

Grandparenthood

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The transition from parenthood into grandparenthood is a normative experience for a majority of individuals and typically occurs in middle age. However, this transition is not uncommon for individuals over 65 or under 55. An individual's first experience with grandparenthood generally occurs in childhood, when they interact with their grandparents as grandchildren. Initially, the bond between grandparents and grandchildren is mediated by the parents. However, over time the relationship between the two becomes more direct.

Much of the initial research on grandparenthood focused on single-dimensional models. However, multidimensional models have been proposed. In order to examine the meaning of grandparenthood to grandparents, its importance across the life cycle, and its relationship to mental health, Kivnick (1982) derived five dimensions through factor analysis. These factors included the *centrality* of grandparenthood to the grandparent's life (e.g. as a central factor to their personal identity), their status as a *valued elder* (e.g. viewed as a wise and esteemed resource, such as one whom their offspring may go to for advice), *immortality through clan* (i.e. feelings of personal immortality given that the grandparent has ensured the continuity of the family), *reinvolverment with personal past* (e.g. Reliving past experiences, such as childhood experiences with their own grandparents), and *spoil*, which incorporates the indulgence many grandparents express toward their grandchildren.

These five dimensions of meaning in grandparenthood were found to have an impact on the mental health of the grandparents in the study. These impacts varied based on the levels of each characteristic endorsed by the participants, as well as by the gender of the participants. For instance, female participants for whom the *centrality* of grandparenthood to their lives was a major factor (e.g. placing a high emphasis on frequent interactions with grandchildren) demonstrated negative mental health outcomes, such as endorsing higher feelings of deprivation.

It was proposed by the author that these individuals may be employing the grandparent-grandchild relationship as a means to compensate for other deficits in their lives. As another example, male participants with an emphasis on their role as a *valued elder* demonstrated higher levels of socioemotional satisfaction. The author proposes that this may be related to the opportunity for the grandfather to share his own life experiences through methods such as providing helpful advice. Meaningful and positive experiences as a grandchild appeared to influence the levels of the various dimensions endorsed by participants.

This influence also varied by the gender of the grandparent. For instance, these experiences influenced the degree to which grandmothers derived meaning from *reinvolverment*, *centrality*, and *valued elder* dimensions. In contrast, positive and meaningful childhood experiences with grandparents were more related to the *spoils* dimension in male participants. A qualitative analysis of the study proposed that grandparents used their relationship with their grandchildren to improve mental health outcomes, such as through maximizing psychosocial and circumstantial strengths and compensating for deficits associated with other aspects of advanced age.

Thomas (1990) also examined the relationship between grandparenthood and mental health. Additionally, implications for clinical practice were discussed. In this study, increased

levels of life satisfaction and morale were associated with better health, marriage, older grandparents, and those with greater levels of grandparenting satisfaction and nurturance. Greater levels of self-esteem were also associated with participants who endorsed good health and marriage, as well as with lower levels of stress on the symbolic meaning of grandparenthood. In the context of clinical practice, a thorough examination of both the positive and negative features of grandparenthood should be undertaken in order to help emphasize those areas of the grandparent-grandchild relationship which enhance well-being and increase rewarding experiences with grandchildren as well as provide guidance for anticipating and effectively addressing problematic experiences.

Finally, previous research has shown that relationships between grandparents and grandchildren may differ within a family system. For instance, Cherlin and Furstenberg (1985) proposed that many grandparents appear to develop selective relationships with grandchildren, rather than developing relationships with all grandchildren equally. These “selective investments” in various grandparent-grandchild relationships indicates that certain relationships can be rewarding and comforting, while other relationships may cause distress. Finally, as with any population, the experience, roles, and expectations of grandparenthood differs across cultures, and multicultural considerations should be addressed when working with this population.

Further Reading

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