care responsibilities may mitigate such effects. Apparently for men, custodial grandparenting affects PC scores negatively; this is not the case for PC scores. For some custodial grandparents then, losses incurred through personal, role, or relationship distress may be compensated by the greater meaning they attach to being a grandparent.

Our findings also suggest that women receive more social support, which may reflect the relative difficulties women in this study faced in raising their grandchildren. Women are typically more likely than men to assume the bulk of custodial grandparenting responsibilities (Bengtson et al., 1990), and our data regarding Psychosocial Satisfaction speak to the negative effects associated with raising a grandchild on women. These data also, unfortunately, speak to the adverse impact on women who are raising problem grandchildren, as well as to the importance of having adequate social support to deal with the demands of parenting. Despite reporting more support, women are nevertheless affected differentially by the presence or absence of custodial responsibilities and by the presence or absence of problem grandchildren. This is especially important given the crisis-like circumstances under which custodial grandparenting comes about (see Emick & Hayslip, 1996; Minkler et al., 1992).

In our sample, many problem grandchildren manifested behaviors over which the grandparents had little or no control. It is unclear whether such problem behaviors (e.g., depression) had their genesis in the grandchild’s family of origin or were manifestations of the grandchild’s reaction to his or her current living situation. As the grandparents in the problem child group reported the least Psychosocial Satisfaction, further research regarding factors contributing to the problems displayed by such grandchildren may prove useful in the development of appropriate services for problem grandchildren and their grandparents.

The question remains whether grandparents raising problem grandchildren possess the same degree of parenting skill as traditional grandparents and custodial grandparents not raising problem grandchildren. Such skills could pre-
vent problems from arising or could attenuate the problems with which the grandchild came to the custodial relationship. Likewise, a lack of parenting skills could contribute to the creation of new problems or the exacerbation of existing problems. Although no information on the level of parenting skills was available in this study, many of the difficulties experienced by the grandchildren are unlikely to be directly and solely remediated by enrollment in parenting-skills classes.

Grandchild gender varied across grandparent groups in this study (see above). As has been noted by Hetherington (1989) and by Rutter (1987), it is possible that male grandchildren are more difficult for their mothers to raise and, consequently, are given to their grandparents. Alternatively, it could be that, once in the custodial relationship, male grandchildren have more difficulty adjusting to their newly defined situation and thus begin to manifest problems. It may also be that grandparent groups (especially women) find male grandchildren to be more difficult to raise, and thus identify their behavior as more problematic than they do that of their female grandchildren (see Rutter, 1987). Thus, the disparate male-to-female grandchild ratio across groups of grandparents may help to explain the difficulties some custodial grandparents in this study reported in raising their grandchildren.

Though there were no differences between traditional and problem child groups in the number of grandchildren available to report about (approximately 5 in each case), virtually none (8 of 101) of the grandparents in the traditional group reported on a grandchild experiencing problems. For this reason, the experience of the traditional grandparent in dealing with a problem grandchild could not be studied meaningfully here. Consequently, an unrealistically positive representation of traditional grandparenting may have been presented, thereby exacerbating the differences between the experiences of traditional grandparents and custodial grandparents.

Numerous questions remain regarding the origins of and contributing factors to the distress experienced by grandparents raising their grandchildren. First, both custodial grandparent groups reported lower yearly incomes than traditional grandparents did, yet it was unclear whether this difference was a result of their custodial status or whether this relative lack of funds had characterized them prior to being asked to rear their grandchildren. It should be noted, however, that lower incomes predicted higher PC1 scores, which may indicate that for lower income grandparents, being a grandparent may be especially rewarding despite having less money with which to get by on a daily basis.

Second, longitudinal work would allow for further examination of the origins of the stressors reported by custodial grandparents and the determination of whether these stressors vary over time. Third, objective data gathered from someone other than the grandparent regarding the extent to which the grandchild was experiencing problems might yield different findings. However, the conservative nature of the criterion we used to define the custodial grandparent groups mitigates this shortcoming somewhat. Fourth, for some custodial grandparents, psychosocial interventions targeting stress management, better utilization of existing social support networks, or enhancing parenting skills would seem to be in order. Before new programs are developed, it is important to determine whether custodial grandparents perceive a need for such programs. Thus, research exploring which services would best address their needs or whether existing programs, such as parenting skills classes or counseling, could meet their needs is necessary (see Burton, 1992). Moreover, research exploring reasons grandparents do not utilize programs already available is essential to meeting the needs of custodial grandparents.

Our data not only clearly underscore the difficulties custodial grandparents face, as have been pointed out by Minkler and her colleagues, and by Burton and her coworkers (see Burton, 1992; Burton & DeVries, 1993; Minkler & Roe, 1993; Minkler et al., 1992), but they also importantly identify additional negative effects of raising a problem grandchild, thus permitting us to separate role demands from grandchild-oriented difficulties in understanding the demands of custodial grandparenting. Our findings also indicate that for some custodial grandparents, the negative consequences of raising a grandchild may be mitigated to an extent by the enhanced sense of meaning they attribute to grandparenting in the context of their new parental roles.

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