Psychological Well-Being of Black and White Grandmothers Raising Grandchildren: Examination of a Two-Factor Model

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A theoretical model predicting the positive and negative affect of caregiving grandmothers was tested with a sample of 867 grandmothers caring for a grandchild in households that did not include either of the grandchild’s parents. Results confirm that the principles guiding a two-factor model of psychological well-being operate at the level of subjective role appraisals. Unique predictors of positive and negative affect as well as unique predictors of caregiving satisfaction and burden were identified. The stability of the model for Black and White grandmothers highlights the similarity of the experience across race.

In 2000, 6.3% of children in the United States, or 4,533,016 children, were living with a grandparent (Bryson, 2001). These figures reflect a growing trend, as the percentage of households that include both a grandparent and a grandchild also include at least one of the grandparent’s parents. By 2000, there were 2,354,121 grandparent caregivers in the United States, representing 8.6% of all U.S. households.

When grandmothers share a household with grandchildren in the absence of the grandchild’s parents, they play a pivotal role in the lives of the children (Pruchno, 1999). Although the number of grandmothers raising grandchildren has grown, there remains a dearth of information about the ways in which these responsibilities affect the psychological well-being of these women. The analyses that follow examine the ways in which the tasks with which grandmothers are helping their grandchildren, the centrality of the grandparent role, and the relationship between the grandparent and the grandchild’s parents affect the caregiving satisfactions and burdens as well as the positive and negative affect experienced by grandmothers raising grandchildren.

Evidence suggesting that some grandmothers raising grandchildren experience threats to their psychological well-being comes from two types of data. The first includes small, homogeneous samples (e.g., Burton, 1992; Giarrusso, Feng, Wang, & Silverstein, 1996; Jendrek, 1993a, 1994; Kelley, 1993; Minkler & Roe, 1993; Minkler, Roe, & Price, 1992; Shore & Hayslip, 1994; Strawbridge, Wallhagen, Shema, & Kaplan, 1997). The second is based on data from the National Survey of Families and Households (e.g., Fuller-Thomson, Minkler, & Driver, 1997; Minkler, Fuller-Thomson, Miller, & Driver, 1997; Szinovacz, DeViney, & Atkinson, 1999). These studies highlight the complexities involved in the relationship between assuming care for a grandchild and psychological well-being. Minkler and colleagues (1997), for example, found that grandmothers caring for a grandchild were nearly twice as likely as grandmothers not providing such care to experience depressive symptoms. Similarly Szinovacz and colleagues (1999) found that when grandchildren moved into the grandparents’ household, grandmothers experienced an increase in depressive symptoms.

The ways in which race affects the experiences of grandmothers raising grandchildren have received only limited attention. Yet differences in the role of grandparent within Black and White cultures suggest the importance of examining the ways in which race affects both the caregiving experience and its effects on psychological well-being. Historically, Black and White grandmothers have played different roles within families, with Black grandmothers playing a more central role in holding kin networks together (Burton & Dillow-Anderson, 1991; Hagestad & Burton, 1986). Black households are more likely than White households to include both a grandparent and a grandchild (9.2% vs. 2.3%; Bryson & Casper, 1999), and Black grandmothers are less likely than White grandmothers to embrace norms of noninterference (Cherlin & Furstenberg, 1986; Komhafer & Woodward, 1981).

We developed the conceptual framework for predicting the psychological well-being of caregiving grandmothers by integrating the risk factors identified in the existing literature regarding grandparent caregivers, the broader caregiving literature, and empirical and theoretical knowledge about family stress. The model builds on Lawton’s two-factor model of caregiving appraisal and psychological well-being (Lawton, Kleban, Dean, Rajagopal, & Parmelee, 1992; Lawton, Moss, Kleban, Glicksman, & Rovine, 1991), and empirical work by Pruchno and her colleagues (Pruchno, Patrick, & Burant, 1996; Pruchno, Peters, & Burant, 1995).

Positive and negative affect, the central outcomes in the model, are subjective states resulting from both long-term personality dispositions, general psychopathology, and...
situation-specific stressors. Research has clearly established that positive and negative affect are different from one another and that both are necessary for a comprehensive characterization of psychological well-being (Diener & Emmons, 1984; Warr, Barter, & Brownbridge, 1983; Watson & Tellegen, 1985). Positive affect has been consistently associated with the quality of external events, such as activities or social behavior, whereas negative affect has typically been found to be predicted by health and other internal attributes (Bradburn, 1969; Lawton, 1983).

Caregiving is an activity of mixed valence for the caregiver. On the one hand, caregiving activities are positively affirming; on the other hand, caregiving is a demand that competes with other roles and responsibilities. As such, caregiving activities have the potential to simultaneously enhance caregiving satisfaction while increasing caregiving burden. Furthermore, greater satisfaction from the caregiver role should be associated with positive affect but be less effective in mitigating negative affect, whereas caregiving burden should increase negative affect, but be less effective in diminishing positive affect.

Consistent with findings from research focused on predictors of positive and negative affect, it is expected that caregiving satisfaction is predicted by the quality of external events related to the caregiving experience, whereas caregiving burden is predicted by internal attributes of both the caregiver and care receiver. Following this, greater centrality of the grandparent role (Lawton et al., 1991; Pruchno et al., 1995) and better relationships between the caregiver and other family members (Pruchno, Peters, Kleban, & Burant, 1994) should lead to greater caregiving satisfaction, whereas poorer health on the part of the grandmother and more aberrant behaviors on the part of the grandchild are expected to increase caregiving burden. In addition, because research consistently has found that the lack of caregiving satisfaction promotes caregiving burden (Lawton et al., 1991; Pruchno et al., 1995, 1996), this relationship is also modeled.

The hypothesized relationships among model variables are depicted in Figure 1:

1. Caregiving satisfaction is increased when relationships between grandmother and grandchild’s parents are better, when grandmothers are providing more help to their grandchildren, and when grandmothers perceive their caregiving role as more central to their sense of self.
2. Caregiving burden is greater when grandmothers provide more help to their grandchildren, grandchildren exhibit more problematic behavior, grandmother’s health is poorer, and caregiving satisfaction is less.
3. Positive affect is greater when caregiving satisfaction is higher, caregiving burden is less, and grandmother’s health is better.
4. Negative affect is greater when caregiving burden is higher and grandmother’s health is poorer.

Figure 1. Theoretical model and final standardized estimates.
Methods

Sample

Between July of 1996 and July of 1998, we completed 1545 structured telephone and in-person interviews with grandparents who were living with a grandchild. Women eligible to participate in the study if they had lived with at least one of their grandchildren for at least 3 months. When a woman was living with more than one grandchild, the grandchild between the ages of 6 and 12 was selected as the target grandchild. If more than one grandchild fit this criterion, we randomly selected the target grandchild from those between the ages of 6 and 12. If none of the grandchildren were between the ages of 6 and 12, we selected the grandchild closest to that age range as the target.

The analyses that follow are based on a subsample of 867 grandmothers (488 White and 379 Black) older than the age of 50 years who were living with a grandchild in households that did not include either the grandchild’s mother or father. According to the grandmothers’ reports, there were often complex reasons, involving multiple family problems, that resulted in their ultimately assuming primary responsibility for their grandchild. Although the most common reason given for this shared living situation was drug addiction on the part of the child’s mother (42.7%) or father (27.3%), grandmothers also reported that they were living with the grandchild because the child’s mother was: (a) dead (9.0%), (b) in prison (5.3%), (c) mentally ill (5.8%), (d) addicted to alcohol (20.2%), (e) physically abusive (9.8%), (f) emotionally abusive (18.9%), (g) physically neglectful (32.2%), and (h) emotionally neglectful (33.6%). Grandmothers reported that the child’s father was not raising his child because he was: (a) dead (4.3%), (b) in prison (8.0%), (c) mentally ill (1.7%), (d) addicted to alcohol (20.6%), (e) physically abusive (6.2%), (f) emotionally abusive (11.0%), (g) physically neglectful (15.2%), and (h) emotionally neglectful (14.3%).

Individuals learned about the study primarily through national media press releases (69.9%). Additional referral sources included (a) paid advertisements (2.4%), (b) contact with social agencies (5.9%), (c) schools (2.9%), (d) word of mouth (3.0%), (e) support groups (7.2%), and (f) referral from others who had participated in the study (6.1%).

Grandmothers participating in the study resided in 44 states, with most living in urban areas (90.2%). Respondents were distributed across the country as follows: (a) 11.3% in the Northeast, (b) 35.3% in the Midwest, (c) 35.6% in the South, and (d) 17.8% in the West. Blacks were more likely to be living in the South, whereas Whites were more likely to be living in the Midwest and West ($\chi^2(3, N = 867) = 15.82, p < .001$).

Table 1 details demographic differences between the Black and White respondents. Grandmothers participating in the study ranged in age from 50 to 83 years ($M = 57.9, SD = 6.1$). Black respondents were more likely than White to be divorced or widowed, whereas White respondents were more likely to be married. The majority of the sample (66.1%) was Protestant, with 17.3% Catholic, 14.3% other, 0.8% Jewish, and 1.5% reporting no religion. Approximately half of the sample was currently working. Among those respondents who were currently working, the mean number of work hours per week was 35.02. Respondents reported that they worked in a variety of positions, with Black respondents more likely than White respondents to report working in service and laborer positions. A minority of the sample indicated that they had been housewives for most of their lives, with this being more characteristic of White than Black respondents. The women had an average of 13.4 years of education. Average annual income reported by respondents was lower for Black respondents than for White respondents.

The grandchilders ranged in age from 8 months to 18 years. Half of the grandchilders were boys; half were girls. Preliminary analyses indicated that the grandchilder’s age and gender were not related to model variables. The grandchilders had been living with their grandmothers for a mean of 6.21 years. The overwhelming majority of grandchilders moved into the grandmother’s home (85.4%), whereas a minority had always lived with their grandmother (7.5%), and a few grandmothers moved into the grandchilder’s home (1.8%) or grandmother and grandchild moved into a new home together (4.5%). Although the majority (54.1%) of the grandmothers had only one grandchild living in their home, 26.1% had two grandchildren, 11.3% had three grandchildren, and 8.4% had four or more grandchilders. Black respondents had more grandchilders living with them than did White respondents. More of the respondents were maternal grandmothers (68.2%) than paternal grandmothers (31.8%).

Measures

We assessed grandchild behavior by using a revision of the Achenbach Child Behavior Checklist (Achenbach, 1991). We included in these analyses those items identified by Achenbach as discriminating between children referred for clinical treatment and those who were not referred, and those that assess hyperactivity and temper. Three items measured hyperactivity: (a) can’t concentrate or pay attention for long, (b) can’t sit still, is restless, or hyperactive, and (c) is impulsive or acts without thinking. Temper was measured with seven items (e.g., argues a lot; has temper tantrums). Grandmothers

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Table 1. Demographic Characteristics, Mean (SD)

<table>
<thead>
<tr>
<th></th>
<th>Total (N=1545)</th>
<th>White (N=867)</th>
<th>Black (N=379)</th>
<th>t test or chi square (df)</th>
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<tbody>
<tr>
<td>Marital Status</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% married</td>
<td>57.2 (.50)</td>
<td>68.91 (.46)</td>
<td>42.2 (.49)</td>
<td>61.83** (1)</td>
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<tr>
<td>% widowed</td>
<td>16.3 (.37)</td>
<td>13.5 (.34)</td>
<td>19.8 (.40)</td>
<td>6.15* (1)</td>
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<tr>
<td>% divorced</td>
<td>24.1 (.43)</td>
<td>17.0 (.38)</td>
<td>33.2 (.47)</td>
<td>30.74** (1)</td>
</tr>
<tr>
<td>Occupational Status</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% white collar</td>
<td>29.4</td>
<td>29.1</td>
<td>29.8</td>
<td></td>
</tr>
<tr>
<td>% secretarial</td>
<td>26.8</td>
<td>28.5</td>
<td>24.5</td>
<td></td>
</tr>
<tr>
<td>% service</td>
<td>14.4</td>
<td>9.6</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td>% laborer</td>
<td>11.5</td>
<td>8.2</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>% technical/sales</td>
<td>8.5</td>
<td>9.8</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>% housewife</td>
<td>9.3</td>
<td>14.8</td>
<td>2.4</td>
<td></td>
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<tr>
<td>Per Capita Income</td>
<td>$10,909</td>
<td>$12,004</td>
<td>$9,471</td>
<td>5.74** (831)</td>
</tr>
<tr>
<td>Number of Grandchildren in Household</td>
<td>1.80 (1.18)</td>
<td>1.56 ( .92)</td>
<td>2.11 (1.39)</td>
<td>-6.64** (623)</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01.

Chi square.
rated each behavior as either not true, sometimes true, or
often true of the target grandchild during the past 6 months.
Scores on both the hyperactivity and temper scales ranged
from 0 to 6. Coefficient alpha was .77 for the hyperactivity
scale and .84 for the temper scale. Table 2 includes infor-
mation about the means of all model variables for the complete
sample and for the Black and White subsamples.
We measured the extent to which grandmothers provided
help to their grandchildren by asking respondents how often
during the past few months they have helped their grand-
child with 14 tasks that included tasks of daily living (e.g.,
lifting or carrying something as heavy as 10 pounds). Scores
ranged from 0 to 25. Coefficient alpha for the scale was .86.

We used the following three items to measure the extent
to which grandmothers viewed their grandparent role as
central: (a) “I am one of those people whose life revolves
around my grandchildren,” (b) “My grandchildren are my
main reason for living,” and (c) “I measure out the rest of
my life in terms of milestones in the grandchildren’s lives.”
We used a 7-point Likert scale ranging from very strongly
agree (6) to very strongly disagree (0). Scores on the scale
ranged from 0 to 18. Coefficient alpha was .79.

We measured quality of the relationship between
the grandmother and the grandchild’s mother and father
by using questions developed by Gronvold (1988). We assessed
the quality of the current relationships by asking a set of ques-
tions that focused on the relationship between grandmother
and grandchild’s mother and a set that focused on the relation-
ship between grandmother and grandchild’s father. Grand-
mothers were asked about the extent to which they (a) feel
close to the grandchild’s mother and father, (b) get along
with the grandchild’s mother and father, and (c) can talk
about things that concern them with the grandchild’s mother
and father. We measured each question on a 4-point Likert
scale. Scores on each scale ranged from 4 to 16, with a higher
score indicating a better relationship. Coefficient alpha for
relationship with grandchild’s mother was .92. Coefficient
alpha for relationship with grandchild’s father was .92. Only
3.3% of the grandmothers had no contact with either of the
grandchild’s parents. For purposes of the analyses that fol-
low, they received relationship quality scores of “0.”

Indicators of a grandmother’s perception about providing
care for her grandchild included both positive (caregiving
satisfaction) and negative (caregiving burden) appraisals.

Table 2. Model Variables, Mean (SD)

<table>
<thead>
<tr>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>t test (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grandchild’s Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive</td>
<td>2.24 (.88)</td>
<td>2.32 (.91)</td>
<td>2.15 (.84)</td>
</tr>
<tr>
<td>Temper</td>
<td>5.09 (3.52)</td>
<td>5.28 (3.59)</td>
<td>4.84 (3.42)</td>
</tr>
<tr>
<td>Amount of Help Grandmother Provides to Grandchild</td>
<td>39.81 (14.46)</td>
<td>40.12 (14.53)</td>
<td>39.40 (14.38)</td>
</tr>
<tr>
<td>Help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grandmother’s Health</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of illnesses</td>
<td>2.8 (2.46)</td>
<td>2.75 (2.37)</td>
<td>2.86 (2.58)</td>
</tr>
<tr>
<td>Subjective health</td>
<td>9.26 (2.29)</td>
<td>9.38 (2.34)</td>
<td>9.11 (2.21)</td>
</tr>
<tr>
<td>Functional ability</td>
<td>4.66 (5.18)</td>
<td>4.43 (4.97)</td>
<td>4.96 (5.42)</td>
</tr>
<tr>
<td><strong>Centrality of Grandmother Role</strong></td>
<td>9.45 (3.78)</td>
<td>9.11 (3.71)</td>
<td>9.88 (3.82)</td>
</tr>
<tr>
<td>Centrality</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Quality of Grandmother’s Relationship With:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Grandchild’s mother</td>
<td>7.91 (4.48)</td>
<td>7.70 (4.38)</td>
<td>8.17 (4.59)</td>
</tr>
<tr>
<td>Grandchild’s father</td>
<td>6.62 (4.61)</td>
<td>6.33 (4.34)</td>
<td>6.99 (4.91)</td>
</tr>
<tr>
<td><strong>Caregiver Appraisals</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Satisfaction</td>
<td>25.88 (3.44)</td>
<td>25.88 (3.33)</td>
<td>25.89 (3.57)</td>
</tr>
<tr>
<td>Burden</td>
<td>19.02 (6.43)</td>
<td>19.78 (6.25)</td>
<td>18.05 (6.53)</td>
</tr>
<tr>
<td><strong>Psychological Well-being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>14.07 (3.79)</td>
<td>13.90 (4.00)</td>
<td>14.28 (3.49)</td>
</tr>
<tr>
<td>Positive affect</td>
<td>19.40 (3.07)</td>
<td>19.46 (3.04)</td>
<td>19.32 (3.11)</td>
</tr>
<tr>
<td>Depression</td>
<td>9.29 (9.07)</td>
<td>9.27 (8.95)</td>
<td>9.32 (9.24)</td>
</tr>
<tr>
<td>Negative affect</td>
<td>12.47 (3.53)</td>
<td>12.97 (3.46)</td>
<td>11.84 (3.52)</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01.
We measured caregiving satisfaction with a six-item Caregiving Satisfaction scale developed by Lawton and colleagues (1982). Extensive information regarding scale development has been reported (Lawton, Kleban, Moss, Rovine, & Glickman, 1989), and the scale has been used in several caregiving studies (Lawton et al., 1991; Pruchno, Burant, & Peters, 1994). We rated each of the six caregiving satisfaction questions on a 5-point Likert scale ranging from never (0) to nearly always (5). Scores ranged from 12 to 30. Coefficient alpha for the scale was .79.

We measured caregiver burden by using a nine-item scale developed by Lawton and colleagues (1989). Scores ranged from 9 to 39. Coefficient alpha for the scale was .86.

We assessed negative affect by using the Center for Epidemiologic Studies–Depression scale (CES-D; Radloff, 1977) and the Negative Affect scale developed by Lawton and colleagues (1992). We scored the CES-D following the procedures described by Radloff (1977). Scores ranged from 0 to 49, with 21.5% of grandmothers scoring at or above a score of 16, suggesting that like other samples of caregivers (McCallum, Mackinnon, Simons, & Simons, 1995; Pruchno et al., 1996), this group was not at significant risk for depressive symptomatology (Radloff, 1977). Coefficient alpha for the scale was .89. The Negative Affect scale developed by Lawton and colleagues (1992) included self-ratings of whether, during the past week, respondents were: sad, annoyed, worried, irritated, or depressed. We used a 5-point Likert scale (never, 1, to very frequently, 5). The range was 5 to 25. Coefficient alpha was .82.

We measured positive affect with the Life Satisfaction Index A (LSIA; Neugarten, Havighurst, & Tobin, 1961), and the Positive Affect scale developed by Lawton and colleagues (1992). Scores on the LSIA ranged from 2 to 20. Coefficient alpha was .78. The Positive Affect scale developed by Lawton and colleagues (1992) included five items, including whether the grandmothers felt: happy, interested, energetic, content, and warmhearted during the past week. We used a 5-point Likert scale (never, 1, to very frequently, 5). The range was 5 to 25. Coefficient alpha was .80.

Procedures
We used the Analysis of Moment Structures (AMOS) structural modeling program (Arbuckle, 1995) in all analyses. We examined multiple indexes of fit to evaluate the fit of the data to the model. We used an overall chi-square index to assess the degree of fit between the estimated and observed covariance matrices. Lower values indicate better fit. Problems can arise with the chi-square index when the sample size is large (Bentler & Bonett, 1980), so we used additional indexes to assess model fit. We included the following indexes: (a) comparisons of incremental changes in chi-squares among nested models, (b) Bollen and Stine’s (1992) incremental fit index (IFI), (c) root mean square error of approximation (RMSEA; Browne & Cudeck, 1989), and Hoelter’s (1983) critical N (CN).

We tested the theoretical model first by using data generated from the White subsample. We made modifications to the model until an acceptable fit was found, and then we tested the goodness of fit of the modified model on a sample of Black grandmothers raising a grandchild. Next, we tested the similarity in the magnitude of the regression paths, covariances, and variances across White and Black grandmothers raising a grandchild. Finally, we tested the model on the complete sample.

Results
White Grandmothers
The zero-order correlations among the model elements for the sample of White grandmothers are displayed in the lower diagonal of Table 3. We tested all hypothesized paths simultaneously. Although the summary statistics, \( \chi^2(72, N = 488) = 208.15, p < .01 \); IFI = .99, RMSEA = .06, Hoelter CN = 222, suggest a good fit of the data to the model, with all hypothesized paths significant, the modification indexes suggested the addition of paths between grandchild behavior and caregiving satisfaction and between grandchild behavior and negative affect. We added these two paths to the model one at a time. Each additional path was significant and improved the fit of the model. Addition of these paths resulted in a final model with \( \chi^2(70, N = 488) = 144.82, p < .01 \); IFI = .99, RMSEA = .05, Hoelter CN = 311. Maximum likelihood estimates documenting the relationships among latent variables are found in Table 4. The critical ratios listed in the table represent significance tests, with paths having critical ratios greater than 1.96 interpreted as being significant.

Black Grandmothers
The upper diagonal of Table 3 reports the zero-order correlations among model elements for Black grandmothers. We tested the final model developed for White grandmothers on data from the Black grandmothers. Results indicated an excellent fit of the data to the model (\( \chi^2(70, N = 379) = 114.98, p = .001 \); IFI = .99, RMSEA = .04, Hoelter CN = 306). All hypothesized paths, with the exception of that from relationship between grandchild’s parents and grandmothers to satisfaction were significant; no additional un-hypothesized paths were significant. Maximum likelihood estimates for the sample of Black grandmothers are found in Table 4.

Stability of the Model Across Groups of White and Black Grandmothers
To more carefully assess the stability of the latent paths across the groups of White and Black grandmothers, we tested the final model simultaneously. We used multisample AMOS analysis to test a model in which the same parameter pattern was freely estimated within each group. This chi-square value was the starting point for each nested sequential analysis that follows. We tested the equality of the factor loadings for grandchild behaviors, grandmothers’ health, grandchildren-parent relationship, positive affect, and negative affect by simultaneously equating each loading. We did not find any differences in the magnitude of the factor loadings between the Black and White grandmothers. We contrasted the equality of the magnitude of the regression weights between latent variables simultaneously. This omnibus test indicated that there were no significant differences between the groups.
Table 3. Correlations Among Measures in the Model by Race

<table>
<thead>
<tr>
<th>White Below Diagonal (n = 488)</th>
<th>Hyperactive</th>
<th>Temper</th>
<th>Help</th>
<th>Illnesses</th>
<th>Relationship With Father</th>
<th>Relationship With Mother</th>
<th>Satisfaction</th>
<th>Burden</th>
<th>Life Satisfaction</th>
<th>Positive Affect</th>
<th>Depression</th>
<th>Negative Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactive</td>
<td>1.0</td>
<td>.630**</td>
<td>.102*</td>
<td>.170**</td>
<td>.217**</td>
<td>.176**</td>
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<td>.125*</td>
<td>.199**</td>
<td>.213**</td>
<td>.190**</td>
</tr>
<tr>
<td>Temper</td>
<td>.576**</td>
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<td>.062</td>
<td>.231**</td>
<td>.230**</td>
<td>.202**</td>
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<td>.030</td>
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<td>.367**</td>
<td>.241**</td>
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<td>.035</td>
<td>1.0</td>
<td>.038</td>
<td>.052</td>
<td>.005</td>
<td>.054</td>
<td>.071</td>
<td>.023</td>
<td>.191**</td>
<td>.092</td>
<td>.052</td>
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<tr>
<td>Illnesses</td>
<td>.155**</td>
<td>.168**</td>
<td>.008</td>
<td>.081**</td>
<td>.087**</td>
<td>.080</td>
<td>.005</td>
<td>.071</td>
<td>.023</td>
<td>.191**</td>
<td>.092</td>
<td>.052</td>
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<td>Subjective Health</td>
<td>-.112*</td>
<td>-.128**</td>
<td>.011</td>
<td>-.696**</td>
<td>-.652**</td>
<td>-.118**</td>
<td>-.064</td>
<td>.031</td>
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<td>.109*</td>
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<td>.632**</td>
<td>-.682**</td>
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<td>.009</td>
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<tr>
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<td>-.109*</td>
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<td>.007</td>
<td>.017</td>
<td>-.001</td>
<td>1.0</td>
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<td>.105**</td>
<td>-.169**</td>
<td>.156**</td>
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<td>.167**</td>
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Note: Values in the diagonal are bold face. *p < .05; **p < .01.

Next, we contrasted the magnitude of the 11 covariances across the two groups simultaneously with results indicating that the two groups were significantly different. The analyses of the two samples indicated that there were no significant differences between the two groups, with the exception of the 11 covariances, which were significantly different. This suggests that the model is not able to explain the differences between the two groups simultaneously.
negative affect must not go unnoticed. Although positive and negative affect are two distinct constructs, the powerful effects of physical health and caregiver burden are demonstrated by these findings. Poor physical health and feelings of caregiving burden are so powerful that not only do they increase negative affect, they also decrease feelings of positive affect.

Although the overall model is stable across race, it is important to acknowledge the mean differences as well as the similarities between the Black and White grandmothers. The caregiving role has greater centrality for Black grandmothers, suggesting that this role is more important in the lives of Black grandmothers. Consistent with research reported by Lawton and colleagues (1992), Mui (1992), and Pruchno, Patrick, and Burant (1997), caregiving burden and negative affect are greater for the White grandmothers than for the Black grandmothers.

It is interesting to note that whereas the quality of relationship with grandchild’s parents is significantly related to...
caregiving satisfaction for the White grandmothers, this relationship is not significant for the Black grandmothers. These findings suggest that the family dynamics underlying the relationship between the grandchild’s parents and the grandmother may be important for understanding the caregiving experiences of White grandmothers. Future work focused on unraveling the reasons for the different family dynamics existing within Black and White families would provide important new information.

On the other hand, the similarities in the experiences for Black and White grandmothers must not be overlooked. Black and White grandmothers report similar levels of behavior problems on the part of their grandchild and indicate that they provide similar levels of help to these grandchildren. The health of Black and White grandmothers is similar to one another on all three dimensions examined and grandmothers report similar quality of relationships with the grandchild’s mother. Finally, many indicators of positive and negative affect of Black and White grandmothers are similar to one another, including levels of caregiver satisfaction, life satisfaction, positive affect, and depression. Together these data point to the need to examine the stresses of caregiving across race and ethnicity, highlighting the similarities of the experience, while acknowledging the differences.

These findings, although intriguing, have important limitations that must be acknowledged. Although the sample is large, diverse, and heterogeneous, with respondents from across the United States, it is composed of individuals who volunteered to participate. As such, it is unclear how these people are similar to or different from the grandmothers who find themselves in the role of custodial grandparent but who did not come forward to participate in the study. It is also important to note that all data represent subjective reports from the grandmothers and as such, care must be taken in interpreting the findings.

Future research examining the extent to which results are generalizable to grandmothers living in households that include the grandchild’s parents is needed. In addition, the extent to which findings can be replicated with longitudinal data would increase the ability to understand the intricate relationships among variables. Furthermore, the stability of the paths between grandchild behavior and caregiving satisfaction and between grandchild behavior and negative affect should be examined in future studies.

Nonetheless, these findings provide important new information which, used carefully, should be useful to social policy makers, legislators, and educators. These data suggest that in light of limited resources, special emphasis should be put on grandmothers who are in the poorest health and those whose grandchildren exhibit the most maladaptive behaviors. Grandmothers who live with and are responsible for the care of their grandchildren provide society with a vital service. Were it not for these women, the majority of their grandchildren would most likely become wards of the state. However, as the number of grandmothers raising grandchildren grows, it is crucial that attention be paid to the effects that this experience can have on the grandmothers’ psychological well-being. Should they become unable to meet the needs of their grandchildren, society would be faced with a significant challenge.

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