

THESIS

RESILIENCE AND SPIRITUALITY AMONG
GRANDPARENTS RAISING THEIR GRANDCHILDREN

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ABSTRACT

RESILIENCE AND SPIRITUALITY AMONG GRANDPARENTS RAISING GRANDCHILDREN

Today, increasing numbers of grandparents are responsible for raising their grandchildren. Grandparent caregivers face altered developmental paths compared to their noncaregiving peers. Past research has focused on health concerns and coping mechanisms that assist these grandparents in their parenting role, but have largely ignored or minimized the role of resilience. In particular, and important to this research project, spirituality as a component of resilience has not been explored among researchers examining grandparents who parent grandchildren. This study explored how caregiving grandparents utilize spirituality to foster resilience in their daily lives. Guided by the Resilience Theory, Erikson's Psychosocial Theory of Development and the Phenomenological Theory, one-on-one interviews were conducted with eleven grandparents (3 male, 8 female; age range 49-79; $M = 68$). Surveys were also orally administered, which included the Intrinsic Spirituality Scale and the Brief Resilience Scale. While the qualitative results revealed that caregiving grandparents are remarkably resilient, these findings were not supported by the descriptive statistics. The grandparents who stressed the importance of spirituality in their lives verbally expressed greater resilience than those who did not place as much emphasis on the importance of spirituality in their lives. Contrary to theorizing, qualitative results demonstrated that resilience grows from spirituality, not vice versa. Recommendations for future research and implications for practice are provided.

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CHAPTER I

Introduction

As measured by the 2000 census, approximately 2.5 million grandparents are responsible for raising 5.8 million children in the United States; that is an average of 2.32 children per grandparent (AARP Foundation, 2012). Reasons for the biological parents' absence vary between each family. Yet, it has been discovered that grandparents often care for their grandchildren because of incarceration due to drug and alcohol addiction, or from neglect and abandonment to even the death of a parent (Brintnall-Peterson, Poehlmann, Morgan, & Shlafer, 2009; Cox, 2007; Fuller-Thomson, Minkler, & Driver, 1997; Grinstead, Leder, Jensen, & Bond, 2003). Regardless of the reasons grandparents assume care for grandchildren, the numbers of these grandparent-grandchild families, termed "grandfamilies," are rising and is estimated to have increased by nearly 30% since 1990 (Fuller-Thomson & Minkler, 2001; U.S. Bureau of the Census, 2000). Though the term "grandfamily" in past literature typically refers to all kinship care, whether the caregiver is an aunt, uncle, cousin, grandparent, or any other kin member, for the purposes of this study, any reference to "grandfamily" will refer exclusively to grandparents who are raising their grandchildren.

The 30% increase in grandfamilies has paralleled an increased academic and social attention to the growing needs and concerns of this population. Grandparents who parent their grandchildren face altered, nonnormative developmental paths and aging patterns when compared to their noncaregiving peers. A nonnormative event is any occasion or experience which occurs outside of the time frame for typical development (Hayslip & Patrick, 2003a; Poehlmann, 2003). For example, a woman who loses her husband to cancer when she is only 28 years old has entered a nonnormative developmental stage, as most women experiencing

widowhood are in their 70's or 80's. As a result of experiencing widowhood earlier in life, it likely will greatly affect every aspect of her life. Likewise, the nonnormative event of parenting one's grandchild directly influences many facets of the grandparent's life. For example, grandparents might experience difficulty with their child rearing practices, in the ability to cultivate healthy attachment with their grandchildren, an ability to seek out community support, or to utilize social service resources in ways that fits their nonnormative role. It also could be possible that grandparents who care for grandchildren are resilient and fare relatively well, given such an event.

Purpose of the Study

The purpose of this study is to understand the meaning of resilience and spirituality in the lives of grandparents raising grandchildren. In particular, I am interested in how grandparent caregivers use spirituality to promote resilience in their daily lives. Through this research, valuable knowledge is gained on how grandparent caregivers successfully adapt to their nonnormative parenting role. Further, findings from this research project contribute to the broader, growing body of literature on the resilience of older adults (Smith & Hayslip, 2012) and grandfamilies alike (Hayslip & Smith, 2013). Increased knowledge in this area is necessary, given the steady growth of the aging population and grandparents who parent grandchildren. Further, new knowledge will serve as a potential source to inform social service providers, community outreach efforts, and legal policy impacting grandparents raising grandchildren.

Rationale for the Study

Research concerning grandparent caregivers has largely focused on physical and psychiatric health (Dunne & Kettler, 2008; Fuller-Thomson & Minkler, 2000; Grinstead et al., 2003; Hayslip, Shore, & Emick, 2006a; Hayslip, Temple, Shore, & Henderson, 2006b; Kelley,

Whitley, & Campos, 2010; Minkler & Fuller-Thomson, 1999; Moore & Miller, 2007; Musil & Ahmad, 2002), legal needs (Flint & Perez-Porter, 1997; Hill, 2001; Letiecq, Bailey, Porterfield, 2008; Morrow-Kondos, Weber, Cooper, & Hesser, 1997; Wallace, 2001), as well as the developmental and social issues that may arise with their grandchildren (Brintnall-Peterson et al., 2009; Dunne & Kettler, 2008). Researchers have also addressed the complex dynamics of the grandparent-grandchild relationship, as they relate to the nonnormative, developmental nature of their caregiving role (Casale, 2011; Connor, 2006; Downie, Hay, Horner, Wichmann, & Hislop, 2010; Fuller-Thomson & Minkler, 2000, 2003) with a couple researchers studying grandparents' resilience (Casale, 2011; Poehlmann, 2003). However, although many researchers have examined the relationship between resilience and spirituality in adolescent populations (Berkel, Armstrong, & Cokley, 2004; Briggs, Akos, Czyszczon, & Eldridge, 2011; Campbell-Sills, Cohan, & Stein, 2006; Gunnestad & Thwala, 2011; Kim & Esquivel, 2011; Rounding, Hart, Hibbard, & Carroll, 2011) and adult populations (Banerjee & Pyles, 2004; Choowattanapakorn, Aléx, Lundman, Norberg, & Nygren, 2010; Greeff & Joubert, 2007; Kallampally, Oakes, Lyons, Greer, & Gillespie, 2007; Krause, 2003; Langer, 2004; Nakashima, 2007; Nakashima & Canda, 2005), after a thorough review of the literature, no research has been published that explicitly examines spirituality as a component of resilience among grandparents raising grandchildren.

Theoretical Framework

Psychosocial Theory of Development (Erikson, 1964; Erikson & Erikson, 1997) and Resilience Theory (Green, Galambos, & Lee, 2003) form the theoretical framework of this study. The integration of concepts and frameworks from each theory, focusing predominantly on Resilience Theory, form a strong, multi-dimensional approach to examining the meaning behind resilience and spirituality among grandparents who raise their grandchildren. The combination

of Resilience Theory's strength-based approach with the developmental lens of Psychosocial Theory allow for the understanding and conceptualization of this unique family unit.

Psychosocial Theory of Development: Eric Erikson

Erikson's theory of psychosocial development was originally composed of eight stages, dividing the lifespan into comprehensive phases beginning at birth and extending into "old age" (Erikson, 1964). However, as society has matured and evolved the duration of one's average life expectancy, Erikson's original eight stages were considered insufficient; thus the ninth stage was established (Erikson & Erikson, 1997). Rather than present a ninth, separate psychosocial crisis, as each of the preceding stage does, the ninth stage focuses, instead, on the ideal of gerotranscendence (a positive aspect), building off of the eighth stage, as well as exploring how a person age 80+ years old views each preceding stage (i.e., the negative aspect; a reflective stage, mirroring the reflective nature of that end stage of life). The final three stages from Erikson's theory are considered most relevant to the grandparent caregiver population as they are the stages which most likely align with grandparents' chronological ages.

Stagnation vs. generativity: Care. This stage of adulthood is the longest of Erikson's stages, lasting more than thirty years. Here, adults are typically settled down, working, raising a family, making plans for retirement. Adults who are able to generate those life events (thus the term generativity) experience "a wonderful time to be alive, cared for and caring, surrounded by those nearest and dearest" (Erikson & Erikson, 1997, p. 111-112). Successful navigation of this stage yields a sense of generativity and successful care of oneself and typically one's biological children. However, for those in this stage who do not feel needed or of use to others, feelings of uselessness and stagnation may be cultivated. This can often catapult the individual to the subsequent stage's experience of despair and disgust. Grandparent caregivers who are in this

stage would typically have little problem with generativity and feeling needed for care services as they are raising their grandchildren. However, they may struggle with feelings of failure and guilt over the failings of the adult child and whether they could have or should have done something differently when raising their adult children. Depending on how grandparent caregivers deal with those feelings, the grandparent could enter the subsequent developmental stage with either despair and disgust or integrity.

Despair and disgust vs. integrity: Wisdom. In the eighth stage of psychosocial development, when normal adults age and transition into old age, their generativity decreases as retirement approaches and physical and/or mental limitations may be more prevalent (Erikson, 1964). However, one benefit of old age is that with age comes wisdom (at least theoretically; the topic of wisdom within human development's field of research has its own literature on how/if a person may be considered wise). Erikson and Erikson (1997) assert that to attain and retain integrity (i.e., the developmental goal of this stage), the individual must maintain discretion and sensitivity, as well as verbal and physical contact with others. As people age, however, those requisites of integrity, discretion, sensitivity, and interpersonal contact become increasingly difficult to maintain as age-related limitations restrict the mobility of aging individuals. However, this all changes when considering grandparents who parent grandchildren whose chronological age place them in this stage. For example, because they are in a nonnormative stage of development, the difficulties of old age are ignored or down-played because of the rigor necessary to raise a child. Having considered that, it could be argued, developmentally speaking, that grandparents may regress out of this eighth stage and return to an earlier stage because of the physical, mental, and emotional demands required of raising their grandchild(ren).

Gerotranscendence. Finally, Erikson and Erikson's (1997) ninth stage is one that few grandparent caregivers achieve. Because these grandparents are focused on the demands of parenting, they are likely taken off the course of normative development and are, consequently, at greater risk for not being able to achieve this final stage. Normally, in the stage of life characterized by cognitive and physical decline leading to loss of abilities, psychosocial development offers a positive aspect for this final stage of life: gerotranscendence. Described best as a mental state of being, gerotranscendence marks a shift in perspective, considered spiritual by some, cosmic by others, that yields greater amounts of life satisfaction (Erikson & Erikson, 1997; Tornstam, 1989). This shift in focus from oneself and the immediate surroundings to an increasingly universal perspective, as 'transcendent' means to surpass usual limits, offers individuals a greater sense of purpose and peace (Webster Inc., 2003). Erikson and Erikson (1997) use the sense of purpose and peace gained from this transcendence to indicate positive aging development and benefits (i.e., mental, emotional, physiological, spiritual, etc.) which an aging person might find from exercising gerotranscendence in his/her final stage of life. However, these benefits may be nonexistent or delayed for grandparents raising grandchildren who are simply unable to enter this final developmental stage while caregiving.

Resilience Theory

Resilience theory emerged out of developmental psychopathology in the 1980's as a reaction of sorts to that field (Cicchetti, 1984; Masten, 1989; Sroufe & Rutter, 1984; Yates & Masten, 2004). Rather than focusing on individuals' risk factors and propensity for psychopathology, resilience theorists examine which life circumstances and personal attributes facilitate successful outcomes following adversity (Greene et al., 2003; Yates & Masten, 2004). The theory emphasizes a balance of risk factors versus protective factors in an individual, family,

or community. For example, although a grandchild may be born with the risk factors of fetal alcohol syndrome and a propensity for alcohol addiction, focusing on certain protective factors, such as belonging to a spiritual community or having a strong mentor (i.e. a grandparent), rather than those risk factors, may allow the child to be resilient in the face of those risk factors and live a healthy, responsible, alcohol-free life. By focusing on protective factors, Resilience Theory is considered a strength-based approach; it looks to promote and utilize positive or protective characteristics and traits which support success rather than only focus on the negative risk factors and how to minimize those (Greene et al., 2003).

One such protective factor that functions as a strengthening quality for many individuals is spirituality (Briggs et al., 2011; Yates & Masten, 2004). Briggs and colleagues (2011) published a literature review examining spiritual wellness as a protective factor, which was conceptualized beneath resilience as a metaconstruct, among high school adolescents. Their review supports the hierarchy from Resilience Theory between both resilience and spirituality. For example, resilience is the lens through which individuals are examined (i.e., the strength-based approach) and spirituality is understood as a core protective factor of resilience, fostering an optimistic outlook on life and facilitating meaning making (Briggs et al., 2011; Green et al., 2003; Kim & Esquivel, 2011; Seligman, 2006).

Conceptualization of resilience in the literature. The construct *resilience* is relatively new to developmental psychology, compared to other constructs of personal states and descriptives, such as *depression* or *repression*. After a thorough literature review, the first documented use of *resilience* is in Block and Turula's (1963) work on ego control. For example, they used resilience to refer to ego resilience, a specific personality trait a person may possess. Since then, resilience has matured and evolved in meaning, context, and application. In the

course of that evolution, several researchers choose to use *resilience* interchangeably with the term *resourcefulness* (Casale, 2011; Musil, Gordon, Warner, Zauszniewski, Standing, & Wykle, 2010; Ong et al., 2006; Musil, Warner, Zauszniewski, Jeanblanc, & Kercher, 2006; Musil, Warner, Zauszniewski, Wykle, & Standing, 2009). Also, a few researchers mention resilience in the title or in the abstract of their publications, however the term does not extend into the literature review and is not supported anywhere else in the article (Adams, Sanders, & Auth, 2004; Fuller-Thomsom, 2005; Strom & Strom, 2011; Worthington & Scherer, 2004). This disparity in the literature (i.e., diversity in definitions, lack of conceptual consistency, and using *resilience* as a keyword more than a concept within the study) further supports the infancy of this construct in research. Due to the variety of use and definition, for the purposes of this study, resilience is defined as a multidimensional strength within the grandparent that is practiced and developed over time. Further, as *resilience* holds a plethora of meanings and contexts throughout literature, a framework of how each context may be organized is presently explained, as identified by leaders in the field (i.e., Reich, Zautra, & Hall, 2010). These dimensions include: (a) behavioral, (b) psychological, (c) physiological, and (d) developmental perspectives, however, only the behavioral, psychological, and developmental perspectives will be discussed as the physiological perspective is not relevant to the current research study.

Behavioral. The foundation of behavioral psychology states that one's behaviors and actions, the tangible deeds a person does, shape each individual's thinking and cognitive processes (Neenan, 2009). From there, the behavioral perspective asserts that resilient individuals have stronger, more positive cognitive processes, allowing them to recover from stressors quickly and more effectively than less resilient individuals (Ong, Bergeman, & Chow, 2010; Tugade & Fredrickson, 2004). For example, in 2006, researchers examined the partnering

role of resilience and positive emotions in an individual's stress process (Ong, Bergeman, Bisconti, & Wallace, 2006). In this work, the researchers examined resilience in three samples; the first two samples examined resilience during daily stressors while the third sample examined resilience among high stress individuals, specifically: recently bereaved widows. Their findings demonstrated that positive emotions assisted highly resilient individuals in recovering in a more effective manner from daily stress, regardless of which sample. Theorists such as Seligman (2006) have built off this relationship between resilience and positive cognitive-behavioral processes, focusing on optimism and positive psychology as a means to promote health and well-being (Ong et al., 2006; Ong et al., 2010).

Psychological. Seligman (2006) is one example of a theorist who provides a bridge between the behavioral and psychological perspectives. He considers the behaviorists' positive cognitive thought processes yet also address the major distinction between the two perspectives: in the psychological perspective, resilience is still considered part of a positive cognitive process however, the application of the concept in research and interventions is primarily as a means to prevent psychopathology (Campbell-Sills et al., 2006; Tugade & Fredrickson, 2004). From this perspective, resilience is an inherent tool by which individuals may increase their psychological flexibility, allowing them to "bounce back" from stressful experiences with more success than someone who lacks resilience. For example, the psychological perspective might say that the 28-year-old widow who is able to grieve her loss but then continue on with her life (i.e., work, maintain her health, perhaps date again) has demonstrated her ability to be resilient and bounce back from the stressful and traumatic experience of losing her husband. Here, resilience is considered to be a much more fixed trait within an individual while the behavioral perspective

considers resilience to be a much more malleable construct, as thought processes are able and subject to change (Tugade & Fredrickson, 2004).

Developmental. The final perspective, the developmental perspective, recognizes the complexity and process-nature of resilience. Developmentally, resilience is believed to be fostered through “adaptive coping behaviors in response to stressors” (King, King, Fairbank, Keane, & Adams, 1998, p. 421). Yet, on the other hand, resilience may also ensure naturally among some people, as though part of a naturally occurring developmental phase (Erikson & Erikson, 1997; Masten & Wright, 2010). This latter view understands resilience as a natural occurrence rising “from many processes and interactions that extend beyond the boundaries of the individual organism, including close relationships and social support” (Masten & Wright, 2010, p. 215).

The processes and interactions Masten and Wright (2010) indicate refer to the dynamic, developmental process that every human being goes through in life. For example, every man and woman faces a plethora of interactions and developmental processes as they each age. These may include: retirement, welcoming the births of grandchildren, failing health, etc. How individuals navigate through those processes as well as how they interact with others affects the success of their developmental phase (Erikson & Erikson, 1997). However, it is likely that these developmental processes are altered within a grandfamily. For example, retirement is often postponed as the grandparent now has the financial responsibilities of raising another child (Kelley et al., 2010; Weber & Waldrop, 2000). Social plans change to revolve around the grandchild, and health care is often focused on the grandchild as opposed to the ailment of the grandparent (Kelley et al., 2010; Kelley, Yorker, Whitley, Sipe, 2001). As the developmental perspective asserts that a developmentally healthy individual will have higher levels of resilience

than a non-developmentally healthy individual, one question important to this study is whether a grandparent caregiver is able to utilize his/her resilience when in a nonnormative developmental stage. If so, does the presence of resilience compensate and make up for the nonnormative staging, thereby allowing them to maintain a state presence of psychological health?

Definition of resilience. As demonstrated by the variation of perspectives, the term resilience means something very different yet important within each perspective. After examining the varied contextual definitions of resilience from each of the perspectives, the definition of resilience remains: a multidimensional strength within a grandparent, involving positive cognitive processes, coping behaviors, as well as a certain amount of innate characteristics, practiced and developed over time, which is utilized to successfully adapt to the nonnormative parenting event of raising one's grandchild(ren).

CHAPTER II

Literature Review

Having considered the theoretical framework for this study, it is important to examine research conducted on spirituality and resilience. Research pioneers in the field of grandfamilies, Drs. Bert Hayslip and Gregory Smith, have a new book (Hayslip & Smith, 2013) dedicated entirely to the resilience of grandparent caregivers. The timing of the book's publication demonstrates the timeliness and importance of the current study. However, Hayslip and Smith's book does little to include spirituality as a component of resilience. As a result, the continued lack of attention towards spirituality in the lives of grandparent caregivers further demonstrates the important gap in the research this study will provide.

Spirituality and Resilience

The collected works addressing the relationship between spirituality and resilience is well established. However, because no work was found concerning spirituality and resilience among grandparent caregivers, the literature examined is borrowed from a broader body of knowledge, including studies that examine *religiousness* or *religiosity* but do so in similar operational ways as literature concerning spirituality. This research can be roughly organized into four groupings: resilience and spirituality as separate unrelated factors (Connor, Davidson, & Lee, 2003b), resilience and spirituality as separate but correlated factors (Berkel et al., 2004; Chan, Rhodes, & Perez, 2012; Friedli, 2001; Kasen, Wickramaratne, Gameroff, & Weissman, 2012), resilience deriving from spirituality (Banerjee & Pyles, 2004; Greeff & Joubert, 2007; Gunnestad & Thwala, 2011; Kim & Esquivel, 2011; Krause, 2003, Mulcahy, 2007), and lastly, spirituality deriving from resilience (Black & Lobo, 2008; Choowattanapakorn et al., 2010; Connor & Davidson, 2003a; Connor et al., 2003b; Greeff & Loubser, 2008; Greeff, Vansteenwegen, & Ide,

2006). However, it is important to note that after a thorough review of the literature, not one study was found focusing on spirituality and resilience among grandparents raising grandchildren.

Resilience and spirituality as unrelated. The lack of research on resilience and spirituality as unrelated variables is exactly the reason why one sector of the literature considers resilience and spirituality to be unrelated. The lack of reasoning is the reason. That is, few researchers will dedicate time to exploring why or how resilience and spirituality are unrelated. However, a 2003 study which examined spiritual wellness among trauma victims was able to observe resilience and spirituality among the participants (Connor et al., 2003b). The researchers observed that the presence of spiritual wellness among the trauma victims was associated with greater physical health among those victims. Although they acknowledged similarities in the protective nature that resilience and spirituality can have for an individual, and researchers still considered resilience and spirituality as completely separate, distinct variables.

Resilience and spirituality as separate yet related. In addition to viewing resilience and spirituality as unequivocally separate, a few researchers marked similar results to Connor and colleagues' (2003b) study but concluded that resilience and spirituality are indeed related. For example, Chan and colleagues (2012) studied how religious involvement may affect the psychological health of women who survived Hurricanes Katrina and Rita. In this case, religious involvement was measured by frequency and importance of religious events; the importance of a religious event gets the meaning an individual places behind the event (i.e. meaning making) which is similar to the importance that spirituality places upon meaning making as well. Their findings report that women who rate higher levels of pre-hurricane religiousness predicted higher levels of post-hurricane optimism, sense of purpose, and social resources. Further, religiousness

was correlated to the ability to display resilience, bounce back, and display greater psychological health, which relates back to the psychological dimension of resilience.

In addition, a 2012 study built on the relationship between religiosity/spirituality and resilience (Kasen et al., 2012). Here, religiosity was used interchangeably with spirituality and was examined for correlations with resilience as a protective factor in a longitudinal study. Children were recruited based on whether they were high-risk for depression, because of a depressed parent, and compared to a control group of children who were not at risk. All children were initially evaluated for psychiatric disorders, then again at 10 year and 20 year follow ups. During the follow ups, the participants were assessed for religious/spiritual importance, services attendance, and presence of negative life events on top of psychopathology. In this study, resilience was defined as “lower odds for disorders with greater religiosity/spirituality” when compared to peers (Kasen et al., 2012, p. 509). Findings indicate that increased religious attendance significantly lowered the risk for depression (by 79%), mood disorder (69%), or any other psychiatric disorder (64%). Overall, findings indicate that greater religiosity is correlated to increased resilience among high-risk individuals. These two studies promote relationships between religiosity/spirituality and resilience among trauma victims and persons who are at-risk for psychiatric disorders, but several studies (Black & Lobo, 2008; Choowattanapakorn et al., 2010; Connor & Davidson, 2003a; Greeff & Joubert, 2007; Gunnestad & Thwala, 2011) were able to go even further and find a directional relationship between resilience and spirituality.

Resilience deriving from spirituality. Several researchers have found resilience to be a derivative of spirituality. Gunnestad and Thwala (2011) studied resilience and religion in an international study among children and adolescents in Southern Africa using two data collections involving narratives and interviews. In this study, religion was conceptualized in much the same

was as spirituality, in terms of the benefits it can have on health and well-being. Gunnestad and Thwala (2011) found that religion can be impactful: a source of either vulnerability or resilience, depending on how the religion is taught and/or utilized. Researchers further examined spirituality and resilience in twenty-five families from Cape Town, South Africa in which one parent had died between one and six years ago (Greeff & Joubert, 2007). The single parents were asked how spirituality or religion aided family adaption following the death and the findings report that the presence of spirituality serves as a source to foster the development of resilience. Both studies, though international, explore how individuals express their unique expression of resilience and spirituality (or religion). Because the research completed on those two concepts is limited, these studies are both pertinent to the field, especially given their qualitative exploration of participants' meaning making associated with spirituality/religion and resilience.

Spirituality deriving from resilience. Finally, and where the current study draws the most from past literature, the majority of researchers found that spirituality derives from a foundation in resilience (Black & Lobo, 2008; Choowattanapakorn et al., 2010). This final section is considered of most importance and relevance to the proposed research because it is most closely aligned to the framework of Resilience Theory. For example, this approach addresses the concept that spirituality is a component of resilience and is used to facilitate resilience.

Supporting the notion that spirituality is a component of resilience is the work of Black and Lobo (2008) conducted a literature review to investigate the different factors and characteristics of resilience. They discovered in their review that spirituality was one of the top characteristics of resilience, defined as a “shared interval value system that gives meaning to

stressors” (Black & Lobo, 2008, p. 38). Choowattanapakorn and colleagues (2010) further studied resilience among aging individuals in Sweden and Thailand and, despite cultural differences between Swedish and Thai samples, measurements of resilience were nearly identical between countries. One possible explanation for these similarities is the similar way in which both countries observe and conceptualize spirituality. In both Sweden and Thailand spirituality was identified as a “pillar of community resilience” which defines spirituality as a key cultural component of resilience; and because it is ingrained in the culture that spirituality derives from resilience, the results of the study were virtually the same in both countries.

All of the aforementioned studies and their work done on spirituality/religion shed light on resilience and how researchers might explain their relationship. However, it is the final organizational framework, stating that spirituality stems from resilience, which seems to have the most support in research, both in the United States and abroad, as well as through this study’s theoretical framework of Resilience Theory. Having reviewed past research on resilience and spirituality, I will now discuss where the research on grandparents raising grandchildren is currently being directed.

Today’s Caregiving Grandparents

The number of grandfamilies in the United States has risen dramatically over the past several decades. For example, according to Casper and Bryson (1998), in 1970 only 2.2 million children lived in a household maintained by their grandparent(s). However, by 1997, that number had risen to 3.9 million children, representing a 76% increase over 27 years. Since Casper and Bryson’s publication in 1998, the 2010 U.S. Census reported 2.5 million grandparents raising over 5.8 million grandchildren (AARP Foundation, 2012). Even though statistics demonstrate this population’s steady growth since the 1970’s, if not earlier, much of the

research on grandfamilies has only come about in the last two or three decades. This delay in academic interest demonstrates how young this field of research is and how much more there is to learn in order to best assist grandfamilies.

The vast majority of research has focused on the physical and mental health of these grandparent caregivers. However, research has also explored the difficulties of parenting for the second time (Jendrek, 1993) as well as the great deal of legal complications (Flint & Perez-Porter, 1997; Glass, 2002) that grandparents experience. This is inherent in most grandparent caregiving roles because of the legal responsibilities in demonstrating that (a) the biological adult parent is unfit, and (b) the grandparent is a fit caregiver to establish custody or adoption. A brief exploration of the past research on health as well as the various difficulties that arise when parenting a grandchild is an important foundation to first understand before grasping where current and future research is needed.

Grandparent caregivers' health. The ways in which a caregiver's health may be adversely affected upon entering a caregiving role are easy to understand. However, ways in which a grandparent's health is affected are different than those of a "normal" parent, given the nonnormative developmental period the grandparent is in (Erikson & Erikson, 1997), and, thus, should be further explored. Physical and psychological health are the primary mechanisms adversely impacted (Dunne & Kettler, 2008; Fuller-Thomson & Minkler, 2000; Hayslip et al., 2006a; Musil & Amhad, 2002), but states of negative health may be compounded by the grandparent's socioeconomic status (Casper & Bryson, 1998; Cox, 2007, 2008; Edwards, 1998; Fuller-Thomson et al., 1997; Fuller-Thomson & Minkler, 2000; Hayslip et al., 2006a; Hinterlong & Ryan, 2008; Smith et al., 2008b). However, there are also clear positive aspects to grandfamily relations meriting mention that perhaps balance out these adverse health effects. In

this section I will discuss how grandparents' health is affected when raising their grandchildren as well as how socioeconomic status may compound health but that could be offset by the positive benefits potentially found in grandfamily relations.

Physical health. Unfortunately for this population, there is consensus among many different researchers on the negative health found amid grandparent caregivers (Fuller-Thomson & Minkler, 2000; Grinstead et al., 2003; Kelley et al., 2010; Minkler & Fuller-Thomson, 1999; Musil & Ahmad, 2002; Neely-Barnes, Graff, & Washington, 2010). Fuller-Thomson and Minkler's study (2000), utilizing a nationally representative sample, compared the health of caregiving grandparents to noncaregiving grandparents. For example, using data from the National Survey of Families and Households, they found that those who were caregivers consistently rated their health status as lower than the grandparents who were not caregivers. Similarly, grandparent caregivers reported greater difficulty in every possible area of limitation on the survey (i.e. "personal care, mobility inside house, daily tasks, climb a flight of stairs", etc) when compared to their noncaregiving counterparts (Fuller-Thomson & Minkler, 2000, p. 316). Further, when considering instances of chronic illness, other researchers support that incidences of chronic and non-chronic illnesses are higher among grandparent caregivers than their noncaregiving peers (Grinstead et al., 2003; Minkler & Fuller-Thomson, 1999; Musil & Amhad, 2002). These trends of adverse physical health conditions are continued when examining the psychological health of grandparent caregivers.

Psychological health. In the same nationally representative study (Fuller-Thomson & Minkler, 2000), grandparent caregivers also reported significantly higher depression ($p < .001$) as measured by the Center for Epidemiological Studies Depression Scale (CES-D). Further, in a similarly constructed Australian study, grandparent caregivers reported much higher levels of

stress, anxiety, and depression than their noncaregiving peers (Dunne & Kettler, 2008). Yet, Hayslip and colleagues (2006a) reported that grandparent caregivers self-report better health and more energy than their peers. However, the authors did caveat that this positive report is dependent on several other mediating factors, including socioeconomic status, prevalence of social support, and the degree to which the grandchild(ren) is adapting and flourishing. The differences between these findings leads me to believe that grandparents who have better psychological health prior to accepting a caregiving position will then experience overall healthier psychological states while raising their grandchildren. This concurs with the psychological perspective of resilience; if resilience is an inherent tool by which individuals increases their psychological flexibility and thereby bounces back better, then the grandparents who are inherently more resilient prior to becoming caregivers are also those that are resilient despite faced with the difficulties of being a caregiving grandparent.

Socioeconomic status. As previously indicated in Hayslip and colleagues' (2006a) study, socioeconomic status is one factor that can positively or negatively influence the health of grandparents raising their grandchildren. Unfortunately, like poor health trends, poor socioeconomic statuses also appear to be the trend among grandfamilies. This, in turn, has great, negative impact upon the grandparents' health and well-being (Hinterlong & Ryan, 2008; Smith et al., 2008b). Researchers further report that grandfamilies have significantly lower incomes and are more likely to live below the poverty line than non-grandfamilies (Fuller-Thomson et al., 1997; Fuller-Thomson & Minkler, 2000). Furthermore, grandfamily households are more likely to be without health insurance and on public assistance (Casper & Bryson, 1998; Cox, 2007, 2008; Edwards, 1998; Smith et al., 2008) which often leads to less positive family functioning (Cox, 2007; Hinterlong & Ryan, 2008). These economic difficulties consistently, adversely

influence the health of grandparent caregivers (Hayslip et al., 2006a), serving as chronic stressors in the lives of grandparents.

Positive grandfamily relations. It is important to note that while, overall, grandparent caregivers report poorer health as well as greater financial difficulties, there are positive and rewarding aspects to raising grandchildren that may impact their general well-being. For example, Hayslip and colleagues (2006a) wrote that grandparents who raise their grandchildren reported “more positive overall grandparental role meaning, greater personal well-being, greater affection, trust, and respect for the grandchild (positive affect), and greater tolerance for a grandchild’s disruptive and irritating behaviors (negative affect)” (Hayslip et al., 2006a, p. 80). These findings demonstrate a relationship between a grandparent’s positive physical health, positive grandfamily interaction, and greater overall meaning (i.e., meaning making: one aspect of spirituality) to the role as well as to the family unit. Furthermore, a study by Goodman (2006) found increased life satisfaction for grandmother caregivers. Although Goodman did not explicitly state how or why increased life satisfaction was found, it could perhaps be explained by an increase in role identity among grandmothers – the generativity stage from the Psychosocial Theory of Development (Erikson & Erikson, 1997). This could be true for grandmothers by taking on second parenthood with their grandchildren; they may feel an increase in self-efficacy and being needed by their family.

Other stressors for a caregiving grandparent. The difficulties and stress involved in traditional parenting roles (i.e., biological mother/ father and child(ren), or the nuclear family) are well-researched and documented; however, what has not been answered is how do difficulties and stresses differ or manifest when a grandparent is parenting grandchild(ren)? Though grandparents raising their grandchildren may vary in age (i.e., 67% are under the age of

60; AARP Foundation, 2012), usually all believed, at one point, to have graduated from their parenting role (i.e., once their children turned eighteen, moved out of the house). Yet, they find themselves placed back in that parenting role once again with their grandchild. The primary stressors focused upon are the social difficulties grandparents faced, potential tension with the adult child, as well as the generational gap that may be especially felt when parenting grandchildren.

Social difficulties. One loss commonly experienced when grandparents reenter the parenting role is a loss of friendships and social support (Kelley et al., 2010; Strozier, 2012). For example, Kelley and colleagues (2010) applied an intervention designed to improve the health of grandmothers raising grandchildren. Participants ($N = 529$, $M_{\text{age}} = 56.7$ years, $SD = 8.9$) were predominantly low-income African Americans and the intervention involved home visits from nurses and social workers, participation in support groups and parenting classes, legal referrals when needed, and early intervention services for grandchildren with special needs. The intervention was aimed to improve health outcomes and through their results they identified increased risk of psychological distress and social consequences, such as losing friends and social support due to the strain on the grandmothers' time and resources. Furthermore, Strozier (2012) built on those findings by examining the strains and stressors felt by kinship caregivers (i.e. grandfamilies) while focusing on reduced social support. Strozier used the Dunst Family Support Scale to measure how kinship caregivers felt their level of social support changed when they participated in support groups ($n=40$), as compared to kinship caregivers who did not participate ($n=21$). Findings indicated that caregivers who participated in support groups experienced significantly greater social support than those who did not participate. Both studies concluded that these grandparents are often so overwhelmed by the stressors of raising their

grandchildren that they typically cannot keep up with friends and their normal social routines. As a result, they lack the social support and interaction that they need.

Potential tension with the adult child. Not only do grandparents often experience poor health and the loss of friends and resources, but they also have to decide how to deal with the adult child (i.e., the biological parent). The biological parent to the grandchild, unless dead or restricted by the courts, is still a part of the child's life in some capacity (Henderson, 2012). As a result, grandparent caregivers need to decide how to handle the adult child and manage his/her interactions with the grandchild.

Further, researchers consistently demonstrate high levels of stress and anxiety in the home of the grandparent caregiver surrounding the adult child which can often lead to court battles that take years to resolve (Kelley et al., 2010; Minkler & Roe, 1993; Morrow-Kodos et al., 1997; Poehlmann, 2003; Sands & Goldberg-Glen, 2000; Seamon, 1992; Thomas, Sperry, & Yarbrough, 2000; Weber & Waldrop, 2000). As a new family unit, the grandfamily oftentimes experiences feelings of guilt and mourning over the loss of the relationship with the adult child/biological parent. This may be especially so when an adult child's legal rights are terminated during a grandparent's adoption petition. Grandparents may also struggle with questions of whether they contributed to the adult child's problems that led to his/her inability to raise the grandchild (i.e., drug, alcohol, incarceration, etc.) while the grandchild may struggle with questions of abandonment and anger surrounding his/her parent's absence that leave the grandparent fraught to answer. For example, Kelley and colleagues (2010) report, "because raising grandchildren is often associated with problems in the adult child's life, the grandparent may experience feelings of loss, anger, and guilt over perceived failure as a parent" (p. 380).

These difficulties are further complicated if grandparent caregivers are faced with additional problems with the grandchildren themselves.

Rearing grandchildren. It also bears mention that although the grandchildren are not the focus of this paper, a grandfamily is a dynamic, interpersonal relationship and stressors affect each individual. A grandparent with failing health or desperate for social support will, whether she means to or not, see some consequential family stress because of her individual stressors. Likewise, a grandchild who is struggling with anger issues, abandonment and/or academic failings will also inflict consequential family stress. All of the stressors and difficulties previously discussed concerning the grandparents will relate in some way to the grandchildren, and, as previously noted, it goes both ways.

When considering the stressors that grandchildren in grandfamilies face, Cox (2008) reports that they are prone to psychological, behavioral, and physical problems because of poor, neglectful, or no relationship with their parents. These psychological difficulties include low self-esteem, self-respect, and/or self-worth, while behavioral difficulties may include rebellion, and continual testing of boundaries. Physical difficulties may arise if the children were exposed to harmful substances while in vitro, which are directly linked to mild to severe delays in development, emotional, learning, and physical problems (Cox, 2008). Each of those psychological, behavioral, and /or physical stressors inflict consequential stress on the grandfamily unit, making them pertinent to any study on caregiving grandparents. And, how or if these caregiving grandparents know how to appropriately deal with each of the grandchild's issues will then alter the grandfamily unit's stressors.

Further, these difficulties may easily transfer to problems at school. For example, Edwards (1996) states that the grandchildren in his study account for 70% of the problem

referrals to schools' administration, mainly for class disruption, lack of motivation, and poor functioning in the school setting. Finally, there are often problems dealing with the large generational gap as grandparent caregivers are dealing with entirely new stressors. For example, grandchildren are of the technology era and that brings entirely new struggles and complications that grandparents did not have to deal with when raising their adult child. For example, monitoring cell phone use and texting, internet browsing, video games, etc. This plethora of modern issues requires grandparents to modify past or learn all new parenting techniques.

Research Questions and Operationally Defined Terminology

Based on the theoretical framework, the pertinent literature on resilience and spirituality, as well as the body of knowledge on grandfamilies, the following research questions and operational definitions will guide this research project.

Research Questions

- a) How do grandparent caregivers experience spirituality in their daily lives?
- b) What meaning does spirituality have in the lives of grandparent caregivers?
- c) What influence does spirituality have on grandparent caregivers' resilience?

Grandparent caregiver. A first generation family member caring for and parenting a third generation grandchild.

Resilience. A multidimensional strength (i.e., positive cognitive processes, coping behaviors, and fixed personal characteristics) within a grandparent, practiced and developed over time, which is utilized to successfully adapt to the nonnormative parenting event of raising one's grandchild(ren).

Spirituality. An individual's personal interpretation of a "spiritual being", religion, higher power, God, cosmos, or any connection that is external, beyond a human connection; it may

manifest as worship, prayer, religious attendance, or meditation and it offers support, healing, and or nurturance.

CHAPTER III

Methodology

Based on the research questions, the methodology for this study utilizes a basic qualitative approach to answering these questions. Basic qualitative research methods focus on creating meaning within the study's context; the human researcher serves as the "data collection instrument that is sensitive to underlying meaning when gathering and interpreting data" (Merriam, 1998, p.1; Patton, 2002). Furthermore, qualitative research has been found to be useful when examining families (Allen, 2000; Allen, Blieszner & Roberto, 2000). In this section, I will discuss the methods used in the present study, including a description of the overall approach and rationale, the role of the researcher, participants, procedures, measures, trustworthiness and credibility, and data analysis.

Overall Approach and Rationale

For this research study, I explored how grandparent caregivers experience spirituality in their daily lives, what meaning they make of their spirituality, as well as what influence spirituality has upon their ability to be resilient. Utilizing basic qualitative research methods through semi-structured, face-to-face interviews and orally administered surveys, I was able to answer the research questions previously discussed. The interviews and surveys were followed by qualitative data analysis and interpretation that focused on the experiences of spirituality and resilience among caregiving grandparents. In order to best understand and explore the unique, individual spiritual meanings participants attribute to their caregiving experiences, I used Psychosocial Developmental Theory and Resilience Theory, explored previously in the literature review, as theoretical frameworks. Furthermore, Phenomenological Theory was used to guide the data analysis of this qualitative study.

Phenomenological Theory. Phenomenological Theory is an approach to qualitative research which aims to holistically present the mind's processes and structures, and "how situations are meaningfully lived through as they are experienced" (Wertz, Charmaz, McMullen, Josselson, Anderson, & Emalinda, 2011, p. 125). Above all else, Phenomenological Theory sets aside theories, hypothesis, and preconceived explanations to avoid consciously or unconsciously influencing the data. Through this approach, phenomenological theory strives to preserve the data as presented by the participants in the study, without the researcher adding or subtracting anything during analysis (Giorgi, 2009). This approach of preserving the natural state of the data is reflected in the interviews. For example, in this study I used open-ended questions during the interview process and built upon and explored participants' responses by using probes (Seidman, 1998). I further disclose my role as a researcher and my research bias.

The Role of the Researcher

Throughout my college years and graduate work, my academic interests have focused within the aging population, especially as they relate to family contexts wherein interpersonal dynamics can be observed or explored. I became interested in the grandfamily population during the beginning of 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 thesis topic. As I explored the literature concerning grandfamilies, I observed an emerging trend towards the importance of resilience among these caregiving grandparents. Although the body of literature on the concept of resilience, specifically, identified spirituality as important and relevant to an individual's resilience (Black & Lobo, 2008; Choowattanapakorn et al., 2010; Connor & Davidson, 2003a; Connor et al., 2003b; Greeff & Loubser, 2008; Greeff et al., 2006), that relationship lacks empirical support in the grandfamily literature. In fact there is no research found on the relationship between

resilience and spirituality within the grandfamily population. This gap in the research is a large part of what drives this thesis project.

Participants and Recruitment

The study's participants were comprised of eleven grandparents who are raising their grandchildren; though eighteen were contacted, only eleven were eligible to participate in the study. Grandparents ranged in age, from 49 to 79 years old ($M = 63$ years; three male, nine female). For specific demographic information, detailed by each participants' pseudonym, please refer to Table 1.

Once IRB approval was received, I began recruiting grandparents for this study. The sampling procedure was conducted entirely through snowball sampling. This method of sampling is likened to a snowball because it relies upon asking other people for more names of whom to interview. These referrals accumulate and are of more value than, say, those found in convenience sampling because since they are "recommended as valuable by a number of different informants, [they] take on special importance" (Patton, 2002, p. 237). I asked members of the Larimer County Alliance for Grandfamilies as well as one member from my church for names of people who may be interested, and participant referrals "snowballed" from there.

Measures

A key component of an operational definition is that it must be specific enough for replication among future studies; it defines the variable in terms of the techniques or methods that will be used to make it tangible or to measure it. Two brief measurements (see Appendix A) were used to further describe the participants: the Intrinsic Spirituality Scale (ISS; Hodge, 2003) and the Brief Resilience Scale (BRS; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard,

Table One. Demographic Summary of Participants.

Pseudonym	Age	Ethnicity	# of Grandchildren Raising	How Long as Caregiver (years)	Legal Relation to Grandchild	Religious Affiliation	Employment Status	Income (\$10,000's)	Marital Status***
Amy	62	White	1	13	Guardian	Christian	Disabled	<20	Divorced
Kris	79	White	1	4	None	Christian	Retired	50+	Married x2
Cindy	49	White	1	4	Adopted	None	Disabled	20-30	Divorced
Debbie	55	White	1	2	Power of Attorney	Christian	Full Time	50+	Divorced
Emily	57	White	1	4	Power of Attorney	None	Self Employed	20-30	Married x3
Bethany	53	White	1	3	Adopted	Christian	Full Time	<20	Divorced
Gus	79	White	1	4	APR*	Christian	Part Time	40-50	Married x2
Harry	56	White	1	4	Power of Attorney	Christian	Self Employed	30-40	Married x1
Isabel	61	White	1+	18	**	Whole Life	Retired	30-40	Married x1
Jessica	65	White	1	4	None	Christian	Part Time	50+	Married x2
Frannie	74	White	1	4	APR*	Christian	Retired	40-50	Married x3

*APR = Allocation of Parental Rights

**Custody of 2 grandchildren, Guardianship of 1 grandchild, and Power of Attorney of 3 grandchildren

***For participants who are currently married, it is indicated which marriage it is currently for them

2008a; Smith, Tooley, Christopher, & Kay, 2010; Smith, Tooley, Montague, Robinson, Copser, & Mullins, 2009).

Intrinsic Spirituality Scale (ISS). The ISS was created as an altered and modern measurement of Alport and Ross' (1967) Religious Orientation Scale (ROS). Hodge (2003) created a measurement consisting of only six questions, instead of the 20 on Alport and Ross' measurement (1967) and while the ROS focuses on both intrinsic and extrinsic aspects of religiousness (which is used conceptually very similar to spirituality), the ISS focuses exclusively on the intrinsic aspects of spirituality. Each of the six items are answered on an item-specific, 10-point likert scale and questions range from "When I am faced with an important decision, my spirituality... plays no role (0) → is always the overriding consideration (10)" or "My spiritual beliefs affect... no aspect of my life (0) → absolutely every aspect of my life (10)". These items address the intrinsic importance of spirituality in an individual's life and could illuminate whether the target population of caregiving grandparents utilize spirituality in their caregiving decisions and in their everyday lives. Statistical support for the use of the ISS is moderately strong: $M_{\text{reliability}} = 0.80$, $M_{\text{validity}} = 1.74$ times the error measurement, and finally a very strong Cronbach's alpha of $\alpha = 0.96$.

Brief Resilience Scale (BRS). The BRS assesses an individual's ability to recover from adversity and stress (Smith et al., 2008a). Normed on four separate populations (i.e., two undergraduate student populations and two different adult chronic illness/pain patients), each the six items are answered on a general, six-point likert scale: 1 = strongly disagree, 3 = neutral, 5 = strongly agree. Questions include, "I tend to bounce back quickly after hard times" and "I have a hard time making it through stressful events". With each sample that BRS was normed on, internal consistency was good, with Cronbach's alpha ranging from $\alpha = 0.80$ to $\alpha = 0.91$ among

the four samples. In a 2011 methodological review of resilience measurement scales, the BRS was one of the top three measurements, out of nineteen reviewed, demonstrating strong internal consistency using Cronbach's alpha and intra-class correlation (i.e., test-retest reliability), strong convergent validity using zero-order correlations, and strong discriminant predictive validity using partial correlations.

Trustworthiness and Credibility

Concerns in quantitative research of establishing validity and reliability translate to establishing *trustworthiness* and *credibility*. Trustworthiness is the validity of a qualitative study and can be established by conducting the data analysis in such a way that the findings are the sole means to suggest what the data reveals (Patton, 2002; Rossman & Rallis, 2003). For example, a qualitative researcher keeps audio or video recordings, rather than rely on her/his memory of the interviews (Fruhauf, 2003; Letiecq et al., 2008). The present study included several different actions to increase trustworthiness. For example, interviews were recorded on audio devices, rather than relying on the memory of the researcher (Fruhauf, 2003; Letiecq et al., 2008). Second, the researcher transcribed the data, which brings the researcher closer to the data and assists in cultivating a better understanding of the data (Matheson, 2007). Third, each of the steps of Thematic Analysis, wherein the researcher and her advisor compared their results during every step, also served to increase trustworthiness.

Credibility is augmented when "researchers describe and interpret their experience as researchers" (Koch, 1994, p. 977). Techniques or traits such as self-awareness on the part of the researcher as well as keeping a field journal also strengthen a study's credibility; therefore, a field journal was maintained in this study. Please note, although the field journal was kept for this study, I did not analyze the written passages in the journal. The notes kept were used solely

to inform my own insights, biases, and thought processes. Finally, both trustworthiness and credibility can be achieved by consulting the participants (Seidman, 1998). This could mean having participants read the findings and discussion sections to make sure the researcher and the data analyses have accurately represented the participants' narratives. During each interview, I also rephrased key words and phrases that participants said back to them and then asked if that rewording was an accurate representation of what they were thinking. This process works to increase the trustworthiness and credibility of this study because I verified with each participant, during each interview, in order to make sure I understood exactly what they meant.

Procedures

Face to face interviews were conducted, one at a time, with participants who had to identify as a grandparent who was currently raising one or more grandchildren. Prior to the interview, I conducted the screening protocol via phone with each potential participant, following a standard verbal recruitment (See Appendices B and C) to insure he or she met the requirements to participate in the study. Of the eighteen grandparents I screened, eleven were eligible and interested in participating in the study. The seven who were considered ineligible to participate in the study were deemed so because while they had been providing care to one or more grandchildren in the past, they were no longer in that role. Once eligibility was ascertained, I then set up a time to meet with the grandparent, reviewed the informed consent (See Appendix D), and conducted a face-to-face interview at a location of his/her choice (i.e., library, church, etc.). The interviews were conducted between November 5, 2012 and January 1, 2013 and they were in a semi-structured format, generally following the interview guide (see Appendix E).

The semi-structured interview format allows the researcher, as well as the participants, to control the direction of the responses and to redirect or probe deeper as needed (Seidman, 1998). As each participant understands the questions differently and articulates his/her answers accordingly, the semi-structured format allowed me to ask follow-up questions about that topic and clarify when necessary instead of being restricted to a strict series of questions as in structured interviewing. For example, if a grandparent says she finds her spirituality to be central to her life and ends the statement, I can then ask, “What does central to your life mean to you?”

The interview questions focused on each grandparent’s narrative (i.e., how he/she came to become a caregiver for his/her grandchild, how that has affected daily living, etc.), whether the grandparent utilizes spirituality in his/her life, how that spirituality is experienced, and how that spirituality may or may not influence the grandparent’s resilience. Prior to recruitment, I piloted the interview guide with one grandparent in an effort to test the questions, ease of flow, and what might have been missing from the interview guide. I later interviewed that same grandparent as one of the study’s participants.

Most interviews lasted one hour however two were approximately 45 minutes long and one interview was over four hours long. Participants were interviewed only once, at a location where they felt most comfortable including coffee shops, restaurants, and their homes. Along with the interview, participants also completed a survey, which was administered orally. The survey was alternatively administered either before the interview or after and had three sections: demographic questions (see Appendix F), the ISS (Hodge, 2003; See Appendix A), and the BRS (Smith et al., 2008a; See Appendix A). By alternating when the survey was administered, it reduced the risk of skewed quantitative survey findings as a result of the interview discussions.

The purpose of the survey was for descriptive purposes alone. Eleven interviews and survey responses were collected in all.

Data analysis. According to Bogdan and Biklen (1998), qualitative data analysis is the process of systematically searching and arranging the interview transcripts, field notes, and other materials that you accumulate to increase your own understanding of them and to enable you to present what you have discovered to others” (p. 157). Following the eleventh interview, I met with my advisor, Dr. Christine A. Fruhauf, to begin the analysis process. For this project, the data analysis process involved transcribing, several stages of thematic analysis, and descriptive statistics.

Transcribing. Each interview conducted was recorded on two identical audio recorders. Two recorders were used as insurance, in case one recorder ran out of battery life or malfunctioned. After each interview, I transcribed the audio tapes, verbatim, in a Microsoft Word document. Creating these transcripts were the first step in the data analysis process as transcribing does involve a certain amount of interpretation. For example, non-words, such as “um” and “uh” were omitted from the transcripts. If there were long pauses in a participants’ answer, the length of those pauses were noted. This assumption of at least some interpretation is in line with the phenomenological theory (Bogdan & Biklen, 1998). In order to protect participants’ identity and assure confidentiality, any mention of the participants’ name in the transcript was changed to a pseudo-name; upon completing all the transcripts, a linked list was created to document the participant’s pseudo-name and their actual name for my records.

Thematic analysis. Once each interview was transcribed, thematic analysis (TA) began. TA is a qualitative analysis method used for identifying common themes or patterns first in each individual interview and, second, is used to connect themes patterns among participants,

illustrating the phenomenon underlying the study (Braun & Clarke, 2006; Daly, Kellehear, & Gliksman, 1997; Patton, 2002). A theme “refers to a specific pattern of meaning found in the data... that [contains] something directly observable... across a series of interview transcripts” (Joffe, 2012, p. 209). Patton (2002) also classifies any phrases or descriptions of a phenomenon as pattern analysis (e.g., most grandparents felt stressed in their role but overall would ‘not trade it for the world’ would be an example of a contentment pattern analysis). Each theme can be sub-categorized into several categories; each category may be sub-categorized into codes. All of those different levels, together, make up the Coding Scheme. The process of coding means, “categorizing segments of data with a short name that simultaneously summarizes and accounts for each piece of data. Your codes show how you select, separate, and sort data to begin an analytic accounting of them” (Charmaz, 2006, p. 43).

The first step of TA was for both my advisor and I to each read the same interview. We each highlighted or underlined any words or phrases that were of significance, in light of the study’s three research questions and the theoretical frameworks. For example, notations about the presence of social workers, or emphases on the role of work in a grandparent’s life, or the nature of the relationship between the grandparent and the adult child – anything that the grandparent said during the interview was noted. Following the first read through, my advisor and I went through each line of the same interview and shared what we had found. The goal was to have noted the same words and phrases, pulling out the same emphases that would later become codes. After we both read the first interview, my advisor and I compared how we interpreted the interview; neither of us found the other to have missed anything substantial. By comparing each other’s codes and finding them to be nearly the same, we demonstrated both consistency and reliability. Therefore, I proceeded to read the remaining ten interviews on my

own to finish preliminary coding. Once those were complete, I compiled all of those codes (words and phrases taken directly from the words of participants) into one cumulative list.

As I was reading through each interview, once beginning the ninth interview it became obvious that saturation had been attained. In qualitative research, saturation is important because “it addresses whether such a theory-based interview study is likely to have achieved an adequate sample for content validity” (Francis et al., 2010, p. 1230). Saturation, in qualitative research, is the point at which the amount of data that has been collected thus far is adequate; operationally, seeking saturation is the practice of “collecting data until no new information is obtained” (Morse, 1995, p. 147). Or, as qualitative researcher Charmaz (2006) defines it, “categories are ‘saturated’ when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories” (p.113). Therefore, when I began reading interview number nine and found myself thinking repeatedly, “there is nothing new here; I have heard all this before”, I knew that I had attained saturation. Throughout this process, I was able to refer to the field notes that I had made for insight into what my thoughts and processes had been during these interviews. Furthermore, if I had any questions on a passage, say I knew something was likely of significance but I was unclear of what word or phrase to highlight, my advisor was always available for me to confide in and to provide clarity and experienced insight.

The second step of coding was to come together with my advisor and to begin sorting the data into categories and themes. Some words obviously belonged together, such as descriptions of the grandchild and descriptions of the adult child, interactions with social services and court battles, or family histories of mental health and abuse. Therefore, categories and themes began to emerge naturally. We worked together to start grouping the codes, of which there were over 450, into six main groups. These include: family/friend support, spirituality, grandchild,

situational/facts, personal thoughts/observations, and resilience. Next, my advisor instructed me to start further clarifying or elucidating those categories by combining them as needed, expanding or making new categories. From there, I made sub-categories and sub-sub-categories. That work eventually became my coding scheme with the three levels of codes: themes, categories, and codes. That process clarifying the original six groups was done on my own.

The third step of the thematic analysis was done completely with my advisor and was comprised of further clarifying the codes into the final coding scheme. As a result, the final three themes are: Spheres of Influence, Spirituality, and Resilience. Each of those themes is further broken down into multiple categories and codes (to see the full coding scheme, refer to Appendix G).

The fourth step of the TA was also done completely with my advisor. With the completed coding scheme, we then selected an interview (different from the first one that we read together) and read through it, coding it according to the coding scheme. As we read, we circled or underlined the words/phrases that corresponded to the pre-established coding scheme. Similar to the read-through we completed in the first stage, we also compared each other's codes and found them to be nearly identical, demonstrating again both consistency and reliability. When there was disagreement between the two of us, we discussed what our initial thinking was for the code and then came to 100% agreement. From there, I continued to code the remaining ten interviews on my own.

Having completed the thematic analysis, the coding scheme was complete. The first of the three themes was "Spheres of Influence". That theme was broken down into five categories: Individual, Relationships, Familial, Environmental, and Miscellaneous. The Relationships category was further broken down into two codes: Partnerships and Friendships. Examples of

words and phrases from interviews of those two codes are anything that refers to social support, activities with friends, current or past significant others, and perceived support received from significant others. For the entire coding scheme, please refer to Appendix G.

It is this coding scheme that facilitates the researcher to glean the true results of this study through the use of the constant comparative method (CCM). The constant comparative method of data analysis is intended to generate explanations for how some aspect of behavioral science “works” or functions (Bogdan & Biklen, 1998). The CCM systematically compares the themes gleaned from TA both within each individual interview as well as between participants’ interviews. This allows data to be coded, sorted, and analyzed to identify prominent themes, as they pertain to resilience and spirituality for this study.

Descriptive statistics. From the eleven surveys that were conducted, descriptive statistics were run to determine trends in demographic factors such as ethnicity, income, religious affiliation, etc. Measures of central tendency and standard deviation demonstrate how much variance exists among participants concerning these variables. The findings of these descriptive statistics are found in the following chapter.

CHAPTER IV

Findings

Qualitative researcher Charmaz (2004) stressed in her work that when selecting excerpts and paraphrasing from the data, “we take a measured stance about the data we select to show. It means choosing excerpts and anecdotes that *represent* larger issues, not just choosing the juiciest stories” (p. 986). It is through this that data are truthfully representative of the participant pool; therefore, this chapter organizes the data in accordance with the Coding Scheme (see Appendix G) and throughout each theme, representative excerpts and anecdotes are provided. The possible implications related to these findings will be presented in the following chapter.

Descriptive Statistics

Descriptive statistics were run on the survey data that were collected. The results on the Intrinsic Spirituality Scale questions revealed that the study’s participants believe spirituality is of high prevalence and high importance in their life ($M = 8.21$, $SD = 1.62$, *Response Range* = 2 - 10) where “1” indicates no prevalence or no importance and “10” indicates highest prevalence or highest importance. The findings on the Brief Resilience Scale revealed that participants were fairly neutral, just slightly more positive than negative, regarding their resilience and ability to bounce back or recover from hard times ($M = 3.44$, $SD = .97$, *Response Range* = 1-5).

Participants were asked to rate their agreement to statements, where “1” indicates strongly disagree to statements of resilience and “5” indicates strongly agree to statements of resilience.

Spheres of Influence

The first theme of the coding scheme is Spheres of Influence. This theme encompasses all parts of participants’ narratives related to themselves, family, friends, significant others, as well as environmental and contextual factors. Descriptions that included information about

spheres of influence but were only described by the participant within the context of spirituality were not included in this first theme. Those accounts were reserved for the second theme generated from this research study, Spirituality. For example, one grandmother shared how she reads spiritual readings with her husband every morning; this information was put in the Spirituality theme and not included in partnerships, under spheres of influence. The Spheres of Influence theme was broken up into five separate categories which describe these grandparents' different interpersonal contexts: Individual, Relationships, Familial, Environmental, and Miscellaneous.

Individual. In this category, there are three codes that comprise the data describing the Individual. The first code is comprised of the words and sentences that participants used to describe themselves (i.e., the grandparent). It also included descriptions and attributions about the parent of the grandchild (i.e., the adult child) and the grandchildren for whom grandparents are currently providing care.

Grandparent. During the interviews, participants divulged much about themselves. For example, they explicitly shared a wide range of emotions, including: fear, anger, joy, and happiness. Other, more implicit things were shared as well, such as personality traits and difficulty setting boundaries. Throughout the eleven interviews, three main patterns were found within grandparents' descriptions of themselves. These include: fears, boundaries, and the impact that becoming a grandfamily has had upon them personally.

One of the most common fears among grandparents was a fear of the future and of how they would be able to provide for not only the grandchild, but for themselves, their spouse (if married) and the rest of their extended family. For example, Harry described a growing realization that he may never be able to retire because though he is nearing 60, he is raising a

young grandchild; therefore, he will continue to need steady income for at least another twelve years. The responsibilities of later life appeared hard to balance for many participants. This was best illustrated by Harry, a 56-year-old grandfather with Power of Attorney for his grandchild, said,

We just weren't expecting to deal with a kid right now. And feeling bad for him because we just don't want to do the things he wants to do, we don't want to go to a park and watch him run around and we have lots of other things we gotta do.

For grandparents who do not currently have full custody of their grandchildren, there was a strong fear of something happening to them and causing, therefore, a fear of the grandchildren going back to the adult child or back into the court system.

There was also a fairly universal fear among grandparents regarding whether or not they were truly providing the best possible care they could for their grandchild, while also maintaining all their other responsibilities. For example, Bethany shared how she struggles to balance her job as a single grandmother with all of the activities and care that her adopted grandchild needs, illustrating her point here:

When I'm working, my sister-in-law picks her up and takes her to kindergarten. She takes her to swimming and spends a lot of nights with them, she takes her to gymnastics – she's basically the one having [my granddaughter] doing all the things because I am always working it seems like. I work part time but my hours are where I'm always working, I'm never able to take her to things.

This balance between adult responsibilities and a child's needs is normally keenly expressed by most parents (Shiffman, 2013), but these grandparents described that balance as much harder to navigate than when they were first parents. Furthermore, seven out of the 11 grandparents described a personal ailment or disability of some kind; this led to many expressions of concern over whether they were able to be as physically involved in their grandchildren's life as other, more traditional parents. Harry was recovering from a surgery at the time of the interview and

had undergone two additional surgeries in the prior months. He described how he simply was not physically able to run and play with his grandchild like he used to do for his own children.

Harry described,

It takes a lot of energy. And you feel bad for [my grandson], that I can't go out and do things with him, like I did with [my daughters], playing outside with them. But I had three surgeries this year, just, and it's really slowed things down. So I feel sorry for him more.

Another grandmother, Emily, expects two surgeries in the upcoming year and expressed great concern over how she would be able to keep up with her grandchild after her surgeries. Similar concerns regarding physical demands and ailments of later life were echoed by most of the participants. Those concerns were manifested as a fear of whether they would be around in the future and how their ailing health was adversely affecting their grandchildren. Frannie was a 74-year-old grandmother who sympathized with the fear of how her age may be influencing her parenting, but she also described a fear or distrust of others, specifically whether she could trust her granddaughter to the outside world. Frannie stated, "I don't really let her with just anybody because of the situation she came out of. I'm too afraid. And it's like I don't really let her go play at the neighbors, the neighbors come here."

While there were fairly uniform fears, patterns of the grandparents' interactions with the adult child presented interesting differences among participants. Specifically, some grandparents struggled with their ability to set boundaries with that adult child while other grandparents seemed to feel confident and capable when interacting with the adult child. For three of the grandparents, their adult child had passed away. In those cases, the ability to posthumously assess the grandparent's attachment with the adult child and subsequent boundaries was hindered and not a part of this study.

For two of the grandparents, the adult child was incarcerated and legally prohibited from being in contact with the grandchild. That legal involvement provided clear boundaries for the grandparents, making their interactions and boundaries with adult children clear and relatively easy. For example, Frannie's grandchild has no interaction with her biological father until he is released from prison; however, the child does interact with her biological mother. Further, although the courts have given the grandchild to Frannie and her husband, the biological mother is legally permitted to have supervised weekly visits. When Frannie described a tense argument with the biological mother who had lost touch with them for a time, Frannie detailed, "Well I was willing to go back to weekly visits because that's what was court ordered." Her tone of voice and relaxed facial expressions implied that Frannie was comfortable because the court's involvement allowed her to feel as though that weight was taken off her shoulders; she did not need to negotiate the boundaries of that relationship because the court had set those boundaries for her.

For the remaining six grandparents whose adult children were alive and not incarcerated, four of them seemed comfortable and confident in the boundaries they had set with their adult children, while the remaining two participants seemed much less comfortable and confident. The four grandparents with good or excellent boundaries with their adult children were those who seemed to be "at peace" the most with their familial situation, and thereby, more willing to stand up for what their needs were and their grandchildren's needs. The last two grandparents seemed far less at ease when describing their relationship and arrangements with adult children. Several different instances were described in which huge amounts of money were spent on buying the adult children homes that were later foreclosed. Further discussion also centered on enabling behaviors surrounding lodging, cars, finances, child care, etc. For example, one

grandmother described the delicate balance between loving her adult child and trying to help, yet she perceived how nothing she was doing was actually helping:

Life is just difficult for her. And so, coping with that is really difficulty. And I love her, but because I love her, I've tried to help her – we've bought her a home and wound up losing it. We've lost \$50,000 in trying to help her keep a home.

The final sub-code for the category “Grandparent” is impact, conceptualized as the perceived effect on a grandparent’s life as a result of the thoughts and behaviors surrounding how these grandparents became caregivers for their grandchild. One sentiment was repeated throughout many of the interviews: “I thought this would be temporary, but boy was I wrong!” And indeed, the arrangement to provide care for the grandchild did start out as a temporary arrangement for many grandparents; however, it did not remain temporary. Although that unexpected life change was admittedly stressful for all eleven participants, remarks such as Gus' statement that, “I wasn’t planning on it but I wouldn’t give her up for the world” or Harry explaining,

Starting over at my age isn’t exactly appealing to me... but I just love the little guy and try to do the best for him; I don’t know if we are for him or not, but we’re doing the best we can.

Similar expressions were voiced by all eleven participants. Gus’ and Harry’s statements provide a sense that despite the difficulties each of these grandparents face, they love their grandchildren and would not have it any other way.

Adult child. Ten of the eleven grandparents were caring for a grandchild from only one of their adult children; however, one grandparent was raising grandchildren from two of her adult children. Please refer to Table 2 for a description of the adult children statuses. Some grandparents provided care for their grandchildren from more or less the day the child was born. For example, when asked about her adult child and his girlfriend, who is the

Table Two. Summary of Adult Child Statuses.

Participant	# of Adult Children	Reason for Care	Currently Deceased or Alive
Amy	1	Substance Abuse	Deceased
Bethany	1	Substance Abuse	Alive
Cindy	1	Unfit Parent	Alive
Debbie	1	Substance Abuse	Alive
Emily	1	Mental Illness	Alive
Frannie	1	Incarceration	Alive
Gus	1	Incarceration	Alive
Harrie	1	Mental Illness	Alive
Isabel	2	Substance Abuse (2)	1 Deceased, 1 Alive
Jessica	1	Mental Illness	Deceased
Kris	1	Mental Illness	Deceased

mother of the grandchild, 62-year-old grandmother Amy, stated “they weren’t parents, things were never ok,” describing the lack of parental attachment and care that the adult child and his partner displayed for their own children. Another grandmother, Isabel, echoed Amy’s sentiments, adding:

They said that they needed time to adjust to the children; they really didn’t want to care for them the first couple of days, which I find really hard to get because when I had my kids is was like aaahhhhh finally!!!

This lack of attachment between the adult child and the grandchild was, unfortunately, a common description. Given the high incidence of substance abuse and mental illness among the participants’ adult children, the detachment described between adult child and grandchild was regrettable but understandable.

Further descriptions of the adult child by most of the grandparents were not kind, and after hearing story after story of how the adult child has negatively impacted not only his/her own life but also the grandparent’s life and the life of the grandchild, it is easy to understand

these participants' perspectives. Each interview began by asking the grandparent to describe his/her family. One grandmother, Bethany, 53-year-old grandmother who adopted her grandchild, did not even consider including her son on the list of her immediate family members because she hardly ever interacts with him, even though she is raising his child. This lack of a relationship was present for roughly half of the participants, including those whose adult children had passed away.

Two-thirds of the adult children are currently alive and though they may have retained legal custody of their children, they have relinquished parental responsibilities to the grandparent. However, just because the grandparent is the primary parental figure in the grandchild's life that does not mean the adult child is supplementing the grandparent with financial aid. Only two grandparents reported actually receiving money from their adult children, albeit a small amount, to help with the raising of grandchildren. Without the courts mandating financial aid or relinquishing custody, these grandparents were struggling with feelings of resentment towards the adult child, or that the adult child is taking advantage of them: financially and emotionally.

Two grandparents who were married but each conducted separate interviews, Frannie and Gus, both described a strong tension between themselves and their adult child over custody. They are each raising their grandchild and bear full responsibility for the child's needs, but because they do not have legal custody of the child, they feel it is very difficult to plan for the future. For example, Frannie emphasized that although the grandchild's biological father is in favor of them gaining full custody so that they can better provide for the grandchild, the biological mother refuses to consider relinquish legal custody, saying "over my dead body". The grandparents who, by the start of the study, had already gained full or partial custody of their

grandchild(ren) did not share any present concerns or stressors in their relationship with the adult child; however, they did emphasize that the process of getting the adult child to agree to give up custody was long and arduous.

Four participants had an adult child who was struggling with a mental illness and, for two of those grandparents, the adult child had passed away. In these cases, the tension between grandparent and adult child was different than in other grandfamilies because the grandparent could recognize that any negativity between them was not necessarily the adult child's fault. Rather, it was because the adult child was struggling with a mental illness. These adult children were described as difficult, but with more compassion. For example, Emily, a 57-year-old grandmother with Power of Attorney for her grandchild, displayed compassion for her adult child's struggle with a mental illness, saying simply that, "life is just difficult for her [the adult child]."

Were the attitudes and descriptions which grandparents provided about the adult child to be summed up in one word, it would be "egocentric". In the words of the grandparents, adult children were described as: "immature", "very self-centered", "too young", "not emotionally stable", "promiscuous", and "manipulative". Although these comments made were directed to the children of these grandparents, and one may hope that a parent will always love his/her own child, the wrongs committed by these adult children against the family and against these grandchildren were enough for most of the grandparents to physically and emotionally distance themselves from adult children. If the adult children are no longer close to the grandparent and the grandchild, then, in theory, they can no longer be hurt by the adult children.

Grandchild. As discussed in chapter two, although grandchildren were not the main focus of this study, these young lives have undeniable effects upon the entire grandfamily.

Therefore, facts about the grandchild, such as their age, were noted (see Table Three) but also words and phrases regarding the grandchildren's negative and positive states, coping, and transitions were coded in the coding scheme.

Negative. Several grandchildren were born with birth defects, handicaps, or disabilities due to their mother's substance abuse while pregnant. Isabel was the only grandparent interviewed who was providing care to more than one grandchild. One of Isabel's grandchildren was born with an undiagnosed mental handicap, and a professional from his school told her "he was too messed up to make it in life". Another of Isabel's grandchildren was diagnosed with both Attention Deficit Hyperactivity Disorder (ADHD) and bipolar; Isabel has struggled with putting the grandchild on medication, especially when she considers that both of the grandchild's parents were substance abusers. Shortly before the interview, her grandchild's medications were tripled and she shared that it,

Was something I was fighting over for years, too. To have him not be on medicine because I really don't want to deal with that. Especially, when the parents are addicts. So, anyhow, they tripled his medication and all of a sudden he's nicer, so what can I say?

Isabel communicated this delicate balance between genuinely desiring what is in the best interests of the grandchild, decisions which may or may not include medication, and wanting to shield the grandchild from the world of medications and substances, having seen so much pain brought to the family via the adult child.

Another hardship faced by these grandchildren, expressed universally by all eleven grandparents, was that every grandchild struggled, to some degree, with attachment, security, and needed a sense of structure and stability put into their lives. Supporting this conclusion, Bethany described,

Routines. That's what these kids are missing most and what [my grandchild] still has problems with is structure. She's had a lot of structure in her life now, but they don't

Table Three. Summary of Grandchildren Ages at Care.

Participant	Number of Grandchildren	Grandchild's Current Age	Grandchild's Age at Start of Care
Amy	1	19 (not at home anymore); 15	5 1/2 ; 2 1/2
Bethany	1	5	21 months
Cindy	1	4	Infant
Debbie	1	3 1/2	On and off since birth
Emily	1	6	3
Frannie	1	7	3
Gus	1	7	3
Harrie	1	6	3
Isabel	6	19, 18, 17, 14, 14, 12	Varies
Jessica	1	6	Infant
Kris	1	6	Infant

have structure, they don't have routines, and that's how they feel secure is you get them back where they know what to expect and they know what is going to happen and then they start settling down a little bit... So I have her, she does every Monday, she does an hour with a play therapist – she's working with her on how to focus and then talks with us on what we need to be doing to follow through with it to make sure she's getting that structure and we're teaching her to focus on what she needs to.

Bethany aptly explained exactly what these grandchildren are lacking in their lives, and how that can so negatively impact their behavior, ability to focus and retain information, and their success in school. When considering the impact on their schoolwork, and therefore future ambitions and success, these same descriptions of inability to focus and difficulty in school were echoed by several other grandparents. Frannie, the 74-year-old grandmother of one, remarked on the progress her granddaughter has made, detailing,

She has some difficulties sometimes with her reading, she had some tutoring. I mean she can read but I don't think it was at the level they wanted her to be, that she struggled with that. She made a lot of progress.

Emily also described the difficulties her grandchild had in school, but attributed the root cause of his academic difficulties to his separation anxiety disorder, illustrating,

We've had struggles – I have a volunteer that helps him with school. The separation anxiety was horrible... we've got him into preschool, he's now in kindergarten, doing very well. He laughs and laughs and laughs and the most social little boy you've ever met in your entire life!

Of all the struggles and difficulties these grandparents shared, the most time was spent describing the grandchildren's emotional and temperamental difficulties. It was clear from data gathered in the interviews that while grandparents love their grandchildren deeply, they also struggle immensely to appropriately handle the various emotional difficulties that accompany these grandchildren. Jessica, a 65-year-old grandmother with no legal relation to her grandchild, continues to worry about her family history of mental illness, saying, "I worry about this one too (the grandchild) because he's her third child and the other two are both bipolar... he is very

temperamental at times”. Even though Jessica may know what behaviors and attributes to attend to, she cannot prevent outside influences such as mental illness from affecting her family. Harry, a 56-year-old grandfather who had been providing care on behalf of his grandchild for four years, echoed similar comments to Jessica’s when he described the many difficulties he faces while raising his own grandchild:

Trying to take care of a five-year-old is pretty difficult, especially since he is a very hard child, he’s not a normal child. He has his issues which I’m sure they all do but we never had those kinds of issues with our [adult children] ... He’d never smile or laugh or play, he’s just so stoic ... he’d scream and yell and have temper tantrums. We could never get through one meal without a temper tantrum and [my wife] would have to go settle him down. ... I mean he has issues like all his clothes have to have tags cut off of them, to put his shirt on you have to stretch it out around the neck so it’s not touching anything and to put his shoes on you have to run your finger around it to make sure nothing is out of place. That’s a big learning curve there because... why?! There’s no difference!
(laughter)

Through those utterances, Harry described great emotional roller coasters with his grandchild; his family was another with a family history of bipolar. There were also sensory issues that Harry alluded to, as well. Harry’s wife, Emily, had mentioned her grandson’s separation anxiety disorder when describing his difficulties in school. Emily then described his difficulties in greater detail, saying,

I couldn’t leave the room. I could not go to the bathroom. We could be in the living room and I would get up and go to the bathroom – he would scream, ‘Nana, where are you!’ I can’t go to the garage, without him screaming, ‘Where are you!’ I can’t, I couldn’t hardly go to work. I mean the separation anxiety was horrible.

Each of these excerpts are only a small illustration of the severe emotional and mental difficulties these grandchildren face, often due to the environment in which they were raised for first few months or years of their life.

Positive. Despite the extreme difficulties these grandparents may face with their grandchildren, the joy with which each of them display about both the growth and progress their

grandchildren have made, but also the natural goodness in each of their grandchildren, was unmistakable. Despite the array of difficulties Bethany described about her granddaughter, after listing all the therapies and counseling provided, Bethany later focused on all of the positive changes and growths she has seen in her grandchild:

Her teacher says she's changed so much in the last two months, she's like a little sponge now, she sucks everything up, she remembers things now. Because she's focused now. She used to be, she could look at something for a couple minutes then she was gone. She couldn't stay with anything very long. Her swimming and her gymnastics have helped her a lot. She goes to bed at night, she used to have issues every single night, and now she goes to bed puts her head down on the pillow and goes to sleep because she's too tired to cause trouble. She'll even say, "I'm tired" and I'm (makes shocked face), what'd you say? Never, never did I think you'd say that.

Debbie, a 55-year-old grandmother with Power of Attorney, choked up several times during the interview when describing the difficulties her grandchild has faced and what they have experienced together. However, the pride in Debbie's voice was a beautiful thing to hear when she started sharing the growth she has seen in her granddaughter:

[My granddaughter], as little kids are, is pretty resilient, and I've her in a routine where we do – she goes to daycare every day and she really likes her daycare, has had pretty much the same kids since she was little, she was at a birthday party last Saturday, Sunday. And this weekend she has two more birthday parties, on the same day – one's at the bowling alley... I don't know what four-year-olds do at the bowling alley, but ... and then the other one is over at another guy's house.

For Debbie, sharing about her granddaughter's friends and social interactions was important to her. Furthermore, after sharing how her grandson has struggled with such severe separation anxiety, Emily, the 57-year-old wife of Harry, said, "He laughs and laughs and laughs and is the most social little boy you've ever met in your entire life!"

Like Debbie and Emily, Frannie had shared similar difficulties with her own granddaughter, describing the different therapies she received, but later said, "Now we can't shut her up!" followed by a long minute of laughter. "Oh she's made so much [improvement]! I

mean she takes dance lessons, she's had swimming lessons, she gets free art lessons... she's very outgoing, very. I mean, she likes to, you know, hog the limelight."

Two more grandparents also contrasted the negatives their grandchildren struggle with the positives; Harry had shared a lot about how he struggles to meet all of his grandson's needs but later stated, "But I think [my grandson's] come a long way since he's been here which makes it all worthwhile... He has a huge difference, just in his attitude." Finally, Jessica shared that her grandson may be withdrawn or act out when he is around his biological dad, but when he comes back home he is "just so happy, and easy, and comfortable and relaxed" because he knows that he is safe.

Relationships. The Relationships category is comprised of the words and sentences that participants used to describe the interactions and connections among people with which grandparents choose to surround themselves. Two kinds of relationships were coded: Partnerships and Friendships. Partnerships refer to intimate relationships, be it marriage, live-in boyfriend, life partner, and ex-husband. For the participants who were married, participants were asked to describe when they got married and if they were married previously.

Partnerships. As indicated in Appendix A, only two grandparents were in their first marriage. Four participants were divorced, and the remaining five individuals had entered their second or third marriage. One grandmother, Amy, had been single for many years, so long in fact that no mention of her ex-husband or a significant other was ever mentioned during her interview. Bethany was living with her boyfriend when they made the decision to take in her grandchild and though they are no longer together, he went through the entire process with her, including counseling. Debbie had been both married and divorced twice but made no mention of current significant others or any intimate, supportive relationship. Harry's wife, Emily was in

her third marriage. In her first marriage, her husband was described as a “control freak”. This was illustrated more when Emily stated, “when I was married to my first husband I didn’t work, he refused to let me work. He was a control person; he would not let me do things”. Her second husband brought triplets to the marriage but after he committed suicide, the children were taken from her and given to their paternal grandparents. Currently, she has been married to her third husband for over thirty years and even while I was interviewing her, she called him mostly by terms of endearment. However, Emily acknowledged how difficult it has been on their marriage to take in their grandchild:

It’s been very tough on our marriage. The last grandmother I met, she stopped me and asked me if I was a grandma. I said yeah. She said, are you raising the two of them? I said no, just the one. She said yeah, I’m new at this, I just started. She got two of them in September, she was ... lost her home in the Highpark Fire, had just got moved into an apartment when she got her two grandchildren. And so she’s really struggling. And she says, “And then there’s my marriage”. But she says, “I figure I’ll work on that a little later”. And I’m... oh man did I... I get that one because yeah. Our marriage it’s, we’re there for each other but it’s tough. We don’t have time.

Frannie was also in her third marriage. She had four children in her first marriage before she was widowed, and two children in her second marriage before she divorced. When she met her current and third husband, fellow participant Gus, he also had two children from a previous marriage so although they never had children together, they raised eight children together.

Frannie echoed Emily’s sentiments that her marriage is now different, but her perspective was also different, saying:

It does change it – I would say it is pretty much centered around her. I don’t know if there’s such a thing as being too centered around her, I’m sure we should probably get sitters occasionally and go somewhere, but if we go somewhere we usually go to lunch while she’s in school. You know, stuff like that. Cause we’re old (laughter) because you slow down naturally when you’re older, it’s not like you’re going to just get in a plane and take off and go somewhere for a week or two but yeah. It’s changed.

With the focus seeming to rest completely on the grandchild, a counter-probe was asked: “What, then, would you change, if anything?” Frannie said with a smile, “I wouldn’t give her up just to have that freedom”.

Gus reciprocated the acknowledgement his wife Frannie had made about the differences in their lives now that they are raising their grandchild. However, Gus largely focused on how much he loves his wife, speaking of Frannie as if they were newlyweds. It was absolutely beautiful to observe. He had been married previously, and when he met the Frannie, they met and married within a year, saying with a smile, “I was smitten”. When reflecting on his family, Gus shared,

I know with our adult children now, they time to time will say how they appreciated what we did, you know, or how we were examples for them. Especially their momma; their momma is such a caring and loving person, she’s ... yeah. If I ever want to know what God’s love is, all I have to do is watch [my wife]. She’s my pride and joy.

Gus’ description of his love and admiration for his wife spoke of the strength and devotion that comes with 40 plus years of marriage. Gus and Frannie’s marriage has admittedly had its hard times and trials but Gus testified that it has stood strong, even through the stress and difficulty of raising a grandchild. Isabel reflected a similar strength in her marriage. Her marriage, too, has hit the forty-year-mark and when asked how her marriage has been affected by raising multiple grandchildren, she responded simply, “[It] didn’t affect the marriage; it’s pretty strong”. Further probing did not yield much clarity or depth on that statement; however, when Isabel shared about several extremely stressful medical difficulties she has faced over the last couple years, she stressed how consistently her husband has been there and supported her. The man she described was truly her “superman”, saying,

My husband took a class on how to take care of me. This is where the strength comes in ... he changes my [colostomy] bag and cleans the hole in my stomach and makes sure that the intestine isn’t infected because it’s hanging out of the hole and that’s a strong

man. Never complains. Comes to me and says, ‘do we need to do this now?’ [He] wants to make sure that I’m ok all the time.

That portrayal depicts a husband who loves his wife unconditionally, ‘through sickness and health’. That love between Isabel and her husband was also described as a huge strength for raising their grandchildren, as well.

Friendships. There was a lot said among participants about friendships and social interactions, most of it was, unfortunately, negative and disheartening. A nearly unanimous statement was how the individuals with whom the grandparents were friends with, prior to receiving their grandchildren, were largely absent from their lives now. The friends were described as “no longer in a place” where children were accommodated for, so those friendships had to go. Isabel said,

Friendships... ya. We were at the age where we were supposed to start camping and traveling, doing things for just us, and our friends didn’t want kids along, so we ended up just staying home and starting all over again.

Similarly, Harry described the changes in the friendships that he and his wife experienced over the past two years:

I think the biggest impact it’s had – well there’s been quite a few – but the biggest is that friends of ours don’t want to do stuff with us anymore because we do have a little one and their houses aren’t set up for kids. And, um, so they don’t want to go camping with us and stuff because we have a little child.

One grandmother, Bethany, offered a slightly different perspective on the changes in her social life. Bethany shared how she and her boyfriend used to go out and meet friends for dinner and happy hour on a regular basis – “we used to go do a lot of socializing”. But that it all stopped when her grandchild moved in, partially because that atmosphere was not appropriate anymore, but also because the grandchild desperately needed routine and structure. For example, in their lives, Friday night socializing simply did not lend itself to what her grandchild needed. Finally,

Amy talked the most in-depth about the transition from being single and free to meet up with friends whenever she wanted, to the restrictions she felt for the best interests of her grandchildren. Amy further added how difficult it was to feel like she was losing so many of her friends:

I had a support system that I stayed in touch with as well as building my support system out here because I had only moved out here in 1997, or spring of 1998, so you know I was just getting to know people back then. Now I did have a few friends and what I found changed a lot in that situation, my social situation. I had been single for many years and, you know, and I'm meeting new people and building friendships, I had that freedom if, at eight, nine o'clock at night, we're talking and, you know, we decide we want to go down to the buffet or down for a cup of coffee, I had the freedom to get up and go. Once I took these kids on, that was no longer an option – didn't matter how much I needed to talk or anybody else needed to talk either – well we'll talk on the phone or you can come over because that time of night I couldn't take two little kids out, especially with one in school. So I learned who my friends really are. There were some people who I thought were my friends and found that our lifestyles didn't match up very well. We were about the same age but that they didn't really want little kids around anymore – they'd raised their kids and they had that, they just didn't want little kids around. Their house was, you know, they had all the pretty little nick-nacks sitting around, they didn't want toys, they didn't want kids around. Or if we was going out to dinner, they wanted to go to places that weren't so kid friendly (little kid friendly) or they wanted amore quiet dinner situation, not a bunch of McDonalds with the play thing. So that was kind of a big change. I had been single and had that freedom for several years, so I was really in tune with that. It was quite impactful to me, almost like putting the brakes on and getting the whiplash effect as well as in that process gear back up for being the caretaker for little kids and being a caretaker with restrictions. So yeah, it was tough.

Imagine facing this immense life stressor, taking in one's grandchild due to your own biological child's addiction or death or incarceration, and then losing one of your biggest support networks because your friends are no longer in the same stage of life as you, raising children. This was the case for many of the grandparents in this study. For Cindy, a 49-year-old single grandmother, her best friend completely stopped talking to her when Cindy adopted her grandchild. The best friend stated she did not understand why Cindy would consider adopting her grandchild; she believed Cindy should make her adult child be more responsible and raise her own child.

On the other hand, Amy reported having a few choice friends who did not mind her bringing her grandchildren over, that “they didn’t mind that there were toys to step over and, you know, all that stuff”. Most of her emphasis, however, was placed on finding support through her friends in local grandfamily support groups:

I’ve got my grandfamilies family and we’re tight – we’re connected at the heart. Because I know the hearts of those grandmas, those single grandmas who are hurting so bad – struggling financially, we’re in poverty, we feel like we’ve got, you know we’re having to do this all alone, so I really migrate to them... Sharing that experience, strength, and hope, and giving that next person some hope that things will change, things will get better, you’ll be ok, whatever it is, whatever hope it is that they are needing.

Two grandparents, Debbie and Harry, shared similar stories about how helpful and sympathetic they find the grandparent support group. Debbie illustrated, “The good thing is this grandparent group that I’m in, everyone has similar stories. So it’s like... ok.” Harry further described,

That’s why we joined the grandfamily support group to try to meet people of own age that did the same thing and have kids themselves now, grandkids. So we’re doing that twice a month and that’s where we get most of our social outlet anymore.

One single grandmother, Bethany, found support from her county as during the time Bethany was going through the adoption process, the County was very public about supporting adoption processes. Finally, Isabel, grandmother of multiple grandchildren, and Gus, grandfather of one grandchild, both reported that they have very supportive neighbors who have been willing to babysit from time to time.

Familial influences. The Familial Influences category is comprised of the words and sentences that participants used to describe their family, their family’s past, contextual information, family’s relational information, and so forth. In addition, this category includes the relationships that connect the individuals together as described in the previous category. The first three codes are: Family Construction, Family History, and Family Dynamics.

Family Construction includes any facts about the size of the family, how many children are from current/past marriages, etc. These are the individuals and facts about family that are not primary relationships, not primary influences, upon these grandparents but they were talked about in each interview; therefore, these references to family construction must be represented in the data. Family History considers family contextual information such as deaths, mental illness, physical illness, or any type of abuse. These components of Family History directly influence both the lives of grandparents and the lives of their grandchildren as mental illness continues to work its way through genealogies and cycles of abuse are continued or broken. Thirdly, Family Dynamics entails the relational information that connects Family Construction and Family History. Descriptions of Family Dynamics vary between grandparents, but include accounts of family interactions, support received, and feelings of resentment.

The fourth and final code within Familial Influences is Grandchild in the Context of the Family. This code was nested within this category, instead of within Spheres of Influence, because though it provides information on the grandchild, it is more about how the grandchild influences the family unit. Does the grandchild bring a sense of purpose to the grandparent's life? Or does the grandparent struggle to accommodate all the grandchild's needs? All of those questions concerning familial facts and interactions were coded for in this category.

Family construction. This code was comprised of mostly demographic information, or what would be necessary to construct a three-generation genogram. Information that could be too identifying has been omitted from this section, to protect the participants' confidentiality. However, it was used to provide the researcher with greater context and understanding of each participant and their families. A brief summary of each participant's family construction is provided here.

The first grandmother, Amy, has two siblings who live out of state, as does her mother. She has several children, some who live in the state of Colorado, and some who live out of state. She is only close with the child who lives closest. One of her children, the adult child pertinent to this study, has passed away, and therefore Amy has raised the two grandchildren, one of which was grown and out of the house at the time of the interview.

Sharply contrasting Amy, the second grandmother, Bethany, named a much greater family system and support network. Bethany named fifteen immediate family members, but later conceded that there are more family members in her immediate genealogy but she does not consider herself to be close to them. Bethany is third born of four children, and she considers herself to be close to both her siblings and her mother. Her father was not mentioned. Bethany bore three children but only listed two in her named family members as she does not consider herself close to her middle child. Her middle child bore four children, none of whom he is raising. Bethany is raising one grandchild.

49-year-old grandmother Cindy was raised in a large family; she was born second of seven children. Cindy listed only her mother, step-father, and uncle as her only current living relatives. Cindy had three children of her own and she is raising one grandchild. Another grandmother, Debbie, offered very little information on her family. She described a good relationship between herself and her mother, who lives close, and stated that she had been married twice before.

Participants Emily and Harry are married; they each took part in separate interviews. Emily had been married twice before she married Harry; the adult child, whose child they are raising, is from Emily's first marriage. Harry had not been married before Emily and together, they had one child together. Each of their children, the one from Emily's first marriage and the

one they had together, had two children of their own. Harry was one of six children; his father passed away when he was young and his family is now scattered between Colorado and other states.

Participants Frannie and Gus are also married, also each taking part in individual interviews. They had each been married once before; Frannie had six children from her first marriage, Gus had two. They did not have any children together.

Isabel, the 61-year-old married grandmother, was the only grandparent who was raising multiple grandchildren. She had only been married once, and had been married for 40 years. She and her husband had two children, who were both the adult children pertinent to this study.

The last two participants, Jessica and Kris, were married and each partook in separate interviews. Jessica was one of four siblings and Kris was one of three. Both had been married previously and both brought children into their marriage. Then, together, they had two more children together. No mention was made of whether either had parents or siblings still alive and active in their lives.

Family history. This code included a great amount of information, both in quantity and in depth, among participants. These codes are, again, easily used to identify participants' true identities; therefore, specific information for each participant will not be shared. However, summative statements concerning prevalence of abuse, mental illness, physical illness, and deaths in the grandparents' pasts are documented to provide historical context for the eleven participants as a group.

Five grandparents shared incidents of abuse or neglect in their pasts. Five grandparents, not necessarily the same five, shared a family history of mental illness (i.e., bipolar, Obsessive Compulsive Disorder, anxiety disorders), and four grandparents shared a family history of

significant physical illness (i.e., epileptic seizures, cancer, Multiple Sclerosis). Finally, eight out of the eleven grandparents described one or more family members who died of unnatural causes.

Family dynamics. The dynamic nature of families is unique; no two families are the same. This Family Dynamics code examines grandparents' descriptions of interpersonal dynamics in their families, such as amount of perceived support, resentment, and quality of interaction. Kris, the 79-year-old grandfather of one, described his point of view as being very matter-of-fact, saying that taking in his grandchild was, "more or less a fact. In other words, it was a situation that had to be taken care of. Somebody had to do it and the only person that was going to get it done was me." Kris attributes some of this perspective to knowing what it was like to not have a dad around when he was growing up: "I know what it's like to not have a dad around and that's one thing I never want my grandson to know." Therefore, from his point of view, if Kris' grandchild cannot have consistent parenting in his life from his biological parents, then that is something Kris can provide.

While Kris was quite open about his family dynamics, Isabel offered no words or insight on her extended family. However, Isabel's strong relationship with her husband and her love for her grandchildren were clearly evident. Harry shared that when he was growing up, his grandmother lived with his family a lot and today, he and his wife try to do things on a regular basis with nieces, nephews, and his other grandchildren.

Additionally, Frannie shared a lot of details about her family, specifically her other adult children, saying "You know, our family is supportive... you know, if [our granddaughter] is here and they're here, they can play with her and she's on their lap and they're carrying on and everything." However, she did add that she wished they would take more initiative and ask if they could, for example, take the granddaughter fishing with them.

While Frannie's family was described as mostly supportive, Bethany was very open about how very supportive her family is of her. For example, she described,

When I got her, and we had Social Services family meetings so my kids would attend, so they were all, you know, told that 'you know this child needs a lot of family support', 'your mom is going to need a lot of family support'. So they've always been focused on what they know, what it's going to be like... There's always been support because we did all attend these family meetings and deciding what we're going to do with [my grandchild]. And it was decided that 'this is what', and everyone, 'yep, we'll support her'.

Bethany did add that her other children do feel some resentment towards the adult child; she described their feelings as, "mom should not have to be raising your kid; mom should not have to be doing this; how dare you not be responsible enough to take care of your own kid". However, Bethany was very clear that none of that resentment was directed towards, she only felt support from her other grown children.

Compared to Bethany, Amy described a more complicated combination of family dynamics. For example, with regards to her family, Amy detailed,

For many years I've never been close with my blood family, there's issues going way back that have just continued and I really don't miss them because I've got such stronger-the closeness, being there for each other, being supportive, on and on- with the support systems than with my own blood family.

Therefore, Amy considers select friends and groups to be more her family than her biological, or blood, family because she "never had that love and support from [her] family". She did, however, add that she and one of her daughters are rebuilding their relationship, while her relationships with the other grown children remain estranged; Amy described them as, "my own kids, my own biological children, they have turned on me like vicious snakes". But since Amy considers her friends and groups to be her family, she shared a lot about several groups she is a part of, for example the grandfamily support group.

Grandchild in the Context of the family. The last code in the Familial categories is Grandchild in the Context of the Family, which is used for descriptions about the grandchild as understood in the context of the grandfamily unit. When describing her grandchildren, Isabel shared a very touching story about her family: “the [grand]kids wrote Ellen, Ellen DeGeneres; they tell me ‘sit on that phone, pay attention to that phone. She might be calling you’. ...I don’t think so... because you hear stories where people try to get tickets for ten years and they never got tickets, but at least they thought of it”.

One grandfather, 56-year-old Harry, described how the presence of his grandchild affected the context of his family, especially when he and his wife, Emily, had previously only raised girls:

We gotta try everything we can think of to keep him settled down and what we, we don’t know what’s being a five year old – a boy, a five year old boy- because we just had girls, which was waaaaaaay easier. And [my wife] said, “I don’t want a boy I don’t want a boy” and then we have a boy now (laughter). And what is a boy, a five-year- old... it’s hard to figure out sometimes.

He also expressed how rewarding it has been to have his grandson in his life now, saying “maybe if he wasn’t here we’d be stagnant and wouldn’t be doing much... it’s good to see him turning out to be a good person and hopefully we can have a part in that”. Fellow grandfather Gus expressed a similar joy as Harry when Gus described his grandchild as “a little ray of sunlight”. Finally, although Frannie recognized that her life had changed a lot since taking in her grandchild, she said that despite all that, “if I was picking between the freedom to go do things, and [my grandchild], I would choose [my grandchild]”. In those examples, each of the grandparents acknowledged that by taking in their grandchildren, there were unmistakable changes in their lives, but they were still able to feel joy and find good in their circumstances.

Lastly, one pattern these grandparents described involved the difficulty of balancing work with the rigor of parenting. Harry described this complicated balance when he stated, “Trying to work is really difficult because one of us always has to be home early enough to pick him up from school and take him to school in the morning”. Similarly, Jessica described the process of cutting back on work when she was starting to provide some care for her grandchild:

I (was) still on vacation, so I took [my grandchild] home with me... I called and extended my vacation because I had another week or so I could use... And then after that I would work during the week, Monday through Friday... so what I would do is I would pick him up every Friday as soon as I got off work and I would keep (him) Sunday night and then take him back.

Environmental influences. The Environmental Influences category is comprised of the words and sentences that participants used to describe the processes and entities outside of the family that had significant impact upon them. The three codes are: Outside Parties, Courts, and Money. Each of the three codes had extremely significant impact upon all eleven grandparents, each in their own way.

Outside parties. There were many outside parties (i.e., both individual persons and programs or interventions) referenced by grandparents. The most frequently referenced parties are: Social Services, the police, Child Care Assistance Program (CCAP), and therapy. Five out of the eleven participants explicitly referenced how Social Services or Child Protection Services directly intervened in their life and the life of their grandchild and adult child. However, their presence could also be inferred in at least four of the other participants because of their descriptions of the grandchild “being taken” from the adult child.

Four grandparents explicitly storied how the police have been involved in their family, usually because of the adult children’s negligence toward the grandchildren. For example,

Isabel, the 61-year-old grandmother of multiple grandchildren, described one incident in which she had to call the police, before she had established custody:

I looked for [my adult child] for two days. I finally found her at this guy's house, long story, Oh my god, found her at this guy's house, or at least I thought I found her. I went knocking on the door. I could see inside; I couldn't see her or him, but I saw [one grandchild] who was a year old, little over a year old and the baby was brand new or maybe not. Maybe, [another grandchild] was over two... [He] was over two and [the other grandchild] was probably 1. [The two-year-old] was sitting there playing with a loaded shotgun. I couldn't get my cell phone to work, so I went running over to the gas station and called the police. Had the police come to meet me there. By the time I got back, they were all gone. And the police said there was nothing they could do.

Similar to Isabel, Debbie also related stories about the involvement of police. Debbie described three separate stories about police involvement, all of which involved the adult child. Two ended in the adult child being arrested and one ended in a lecture to both Debbie and her adult child from the police officer on parenting.

Another outside party referred to several times was "CCAP", or Child Care Assistance Program. CCAP is a local county program in Northern Colorado that provides childcare or assisted childcare to parents who meet select income guidelines and are either working, looking for work, or are a teen parent. One grandmother, Debbie, was especially vocal about her granddaughter's daycare who accepts their CCAP assistance. At one point Debbie choked up, tears in her eyes, as she narrated,

She (the head of the daycare) has been really really supportive, from the time that [my granddaughter] started and [my adult child] ... was on CCAP and CCAP won't pay but for a half hour before you start work and a half hour after work. And so her schedule was... she didn't work on Mondays and then on Tuesdays she wouldn't start til 1 and work til nine or whatever. And every week was different. And the day care let her do it. And I thought it was kind of odd that one week I went in the middle, [the adult child] had [the grandchild] in daycare which turns out it was good because she was out doing illegal things. But so the daycare has been really, really good to her. And then she started making enough at [her job] that she went over the CCAP limit, so she didn't qualify for CCAP – which I guess now they have a step down instead of all of a sudden you don't qualify. So that would be good. But in her case, they got to where she couldn't qualify ... And so, the lady that's head of the daycare kept charging her the CCAP rate [instead

of the full amount], still does today. And the other parents, may or may not, pay the full amount.

Finally, many different kinds of therapy were described by participants. 53-year old single grandmother Bethany described the various therapies she went through with her grandchild:

We had to get her to behavioral therapy. We had to get her to a therapy where they did like, I can't remember what it was called, but she screamed a lot, loud and a lot, and she threw things a lot. It was a therapy to teach her touch perception, I can't remember what it was called. But she definitely had behavioral therapy too. She had speech therapy... We each had our own therapist that sat and we did therapy together with him and then we did separate therapy... A lot of being under scrutiny and a lot of being analyzed all the time.

Married couple Gus and Frannie took their grandchild to two years of speech therapy and two years of counseling. Further, Harry and Emily took their grandchild to counseling to address his separation anxiety. The outside professionals whose services these grandparents accessed were varied but according to grandparents, each service was vital and highly impactful in their own way.

Courts. Given the changes in family construction that occurred in most of these grandfamilies, the presence of the court system is unavoidable. Nine grandparents had worked through the court to gain a specific legal status to their grandchild, while two have no legal relation (for each participants' legal relation, see Appendix A). 62-year-old single grandmother of one, Amy, described her process in the court system, which involved several different legal statuses:

I was awarded emergency temporary custody. But that weekend before that court order, she came and kidnapped the kids and had them back in CA. They were there for about a month. I was awarded emergency temporary custody but I didn't really have them with me until she brought them back about a month later. And then I took care of them. Then the next court hearing was about three months later, we had another hearing and that's when I was awarded temporary custody and another three months later, end of May in 2000, I was awarded permanent custody.

Further, another single grandmother, Bethany, worked through a case worker to obtain custody of and adopt her grandchild. Debbie described her thought process in deciding to go after a legal status, saying “I needed to do something legally because it’s really hard to take her to the doctor, or to school”. Each of these grandparents had their own reasons for obtaining one of several available legal statuses, including Jessica and Kris who have no legal relation.

Money. The financial responsibilities and sacrifices required by taking in a grandchild were experienced among every single participant in the study. What was discovered from the interviews, was grandparents were either on welfare, or they received support from CCAP (daycare assistance). Several participants tried to help adult children hold down house payments previously and consequently had lost significant amounts of money. One grandmother had already declared bankruptcy once and was about to have her car repossessed. Two participants run their own business and the ebb and flow of a self-made business, when steady income each month is not necessarily guaranteed, was very stressful for them. One grandfather, Harry, expressed that he was especially attuned to that feeling fear and uncertainty regarding his finances:

Being self-employed is really hard to collect money these days and when it doesn’t come in I say, “oh it will be here, it will be here” and then when it takes forever I keep hopeful that it will be here... and it’s hard sometimes because not everyone around you is that positive.

His wife, Emily, echoed similar feelings as Harry, saying:

I’m scared now because I’m supposed to be making a living and I’ve had clients up until now and now the one that was paying me – well I had another one that was paying me very well – we could not see eye to eye and I had to quit her, so I went and got another one but it wasn’t enough and I said... I gotta find work.

While Harry and Emily were very attune to and articulate about their financial worries, 62-year-old single grandmother Amy acknowledged that while her finances may be tight, she maintains a positive outlook, stating,

I don't have to have a bunch of money, I don't have to have a fancy car, I don't have to have a mansion, I don't have to have those things. I can live that simple life and be very happy, very content with myself.

Finally, several participants discussed their retirement and end-of-life benefits, specifically how they have been thinking more about those decisions since taking in their grandchildren. Single grandmother Debbie shared,

I started thinking about retirement, I joined AARP to get this life insurance and they had this social security quiz you had to take and I did learn if I start to take social security benefits and I have a dependent under the age of 19, they also carry benefits.

When discussing other possible financial benefits, 74-year-old Frannie discussed wanting to adopt her granddaughter because of the greater financial stability it could provide through the military, saying

Because Gus is going to be 79 this month and he's retired military – if he dies before Lauren's grown, which odds are good for that you know, she has no social security benefits, no military benefits, nothing. And if something happens to either one of us, if we're not able to take care of her, she goes right back into the court systems without somebody to fight over her... So basically, if Gus dies before I do, my income is going to be greatly reduced because his retirement is most of our income.

Miscellaneous. The “Miscellaneous” category is just what it sounds like; for the words and patterns that clearly belonged in Spheres of Influence, yet did not quite fit into any of the four previously discussed categories. For example, Gus shared how he felt this current family situation, of being a grandfamily now, was like a “second chance to raise a child”, saying “it's a do-over, [to] see if we can do better than we did with the other ones (laughter)”. He then talked at some length about his experiences the first time around raising his children. It was not that he felt he was unavailable or distant from his first children, but he was working full time and had

many other responsibilities and requirements upon his time. Although he loved his growing children and continues to love his children very much, this time, while raising his granddaughter, he has the freedom to sit down and read with his grandchild. Further, as she gets older, he has started having deeper discussions about faith and spirituality. Those precious moments were less present the first time around when he was raising his children.

Spirituality

The second theme of the coding scheme is Spirituality. This theme encompasses the different beliefs, practices, and conceptualizations of spirituality as defined by the participants. It is important to emphasize that the interview guide and any subsequent probes always strove to remain neutral. For example, as the researcher, I did not imply any one religion or form of spirituality over another when interviewing grandparents. The Spirituality theme was broken up into three separate categories: Foundations of Spirituality, Practice, and Daily Living.

Foundations of spirituality. The Foundations of Spirituality category is comprised of the words and phrases that participants used to describe the foundational conceptions, beliefs, and concepts and beliefs that each participant attributed to their unique spirituality. The four codes are: Duration, Motivation, Definition of God, and Definition of Spirituality. Each of the four codes provides the foundation of how each grandparent approaches and understands his or her own beliefs regarding spirituality.

Duration. The duration of spirituality refers to when each of these grandparents first began to partake in spiritual activities, or first began to believe in spirituality. Several grandparents were introduced to spirituality and, for some, religion when they were young. For example, Harry stated, “I was raised in the church until I was probably 11 or 12 maybe” after which he turned away from the church but maintained an inner sense of spirituality.

Several grandparents including Isabel, Kris, Debbie, and Emily shared similar stories. Isabel and Kris both described very similar starts to their personal spirituality. Isabel maintained that she began going to church when she was four or five, that she “was brought up that way”. Kris said he started going to church where he grew up, when he was young. Furthermore, both Isabel and Kris have continued that spiritual journey, but as they have matured, their understanding of spirituality has matured and changed along with them. For Isabel, she described the start of her journey as a joint, family event:

They were going to church all the time and they decided they wanted to join the church. And my mom had become a Christian, she had accepted Christ and they began to talk about it and said we need to make a crossroads here. Are we going to raise our kids in the church to live a proper Christian life because if we do we can't say we party on Saturday nights and go to church on Sunday mornings.

That decision on her parents' part to adhere to the “proper Christian life” appeared to have greatly influenced her current understanding of her spirituality, as will be further explored in the code Definition of Spirituality. Debbie stated that she was raised Lutheran and that she and her siblings “didn't really enjoy it but we were told we had to do it”. However, her description of her current spirituality shows that as she grew, her spirituality grew as well, especially once she started providing care to her grandchild. Finally, Emily shared, “I'm not a spiritual person, I'm not a religious person, I'm not a go to church and all that kind of thing. I wasn't at least until about two years ago when my daughter got me to go.” However, Emily clearly distinguished between being spiritual or religious and having spirituality, declaring, “My spirituality has always been there”. Throughout the entire interview with Emily, she stated numerous times, “once again my faith came into play”, or “I'd known that I would always make it if I kept my faith”, or “my faith got me through”. Therefore, Emily maintains that she has always had her

spirituality, even though it has not necessarily been apparent through many activities other participants described, such as church, Bible study, or fellowship.

In addition to the descriptions of spirituality previously discussed by grandparents, Gus, who was only a month away from turning 80 years old at the time of the interview, had his first personal experience with what would become his spirituality when his children were young. He describes this first experience with some detail, saying,

You know [my wife and I had] both been pretty stressed out with our jobs and the static we were getting from our Ex's and things like that. And we went to town, went to a movie, it turned out to be a Billy Graham movie, had no idea (laughter). And it was one of his world-wide production films. And when the movie was over, obviously some of the churches had sponsored this movie or something because after the movie was over the house lights came on and there were people who came up on stage and actually gave an invitation and I don't even remember getting up out of the chair, going forward, and accepting Christ.

What was evident from the interview, was that his beliefs from that first encounter were so strong for him, it has continued him down that path even 40 plus years later.

Unlike Gus, his wife Frannie shared a much more journeyed spiritual path. She recalled that she knew about spirituality when she was 18 years old, saying, "I don't think my spirituality was that much there". But following that, Frannie said,

I went through a period of time when I was ultra-spiritual. I mean I didn't wear lipstick, I didn't do nothing and I had a husband that liked to go drink and I didn't want to go with him. So you know, we cycled on and off through all those years.

Two single grandmothers were more reserved when considering the duration of their spirituality. When asked at what point in time she became spiritual or first believed in spirituality, Amy responded simply, "I have, for many years, been a church goer". Bethany, too, responded simply to that question, saying "I wasn't such a spiritual person even a year ago as I am now".

Finally, 49-year-old grandmother Cindy shared that her spirituality was first shaped when her parents forced her to go to church growing up; she stopped going when she was old enough to make that decision for herself but later found a spirituality to call her own. During the interview, she displayed pride in calling it “a different kind of spirituality”. Cindy’s definition of spirituality, as well as the other grandparents’, are each unique and will be explored in the last code within this category, Definition of Spirituality.

Motivation. A grandparent’s motivation for believing in and choosing to take part in spirituality provides the foundation and rationale behind his/her spirituality. It addresses the “Why?” question. For one grandmother, Frannie, who grew up cycling through different meanings and manifestations of spirituality, she considers her husband to be the reason she believes in her current spirituality. When Frannie’s husband, Gus, first found his spirituality in the Christian faith, she attributes that moment to “bringing me back in line with my spirituality”. Then, as a couple, they grew in that spiritual relationship together.

In another example, Isabel stated that she “grew up in a Christian home” and “was brought up that way”, however the spirituality she described during the interview was different than that of her childhood; therefore, it appeared during the interview that Isabel’s motivation for her current spirituality is reactive against what she grew up in.

Like Isabel, Harry also had grown up in church but ceased attending when he became an adult. However, he described his situation with his grandchild as the reason, or motivation, for him getting in touch with his spirituality:

[My grandchild’s] mom got him, had him, I don’t know what you call it, promised for the church. And since she’s not doing anything, we felt it was our responsibility to raise him that way so that’s why we started going back to church because otherwise we hadn’t been in years... I go to church for [my grandchild] and as a family I think it’s important now.

Harry's motivation for his spirituality was described as more extrinsic, or family-oriented.

Contrasting Harry's motivation, Gus, on the other hand, described his motivation as completely intrinsic and self-motivated. Gus opened up to his spirituality when he responded to an alter call, or a public appeal to all who are present to come forward and publically dedicate yourself to that faith, church, or spiritual movement (Coleman, 2003).

While Gus experienced his spirituality as a calling, through the alter call, Kris recalled that, to him, his spirituality was a choice. Therefore, his spirituality is more intrinsically motivated. Debbie described a similar intrinsic motivation, but it was first cultivated in a community:

There was a really good Bible study at CSU, it was a fellowship led by this guy. There were like 3 or 400 CSU students who were involved, so I would go to that and my roommate was a Christian and so that's when I really started going more and blossomed. So I've pretty much been in the church for a long time.

While Debbie was introduced to her spirituality through a large community, Cindy described herself as being shaped by first her family, when her family all went to Catholic Church while she was growing up. After cutting ties with that church and discovering more about herself, she found a spirituality that truly seemed to fit best for her and has become more intrinsically motivated. Finally, the last grandmother, Emily, shared, "I'm not a spiritual person, I'm not a religious person, I'm not a go to church and all that kind of thing. I wasn't at least until about two years ago when my daughter got me to go." Emily believes she has always been spiritual, very intrinsically motivated, but it was two years ago that she became active in a local church because of her daughter. She describes that change as,

I'm telling you it felt like God was there calling me to say, it's time for you to come. And my daughter felt it too, she's like mom what is going on. I said, [daughter], we have to have our faith – for some reason God is now calling us. I've called on God my whole entire life to help me get through things and I think God is calling us now.

Definition of God. Nine of the 11 grandparents identified the higher being that they believed in as God, specifically, the God of the Bible. The majority of definitions provided by these nine participants about God were remarkably simple and focused on the fact that “God is love”. For example, 79-year-old grandfather Kris stated, “The Lord loves them”, speaking of his family, and in return, “I really love Jesus. He’s really my friend.” His wife Jessica expressed God’s loving character when sharing how she used to be very uncomfortable around homosexuals, but God helped her to truly love them, saying,

He (God) loves them just eh same as He loves me and He expects me to do so also...
God works in such strange ways because now He’s not only made me comfortable but He has made me love [my homosexual coworkers].

Jessica also referenced God as having the love of a father, calling him “Father God”. The other 79-year-old grandfather Gus referenced a similar struggle with making judgments about other people; however, he repeated a reminder for himself, saying “Hey. God created him. And he loves him. And Jesus died for him too. Oh. You have to keep reminding yourself.” And finally, Gus’ wife Frannie, a 74-year-old grandmother, believed in God’s love because she believes that He cares for her. This was illustrated when she stated, “He cares and knows what I’m going through”.

There were a couple of specific, personal beliefs about God as well. In addition to God’s loving character, grandmother Jessica also defined God as being active. She believed that He is her “sounding board” and that, “God is active. He can speak to us”. Bethany, the 53-year-old grandmother who adopted her grandchild, stated her personal belief that “God is a forgiving person”. Furthermore, Emily added her personal belief that God is a provider and counselor, illustrating, “it has been our faith that has believed that God will provide for us one way or another”.

The last two grandparents, Isabel and Cindy, were the two who did not specifically identify the higher being that they believed in to be God. The tenth grandparent, Isabel, believed that “There is a higher power; it doesn’t matter what you name it, whether you name it Jesus or God or Buddha, Harry Krishna, it’s there.” Following that statement, Isabel never actually referred to the higher power by name only that she believed in a higher power. Even when probed, Isabel never provided her own definition of her higher power. Perhaps because it is hard to define what does not have a name, or perhaps because she does not believe that for her, spirituality needs to be defined. Finally, Cindy believed in a universal energy or spirit that flows in every person and in everything. Cindy, similar to Isabel, did not provide a definition of what she believes that spirit to be; she only emphasized the universality of that spirit or energy in which that she believes.

Definition of spirituality. This study has, from the start, striven to maintain each grandparent’s individual voice. This may be ever more important when discussing spirituality, to clearly identify each participant’s voice and individual definitions, as spirituality is so unique to each grandparent.

Frannie, the 74-year-old, retired grandmother of one, recognized that spirituality is “a thing that means different things to different people”. She defined her own spirituality as a belief system that is central to her very person,

I think it’s a core thing for me – knowing that in spite of all the many goofs and hardships or anything in my life, that I knew God’s really the basis of it all for us. He’s put [our family] together.

Before she had grasped this understanding of spirituality, she described her lens on life as one of fear; however, as her spirituality grew, she describes, “So now I just, you know, pray about it and

try not to worry about it. I think I've improved a lot in that, I think spirituality has helped me with that, to not worry".

Similar to Frannie, Harry, the 56-year-old grandfather who held Power of Attorney for his grandchild, also defined his spirituality as something very intrinsic and personal for him. Harry believed that his spirituality was found within himself, more than it is in a church or the Bible per say. Harry described it as,

I know a lot of, you know, the Scriptures and all that and I think I've pretty much lived my life that way and always have so I never felt I need some place to go for them to tell me what I'm doing wrong or to reinforce it because I was raised where I heard about it every week or two or three times a week. I just kind of felt that by being a good person I was taking care of that myself and I still feel that way.

Isabel, like Harry, distinguished her spirituality as not being specifically tied to a religion. She compared her spirituality to a journey of sorts, saying "it's like a learning process". She stated, "I know there is a higher power and the fact that I know that large amounts of people wishing or praying for the same thing tend to draw that power and make things better". That unnamed higher power draws people together and people may unite together because of that higher power.

The next five grandparents, Kris, Amy, Gus, Bethany, and Debbie, all specifically tied their spirituality to the religion of Christianity. Jessica, a 65-year-old grandmother with no legal relation to her grandchild affiliates herself with the Christian religion. Her religious beliefs are integrated throughout her definition of spirituality:

Well, that's a hard one really because when you accept Christ as your Savior, His Holy Spirit will indwell you and It intercedes in His own voice with God the Father. So, whenever you have difficulties or anything, His Holy Spirit is indwelling you and It knows those problems and It conveys those problems to the Father God and they work as a Trinity with the Father God, Jesus our Savior God, and the Spirit God, Holy Spirit, all work together for our good, so consequently, you could say I look at God as being the sounding board for anything because He is God and He can take it.

Kris was a 79-year-old grandfather of one who professed Christianity as his religious connection. When asked what spirituality means to him, Kris answered, “love. Without any attachments to it. Agape love.” And because he had affiliated with the Christian religion, the probe, “how do you know you’re a Christian?” Kris answered with Love as well. Kris knows he is a Christian, “because I have the love of Jesus in my heart and I walk with Him 24 hours, seven days a week”.

While love was mentioned during Amy’s interview, she also incorporated her belief in the Christian God, but she did not incorporate love in her definition of spirituality as Kris did. Amy, at 62 years old, was one of the grandmothers who had been caregiving for the longest period of time. When asked to define her spirituality, Amy responded, “Ok, to me spirituality means nurturing that spirit within me”. She tied her spirituality strongly to her church, saying, “I’ve always had a strong base with my church and with believing in God”.

The third grandparent who specifically tied his definition of spirituality to Christianity was Gus. For this grandfather, his spirituality as an intensely personal claim, rooted in the Christian faith, stating, “I think, I used to perhaps think of it as religion but I actually, since I’ve become a Christian, I say no, it’s not a religion at all, it’s a personal relationship with Jesus Christ”. For Gus, he identified his spirituality as tied with a specific religious affiliation that grew and developed into a very personal relationship with God, or Jesus Christ.

For the next grandmother, spirituality was affiliated with the Christian religion, but it meant something more. Bethany, the 53-year-old single grandmother who had adopted her granddaughter, defined her spirituality as a personal choice, one that provides structure, security, and peace for her life. While affiliated with Christianity, Bethany’s definition moved beyond religion and into something more personal, saying, “Christianity is not a religion, it’s a personal

relationship with God”. And lastly, Debbie, another single grandmother who worked full-time, stated that her spirituality was her strongest support. She also affiliated with the Christian religion, saying, “I have a personal relationship with Jesus Christ”. She declined to say anything more specific to define her spirituality.

The last two grandparents considered their definitions of spirituality to be much more intrinsically motivated. Cindy was the grandmother who proudly claimed she had a “different” spirituality, in comparison to other people she knew. She defined her spirituality as central to the word “cherished”, which was an important word for her, saying “Cherished! That’s the word – every person needs to be cherished”. Cindy believed her spirituality meant that every single person, regardless of who they are or what they may have done, deserves to be treated like a person, with respect and honor.

And lastly, Emily was the 57-year-old grandmother who had Power of Attorney for her grandchild. She defined her spirituality as very personal and intrinsically motivated; she did not need a church to tell her how to be spiritual,

I walked away from the church. A few times when I did go, I didn’t find that it was helpful in my spirituality – God is in my heart. Always has been. I do not need a church to know that.

Emily often used the words “faith” and “spirituality” seemingly interchangeably. For example, she shared,

At that point I cut the church out of my life for a long time. My spirit was still there but my faith was unbelievable and if it weren’t for my faith I would not have made it, I would not have made it at all. And for years after that I had a hard time. And I’d known that I would always make it if I kept my faith. If I prayed to God hard enough to just help me get through, help me, show me which direction to go, that I would make it. And I did.

Practices. The Practices category describes the different Beliefs, Mantras, and Virtues these grandparents consider to be a key component of their spirituality. Each grandparent’s

definition inherently holds different beliefs, which are described subsequently. Some grandparents, also expressed mantras or virtues that they considered important to or part of their spirituality.

Beliefs. The two most common spiritual beliefs expressed among the grandparents was (1) an overall understanding that God is in control, and (2) their belief that God is actively involved in their lives, providing for them and protecting them. Debbie expressed her belief that God is in control several times throughout her interview, saying “He has everything under control and has a plan... yeah it really is out of my control so I feel that it’s ok... you can only get a peace with God.” Bethany clearly stated that “God is in control of everything”. And when asked how she knows that, or how she feels His control in her life, Bethany answered,

I tend to base it on the fact that I am a spiritual person because I do believe that God has a guiding hand in everything that happens. Just has He brought [my grandchild] to me at a time – my boyfriend and I had a time where we had been apart then we got back together and it was like right at that point He brought her to us because I’m not sure I could have taken her on without support at the time... and of course we’re not together now, but it’s like it was there for a reason.

In her mind, God was in perfect control because He brought her grandchild to her at the perfect time, when He knew she could best handle it. Gus professed similar belief in God’s control as Bethany did. In fact, Gus considered himself to be rock solid in his beliefs about God’s control in his life, saying,

Well I would say I’m rock solid in my beliefs and no matter what may happen to discourage me, I just have to stop and say – God’s still in charge, don’t worry about it. He’s not, you know, He hasn’t taken a zen, or – just the fact that my heart is still pumping and I can breathe air is because He deems it so. He’s totally in charge.

Gus further illustrated his beliefs, stating that God was even in control of such things as the United States’ Presidential Election, stating, “hey, God’s still in charge of who [the president] is going to be”.

When compared to Bethany and Gus, while Isabel was a grandmother who did not specifically name her higher power, but she also indicated that her beliefs and her spirituality provided her with some sense of control. She illustrated, “you have to have some control and that there are things you can do to make things better”.

The second most common belief expressed by grandparents was their belief that God is actively involved in their lives, providing for them and protecting them. Emily believed that God actively provides for her family, describing,

It has been our faith that has believed that God will provide for us one way or another. God has always provided for us one way or another. He's always been there for us somehow... You know, my faith grows stronger every single day. I couldn't tell you one word out of the Bible, I couldn't tell you one Psalm (laughter). I couldn't do that for you. But I could tell you that God's out there, He's lookin' out for us in one way or another; God will guide you in the right direction. But you still have that choice to make that the direction you want to go.

God's active guidance and provision for her family was at the core of Emily's spiritual beliefs.

Bethany also described her beliefs on God's active involvement in her life, describing how God's constant presence strengthens her:

Spirituality, it makes me stronger because I know that God is always going to be there to help me no matter how far off I wander; and if I do get too far away, then you know I have to bring myself back... But I also am not one of those who thinks that if you believe in God He's going to solve your problems because He never said He was going to fix things for you; He said He would walk with you and guide you... Yeah – if you believe in God and you've given yourself to God and you believe that He's the higher being, He's not there to fix things for you, He's just there to help you along. He's not going to come down and drop a job in your lap but He's going to guide things along and He will help opportunities open up for you if you believe. So, I don't really get stressed out about a lot of things.

The belief that God is actively involved in her life was also iterated by Amy, the 62-year-old grandmother who had been caregiving for thirteen years. Amy described a belief that God tangibly brings things into her life: tasks, solutions, different things that He wants her to accomplish or receive. She illustrates this belief by saying,

My God brings things to me. He'll put things right in front of me to be done. My choice is, 'am I going to do what's in front of me to be done, or am I going to try to side step out or run from it or do some other crazy thing'. If I will just do what's in front of me to be done, and be where my hands are, walk through that, whatever it is – if it's something fearful, walk through it. I learned a long time ago, don't run from my fears.

Contrastingly, though Jessica, the 65-year-old grandmother with no legal relation to her grandchild, talk about the belief that God is active in her life, it manifested differently for her. For example, though she herself is healthy, Jessica has a long family history of mental illness. With a laugh, she declared “well God knew somebody had to take care of all these other crazies”, indicating she believes God placed her in her family for a reason. Throughout the interview, she said several times that God showed her family what to do, and that “He knows us”. Jessica also indicated that she believes God is active in her life through the Holy Spirit, the third member of the Holy Trinity in Christian and Catholic religions. Jessica described this belief as:

The Holy Spirit will move in some way to reveal to me what is said in Scripture or through what somebody else says or what I see on TV or whatever, but there will be an answer revealed to me.

One grandmother best explained her spiritual beliefs through a scary life event. For Frannie, her spiritual beliefs were tested when a family member was in a deathly motorcycle crash and, by the description of the accident, should have died but the family member was minimally hurt. Frannie described that experience as, “I was really, strongly, aware at that point that God saved his life”. She expounded on her understanding of God, saying,

When I say I'm spiritual, that means my connection with God and my realizing who He is in my life and how He loves me and what He's done for me knowing all my bad faults and He still loves me... I know that no matter what comes up, He's there.

There were a couple beliefs, described by participants as significant, which were not in alignment with either of the two main beliefs previously described. First, because Cindy

considered herself to be very spiritual but did not affiliate with any religion or religious terminology, she did not necessarily fit into the two main beliefs. However, that does not, by any means, make her beliefs any less valid. Cindy believed that there is an energy or spirit, flowing in every person and in everything, describing “I try not to kill spiders, I don’t like seeing trees cut down; they each have their own spirit, their own energy”. Isabel also did not necessarily fit into the two main beliefs, as she defined her spirituality as “believing in the higher power... it’s just about doing the right things as much as you can.” Isabel had named the Whole Life church as her affiliation and when asked about it, Isabel replied: “I don’t know. It has a lot to do with blessings, bless everything and it comes back to you. You give and it comes back. It’s... all reciprocal”.

Amy, a grandmother caregiving for over 13 years, described her spirituality as being very much tied to her addiction recovery program. She described her spirituality as,

Ok, to me spirituality means nurturing that spirit within me. Through, and I’m Christian, so it’s through the Christian faith that I believe in the God of the Bible. In our recovery program, you know, as a person who has gone through some years of heavy drinking and living the alcoholic life, it’s a sort of hell you live in. So I’ve heard it described as “Religion is for those who don’t want to go to hell; Spirituality is for those who have already been through hell”... it is because I’ve been through that hell, that I can now live this spiritual life... I can live that simple life and be very happy, very content with myself, within myself, because I believe that those are the things that are pleasing to God.

As Amy described her spiritual journey and her journey to recovery, it seemed very evident that those two journeys went hand-in-hand for her.

And finally, when asked about his spirituality, Harry described, “I believe that I can be, by doing right and knowing what’s right and wrong, I feel that I have my own... feel my own spirituality.” When asked how he represents his spirituality, or what it means for him to be spiritual, Harry responded, “I just kind of felt that by being a good person I was taking care of

that... I still feel that way”. Overall, Harry placed a significant emphasis on doing good in his life.

Mantras. Some of the grandparents described phrases or repeated expressions that appeared to be very important to their spirituality. Those phrases and expressions are termed *Mantras* in this section. The mantras represent metaphors or inspirational phrases that these grandparents expressed as important and relevant to their spirituality. Emily repeated “my faith came into play” and “I relied on my faith to get me through that” many times throughout the interview. Bethany coined the phrase, “if you keep faith in God, you’ll land on your feet one way or another.” Further, Amy used several mantras throughout her interview. For example, Amy often stated, “what doesn’t kill you makes you stronger”, “live the simple life”, “stepping out in faith”, “my thoughts are on a higher plain today”, and finally, “religion is for those who don’t want to go to hell; spirituality is for those who have already been through hell”.

Another mantra, “God works in great ways” was repeated several times by Jessica throughout the interview. And when talking about the fellowship she experiences with other Christian believers, Jessica used another mantra, “It’s like steel on steel – we hone each other as we come together as a spiritual unit”. And lastly, Gus had three mantras he repeated during his interview: “planting the seed”, which refers to the first couple of conversations a person ever has about spirituality, “part of [God’s] plan”, and “God must have had a purpose for me”. The participants seemed to draw strength from their personal mantras, each in their own way, throughout each of their interviews.

Virtues. Several participants named one or more virtues that they deemed to be important to their spirituality. Emily named goodness and honesty as virtues. Cindy named energy as a virtue. Amy listed helpfulness, love, harmony, and peace as virtues. Isabel

identified morality and “not giving up”. Gus acknowledged thankfulness and Frannie named gratefulness as their virtues. Lastly, Harry listed four virtues during the course of his interview: “doing the right things towards other people”, fairness, truthfulness, and kindness. He especially stressed the importance of fairness when interacting with others.

Daily Living. The Daily Living category encompasses the spiritual activities each grandparent takes part in, both individual and communal, as well as how their spirituality in their daily life influences their parenting style with their grandchild. The descriptions include only what the grandparent explicitly described, no implicit inferences were made regarding parenting style and activities.

Self activities. Each grandparent described at least one activity that he or she did which only involved him or herself. Some grandparents described more than five. This information can be seen in Table Four. The different activities that were described by participants as part of the individual, or personal part of their spiritual lives, are: prayer for self, prayer for others, reading the Bible, meditation, reading spiritual books, listening to evangelists (on radio or on recordings), book studies, praising God (through singing and listening to worship music), memorizing Scripture, and reading spiritual or inspiring notes.

Communal activities. Each grandparent also described the activities that he or she participates in as part of a group, either with their family, a church, or otherwise. Not every grandparent had communal activities that he or she participated in, but some grandparents had several. These activities can be found in Table Five. The different activities described by participants as part of communal activities with other people who practice similar spirituality are: baptism, church, holiday events, Sunday school, Bible study, women’s study, men’s study,

Table Four. Grandparents' Spiritual Self - Activities

<u>Activity</u>	Amy	Bethany	Cindy	Debbie	Emily	Frannie	Gus	Harry	Isabel	Jessica	Kris
Prayer for Self	✓	✓		✓	✓	✓				✓	✓
Read the Bible	✓			✓			✓			✓	
Meditation	✓		✓								
Read Spiritual Books	✓										
Listen to Evangelists	✓										
Book Studies	✓										
Prayer for Others	✓					✓	✓			✓	✓
Praise God										✓	
Memorize Scripture								✓			
Read Spiritual Notes									✓		

Table Five. Grandparents' Communal Activities.

<u>Activity</u>	Amy	Bethany	Cindy	Debbie	Emily	Frannie	Gus	Harry	Isabel	Jessica	Kris
Baptism					✓		✓				
Church	✓	✓		✓	✓	✓	✓	✓		✓	✓
Holiday Events				✓							
Sunday School	✓	✓				✓	✓	✓		✓	✓
Church Functions	✓										
Bible Study	✓					✓				✓	✓
Women's Study	✓					✓					
Volunteer Work	✓										✓
Men's Study											✓
Communal Prayer											
Fellowship Meals						✓	✓			✓	
Music						✓					
Lifegroup											

volunteer work, communal prayer, communal music, fellowship meals, lifegroup, and church functions. Church refers to typical Sunday morning church services or Catholic mass services. Sunday school refers to not only the instruction of children for an hour on Sundays but also an hour for adults to study together a topic together before or after the church service. Bible study is a time for both men and women to come together and study the Bible; Women's study is a Bible study for just women, and men's study just for men. Volunteer work refers to that which is performed specifically in the name of a church or a religion, not volunteer work that grandparents conduct on their own. Communal prayer and communal music is prayer conducted with other spiritual people and spiritual/religious music sung and/or performed with others. Fellowship meals refer to a spiritual group of people or a church sharing a meal together and lifegroup is similar to Bible study, but specifically for couples and families to grow together, care for each other, pray and study together. Church functions refer to any church events that were not previously named.

As parenting techniques. Four of the eleven grandparents specifically referenced how they used their spirituality in the lives of their grandchildren. It was especially useful or important to these four grandparents that their parenting techniques or parenting style be integrated with their spiritual beliefs. Bethany, the 53-year-old grandmother who adopted her grandchild, stated that her spirituality “helped me, mostly me at this point, to be a calmer, better parent just because I’m not as stressed as usual”. Previously, Bethany had talked a fair amount about how her spirituality helped her relinquish control and subsequent stress because she believed God is in complete control. That belief is reflected in what she shared on parenting. Bethany gave a specific example, referencing the summer 2012 kidnapping of a preadolescent girl from northern Denver, CO whose body was later found mutilated:

And you know, the whole thing that happened with that little girl that was kidnapped not too long ago and they found her body, that was a big thing with me because [my granddaughter] will run away from us and not listen and so I did use that as an example of why you stay by us and don't run out of your yard, you stay in the yard. And then she asked me, "Why did that man kill her"? And I said, "Because some people don't listen to God, they listen to the devil and the devil tries to make them do bad things. So now if something happens she's like "maybe he's listening to the devil". Now she thinks when someone does something bad she thinks it's because they're listening to the devil. And I'm like that's not quite how I wanted it to come out, but I don't know how else to tell ya (laughter)... When you're doing something good it's because you're listening to what God's telling you to do. And when you do something like telling a lie, and I don't say to her "are you listening to the devil" I just tell her 'I don't think God would like that if you lie like that, do you?'... I use examples to bring Him in, a positive focus.

That positive focus was something Bethany referred to several times. And she admitted that sometimes it may not always come out "right" as she is teaching morality through the lens of her spirituality; however, in general Bethany was very positive about the benefits of using spirituality in her parenting techniques.

Like Bethany, another grandmother, Jessica, the 65-year-old grandmother of one, talked about how her spirituality brings her peace when contemplating the various stresses and difficulties her family faces,

All God wants us to do is love them and He'll work out the rest. There are no grandchildren to God. There is only children of God so I can't be responsible for my child with God. My child has to have his own relationship with God and that's between the two of them and I have nothing to do with it, other than maybe I teach what I can. When we are reminded that we cannot take care of it for our children or grandchildren, that's how we say it, remember God doesn't have any grandchildren, just has children. So, that's how we look at it.

Jessica demonstrated that her spirituality offers her insight into her family, a sense of peace for the situation regarding how and why she is providing care for her grandchild. Jessica believes that ultimately, there is no greater choice than to care for her grandchild and to love him.

Finally, two of the three grandfathers shared interviewed shared how their caregiving role has influenced their parenting practices with their grandchild. For example, Harry, the 56-year-

old grandfather of one, shared how the morals he gleaned from his spirituality are what he passes on to his grandchild, more so than the spiritual actions like going to church. He illustrates this by describing,

If you do right by people, try to do the right thing yourself, teach him not to lie, pretty much basic stuff. The Sunday school part we don't talk about too much but more the moral stuff and how to be fair with people and not lie and just treat people kindly. I think that's important for him.

The second grandfather, Gus, also shared how his spiritual life intersects with his parenting practices. For example, Gus shared how he tried to share and teach his grandchild about spirituality, as he discerned was developmentally appropriate for her. When asked if he could share specific examples of how spirituality may have influenced his parenting practices, Gus answered:

It's definitely important in how we raise her... she's getting beyond the elementary level and a little more heavy – I like to sit down with her and read the Bible. And as time goes on, there's a lot of things she doesn't understand yet and I know that, but as time goes on, she gets to a certain age, and you explain things that they get to know.

Resilience

The third and final theme of the coding scheme is Resilience. This theme encompasses inferences towards inner strength and resilience, as well as participants' explicit comments on resilience in their lives. The Resilience theme was broken up into three separate categories: Sacrifices, Influences on Resilience, and Participants' Declared Relationship.

Sacrifices. Throughout all eleven interviews, there were many implications of the sacrifices these grandparents have made. These sacrifices demonstrated strong interpersonal strength in these grandparents; they were able and willing to make sacrifices for the good of their grandchildren. That inner strength demonstrated through these sacrifices supports the resilience that these participants expressed and although sacrifices might imply negative experiences,

based on the experiences of grandparents for this study, sacrifices also represent positive aspects. Jessica gradually took on the care of her grandchild as she watched her daughter die, and then made sacrifices at her job in order to have the time necessary to raise an infant. After fighting multiple custody battles for each of her grandchildren, Isabel declared bankruptcy from the extravagant costs associated with each of those battles. Further, Frannie gave up her dreams of traveling during her retirement so that she could provide stability and security for her grandchild with no regrets, saying, “If I was picking between the freedom to go do things and [my grandchild], I would choose [my grandchild].” Finally, Bethany took over 200 hours of parenting classes so that she could be as prepared and knowledgeable as possible. These are only a handful of examples but let them represent the extraordinary sacrifices each and every grandparent has made for the sake of their grandchild.

Influences on resilience. A couple of the participants referred to specific traits, virtues, or characteristics that imply a relationship with or influence upon resilience. For example, Harry stated, “I think I just always look for the good side of things so when something goes wrong I think... it’s going to get better and it doesn’t always but I still think it will.” In that example and throughout his interview, Harry implied a relationship between optimism and hope, and resilience. Bethany, however, inferred a different relationship, on between social support and resilience. For example, she described,

I’m not sure I could have taken her on without support at the time” referring to the support she had with her boyfriend at the time. Frannie referred to support as well, but support that she feels with God, or her spirituality. Frannie stated, “I knew I had to have God to get through this... You know, I think that if I didn’t feel that I really had God as my source of strength, and that He cares and knows what I’m going through, I might bet drinking... I don’t think I could have done that without my beliefs in God, without my relationship, without knowing that He’s got the strength I don’t have.

While Harry and Bethany discussed the influence of specific traits or mechanisms on resilience, grandmother of one, Emily, instead implied an inverse relationship between the amount of change in a person's life and his or her resilience. For example, in Emily's life, she spent a great deal of time describing year after year of significant hard times and changes occurring and then subsequently said because of that she was not sure if she actually did recover well from hard times. When asked if the "back to back" hard times were the hardest part to deal with, Emily responded,

I think that's part of it and I think also that I don't want any more change – just please don't, I don't want any more change. I just got recovered from the last thing, why does there have to be one more thing. I guess that I am resilient, I do recover but I resist change something terrible because there's been so much change in my life I just don't want anymore.

Participants' declared relationship. One of the last questions asked of participants was, "what do you see as the relationship between resilience and spirituality?" Though the aim of the study is to study participants' interviews and ascertain that relationship through inference, directly asking participants what they believe that relationship to be only strengthens this study.

The responses revealed that most participants had a very firm, clear understanding of what they perceived that relationship to be. For example, Debbie said simply, "For me, I think there's an absolute direct tie". She believed that there is a clear and strong relationship between resilience and spirituality, which is supported by the literature in Chapter Two. Another grandmother, Emily, described, "You talk about resilience – I don't think I could have made it through that without my spirituality... without that piece in my life, I don't think I would have made it this far, I'm positive I wouldn't have." Her statement implies that her resilience was so intertwined with her spirituality that, to her, they are almost the same thing.

Another grandmother discussed the relationship between spirituality and resilience somewhat similar to how Debbie had. Bethany, the 52-year-old grandmother of one, seemed to view resilience as a paralleled strength to spirituality, stating,

When bad things do happen to me I do tend to bounce back quickly because first of all, what good does it do to dwell on it, it's not going to make it go away, it's not going to fix anything. Second of all, if you have faith in God and you just keep your feet planted and keep believing and keep doing what you have to do, things will work out.

And the last example is Harry; throughout the interview, Harry was relatively quiet and reserved, but when asked if he perceived a relationship to exist between resilience and spirituality in his life, he was more emphatic than, seemingly, at any other time. He responded to the question with,

If I didn't have my spirituality, I don't think I'd be so hopeful that things would turn around. I think I'd probably be depressed and I just don't do that. It's not doing anybody any good to be depressed, or whining and crying about things not going away that should or just doing the best you can. That's the way I try to live my life. And a lot of people don't understand, they're like, 'oh it's not going too good, you should really be depressed or something' and I'm like what am I going to do about it? What good is that going to do? It's not going to do any good!

Harry's response most aligns with the previously reviewed literature and proposed relationship, that spirituality facilitates resilience. Harry's belief that without his spirituality he would not be so hopeful and able to withstand hard times supports this study's assertion that spirituality derives from a foundation in resilience.

CHAPTER V

Discussion

This study fills a gap in the grandparent caregiver literature by examining the meaning of resilience and spirituality in the lives of grandparents who are raising their grandchildren. In particular, through this research a clearer understanding of how grandparent caregivers use spirituality to promote resilience in their daily lives was uncovered. Interviews were conducted with 11 grandparents, aged 49 to 79 years old, who identified themselves as currently providing care to at least one grandchild. Findings included three themes which identified the grandparents' spheres of influences, elements of their spirituality, and finally how grandparents perceived the presence of resilience in their daily lives.

From the theoretical framework for this study, developmental consideration for these grandparents was provided through the Psychosocial Theory of Development. Resilience Theory and Phenomenological Theory further aided the study in providing, first, a lens through which to view life circumstances and adversity in the data and, second, a guide for conducting the data analysis. The conjunction of these theories informed the research questions for this study. The research questions which guided this study were:

1. How do grandparent caregivers experience spirituality in their daily lives?
2. What meaning does spirituality have in the lives of grandparent caregivers?
3. What influence does spirituality have on grandparent caregivers' resilience?

In this next section, I will discuss the findings of this study and how they answer the research questions. 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 first research question addresses how grandparent caregivers experience spirituality in their daily lives and is best answered by focusing on the second theme, Spirituality, and specifically, the categories of Spiritual Practices and Daily Living. On the basis of this theme, it appears that all eleven grandparent caregivers considered spirituality to be part of their life. Further, all grandparents considered themselves to be spiritual. However, only the ten who related their spirituality to specific aspects of a religion (i.e., nine to Christianity, one to Whole Life) also expressed spirituality to be highly important in their life and even central to who they are and their self-concept.

While not all of those ten grandparents directly affiliated with religion (e.g., “I am a Christian”), they all used terminologies that they learned from those religions and continued to integrate them into their current thoughts about spirituality. For these grandparents, their experiences of spirituality were tied to the foundational beliefs of that religion (e.g., their Definitions of Spirituality and Definitions of God). For the remaining one grandparent, who ascribed to neither any beliefs nor components of any religions, her spirituality was not expressed as strongly as the other grandparents, nor was it described to be as important to her as it appeared to be to the other grandparents. One possible explanation of this discrepancy could be the difference between foundational beliefs. Johnstone and colleagues (2012) conducted a study examining how different faith traditions (e.g., Buddhism, Catholicism, Judaism, Islam, and Christianity) influences spirituality, religious practices, personality, and health. Among their findings was the distinction that individuals’ religious affiliation influenced the intensity of their spiritual beliefs. For example, Johnstone and colleagues (2012) found that Protestants report the most intrinsic religion, such as spirituality, while Jews report the most extrinsic religion, such as

attending religious events, and Catholics tend to be in between those groups. Another explanation of this finding is also supported by a study conducted in Europe by Berguijs, Pieper and Bakker (2013) examining the difference between ‘being spiritual’ and ‘being religious’. They found that individuals who are both spiritual and religious, as opposed to just spiritual or just religious, are more intensive in their beliefs, seeing the effects in more areas of their life. Both of these studies support the current finding, and help explain why the only grandmother who did not affiliate with any specific religion placed the least importance upon her spiritual beliefs.

The most common individual activities related to spirituality, described by grandparents were: prayer for self, prayer for others, and reading the Bible. The most common communal activities described by grandparents were: attending regular church services or mass, Sunday school, and Bible study. Those experiences were the tangible experiences grandparents described; they are the main mechanisms through which grandparents experienced their spirituality. It is important to remember, however, that those experiences are informed and influenced by each grandparent’s individual motivation for pursuing and experiencing their spirituality. Studies support that it is these activities that enhance aging individuals’ life satisfaction (Lawler-Row & Elliott, 2009; Neill & Kahn, 1999) or that a loss of faith and spiritual or religious activities are linked to negative health and depression (Wittink, Joo, Lewis, & Barg, 2009). Furthermore, two studies conducted on Chinese populations have tied participants’ spirituality and spiritual activities to increased levels of resilience as well (Liu, Schieman, & Joon, 2011; Wang, Chan, Ng, & Ho, 2008). Further research is needed on the relationship between spiritual activities and resilience among aging individuals, including grandparents raising grandchildren, in the United States.

In an effort to answer the second research question, inquiring what meaning spirituality has for these grandparents, it is important to note that because this study is qualitative, the meaning spirituality holds for grandparents is entirely dependent on how each participant defines his or her spirituality. For each grandparent's voice regarding his or her spirituality, this is easily seen by reviewing the second theme, Spirituality, and focusing on the categories of Definitions of Spirituality, Definitions of God, and Beliefs.

For example, Emily had endured a divorce from her first marriage, being widowed from her second, and then being married again for a third time; each of those events greatly shaped her understanding of spirituality and, consequently, the meaning she holds for spirituality in her life. Emily's descriptions of how her faith "came into play" over and over again, or how it was her faith that got her through those hard times constructed the meaning she assigned her spirituality. For Emily, her spirituality meant a source of strength and support, a coping mechanism from her stressful life; her spirituality allowed her to know that she would always make it if she kept her faith. It is this translation that turns the intangible concept of someone's spirituality into a meaningful and tangible influence in these grandparents' lives. This interpretation is supported in the literature as well. Several studies have supported the ability of spirituality and the spiritual meaning an individual constructs to serve as a coping mechanism, or as a conflict mediator during stressful times (Goldberg & Blancke, 2011; Jones, 2009).

The categories of Virtues and As Parenting Technique offer another perspective into the meaning these grandparents create around their spirituality. The most common virtue described was the concept of "do unto others", or doing the right and good thing toward another person. This indicates that, for the majority of the grandparents in this research study, spirituality meant being a better person. Their spiritual definition surrounding their self-concept meant treating

others with kindness, fairness, and respect. This role of kindness and goodness in spirituality was supported in Gomez and Fisher's (2003) study on the domains of spiritual well-being. However, more research is needed to fully understand how this meaning may influence resilience.

When considering how grandparents' parenting techniques represent the meaning they have created from their spirituality, five out of the 11 grandparents explicitly illustrated this relationship. For those five, their spirituality meant that their faith and spiritual beliefs were so important that it literally affected the parenting decisions they make each and every day, as well as affecting the large, important decisions they make for their family. This was supported by the third question in the ISS measurement, "When I am faced with an important decision, my spirituality... plays absolutely no role (0) or is always the overriding consideration (10)." All eleven grandparents answered that question "5" or higher, indicating that spirituality is present in their decision making processes ($M = 8.01$). Several studies (Lewis, 2008; Miller & Thoresen, 2003; Yick, 2008) have examined this, including Underwood's (2011) study on daily spiritual experiences as supporting the role of spirituality in individuals' decision making processes. Despite this support, however, none of those studies relate specifically to grandparents or grandparents raising grandchildren; therefore, more research is needed to fully understand and support the relationship between spirituality and decision making processes among grandparents.

The final research question examines what influence spirituality has upon grandparent caregivers' resilience. As demonstrated in the review of the literature, this study drew from past research that examines spirituality as a derivative of resilience (Black & Lobo, 2008; Choowattanapakorn et al., 2010). That is, spirituality is more likely to develop or be sought after among people who are resilient; thus supporting the idea that spirituality comes from resilience.

However, after reviewing the findings, the conceptualization of spirituality rising from resilience is not supported by the present study. Instead, a different body of research presented in the literature review which argues that it is resilience which rises from spirituality is a more accurate fit for the current study (Greeff & Jouert, 2007; Gunnestad & Thwala, 2011). In this model, spirituality is conceptualized as a “springboard” from which resilience is cultivated and grown.

That model, presenting spirituality as the source from which resilience grows, is better supported by the research than the original model. On the basis of the current study’s findings, it appears that the ten caregiving grandparents who strongly considered themselves to be spiritual, regardless of what “spiritual” meant to them, also experienced resilience in their life. The participants’ understanding of resilience in their life was supported by their answers on the Brief Resilience Scale (BRS) as well. On all six questions, participants’ mean score were above average, “3.0”, indicating that they believe resilience to be active and important in their life. However, while some participants answered “4” (Agree) or “5” (Strongly Agree) several times, the mean scores for all six questions were all below 4.0. For example, question one asked, “I tend to bounce back quickly after hard time” and participants’ mean score indicates that they were more positive than negative in how much they agreed, but still fairly neutral ($M = 3.73$). Question six asked, “I tend to take a long time to get over set-backs in my life”; answers were reverse coded so that higher answers indicated less time and greater resilience. Participants, again, indicated that they were more positive than negative in how much they agreed, but still fairly neutral ($M = 3.91$).

Four of those grandparents explicitly stated that they saw a direct relationship between resilience and spirituality. For example, one of those four grandparents, Emily, stated, “I couldn’t have done this without God” and “without my faith and my prayers I don’t think I could

have done it”. Emily’s statement supports the present model as her spirituality provided her with strength and resilience.

Of the remaining six grandparents, themes of resilience were heard throughout their interviews, even though no explicit relationship was described. For the one grandparent who did not consider spirituality to be a strong, central component to her life, she was more hesitant about whether she believed herself to be resilient and if she saw resilience in her life. It was the ten grandparents who considered spirituality to be most strongly present in their life who perceived resilience to be most present in their lives. Therefore, the findings of the present study support the findings of Gunnestad and Thwala (2011) and Greeff and Joubert (2007) that spirituality can be utilized to foster a strong source of resilience.

Implications for Theory

This study sought to learn from grandparents: how they construct meaning from their spirituality and then understand how that meaning may influence their resilience. Using Erikson’s Psychosocial Developmental Theory and the Resilience Theory as the theoretical framework for this study facilitated my focus and understanding of these grandparents’ narratives while still remaining flexible enough to be informed by the data (Rossman & Rallis, 2003). Basic qualitative methods necessitate that researchers remain sensitive to the data’s meaning (Merriam, 1998; Patton 2002); these frameworks informed my lens of understanding the data without being too rigid, such that the data could not speak for itself.

Psychosocial Theory (Erikson, 1964; Erikson & Erikson, 1997) provided developmental context for understanding these grandparents. As some participants were nearly 80 years old, and the youngest was 49, this is not considered a normative age for raising small children; some of the grandchildren were as young as three years old. Rather than entering Erikson’s seventh or

eighth stages, stagnation vs. generativity and despair and disgust vs. integrity, where aging individuals glean benefits from positive aging and reflecting on their life, these grandparents are delaying or even regressing out of their normative stage of psychosocial development. However, this delay and regression may be adaptive and necessary, allowing them the best psychological state to raise their grandchildren; a task typically reserved for Erikson's sixth stage: intimacy vs. isolation. For example, in this sixth stage, normally developing adults are focusing on the relationships in their lives: intimate relationships with spouses or partners and parental relationships as they rear their children. In this study, these grandparents gave numerous examples of how they have regressed to this stage. Emily consciously focuses on using terms of endearment with her husband as a means to focus on her intimate relationship with him. Several grandparents attended parenting classes to relearn or brush up on those skills. Both of those are tasks primarily relative to Erikson's sixth stage, facilitating these grandparents' psychological ease for raising their grandchildren.

While Erikson's Psychosocial Theory brought developmental context, Resilience Theory (Cicchetti, 1984; Masten, 1989; Sroufe & Rutter, 1984) provided a lens of strength and positivity to this study. Rather than viewing primarily the various risk factors and negative life events in these grandparents' lives, Resilience Theory focuses on the protective factors, life circumstances, and personal attributes which facilitate successful outcomes out of that adversity. This strength-based approach was an excellent background and framework for studying how spirituality may be considered a part of resilience's strengths. By choosing to focus on what strengths these grandparents have, and all that they are doing so well, it facilitated the understanding of the relationship between resilience and spirituality. Extra attention was paid to the positive aspects gleaned about grandchildren from the grandparents, in the results section. Though the struggles

grandchildren and grandparents face are widely known and widely documented in research, more time ought to be spent attuning to those positive indications of growth, love, and happiness within these grandfamilies. This, too, is in line with Resilience Theory, which strives to focus on the positives and strengths of these children rather than their struggles and strife.

Future research should consider the use of Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1977, 1979) when studying resilience among grandparents raising grandchildren. While coding, there appeared a natural ecological perspective in what the data revealed. This was reflected in the coding scheme, mainly within the category Spheres of Influence. Grandparents clearly separated and distinguished between how their own behavior, the behavior of the adult child, and that of the grandchild influenced different aspects of their life. Those distinctions between different spheres of influence in their life are reflective of Bronfenbrenner's theory on how different systems, separated by proximity, influence the individual and have been discussed in previous research addressing grandparents raising grandchildren (Cox, 2003, 2007; Dolbin-MacNab, Roberto, & Finney, 2013; Dolbin-MacNab & Targ, 2003; Kresak, 2012; Poehlmann, 2003).

Limitations of the Study

Although this study filled a gap in the research concerning resilience and spirituality among grandparents raising their grandchildren, findings are limited to grandparents who share similar characteristics to the study's participants. Given the small sample size, lack of ethnic diversity, and greater number of female over male participants, generalizing results from this study would be unwarranted. If given the opportunity, I would further expand this research by including participants of more diverse ethnic backgrounds as well as recruiting more grandfathers. Also, expanding recruitment to other parts of the state, or other states altogether,

would likely reveal greater diversity in both participants and data. Another limitation of the present study is the limited diversity of religious affiliations among participants. Given that past research has demonstrated that different religious affiliations influences and may mediate individuals' experience of spirituality, religious/spiritual activities, (Berguijs et al., 2013; Johnstone et al., 2012; Miller & Thoresen, 2003), future research would benefit from expanding and including greater diversity of religious affiliations.

Implications for Future Research

Findings reveal that caregiving grandparents believed themselves to be resilient despite adverse and stressful family and societal influences. Given that the majority of grandparents indicated the importance of spirituality in their lives as well as a connection between resilience and spirituality, benefits gleaned from understanding that connection could be extremely valuable should more generalizable findings be established. It must be mentioned, however, that because the grandparents in this study all considered themselves to be highly spiritual, findings will likely be different if a sample of grandparents indicated lower scores on spirituality. As a result, the findings of this study and that of future similar research should be understood within the context of participants who view their spirituality similarly.

To further explore this topic, research would first benefit from including Bronfenbrenner's Ecological Systems Theory as a guiding theoretical framework. For example, the different ecological systems presented in this theory appear a natural fit for the data. The different spheres of influence that appeared from the data mimic the different ecological systems present in Bronfenbrenner's theory (Bronfenbrenner, 1979). Grandparents' clear distinction between their own behavior and traits, those of the adult child, and of the grandchild present three subsystems which could comprise Bronfenbrenner's Microsystem (Bronfenbrenner, 1979).

Following those distinctions, the grandparents also discussed their extended family, workplace, friends, and religious affiliation, which comprise Bronfenbrenner's Mesosystem. The Exosystem was clearly identified by the grandparents' outside systems (i.e., courts, police, and social services) and his Macrosystem was addressed through participants' spiritual beliefs and values. Even without the Ecological Systems Theory as a framework, these ecological systems clearly rose from the data; the value of using this theory when working with or research grandfamilies is unmistakable. For this reason, I believe that Bronfenbrenner's Ecological Systems Theory is the best theory to be used with this population and should, therefore, be the prominent theory used when conducting future research.

Secondly, a significant problem was found when trying to find and apply a resilience measure. A considerable amount of time and attention was paid to selecting the best resilience measurement for this study. Windle and colleagues' (2011) methodological review of the top nineteen resilience measurement scales was highly informative, as well as many other reviews on resilience and resilience scales (Campbell-Sills & Stein, 2007; Connor & Davidson, 2003a; Smith et al., 2008a; Wagnild & Young, 1993). From that selection process, the Brief Resilience Scale (BRS; Smith et al., 2008a) was elected for (1) its place as one of the best psychometric ratings in Windle and colleagues' (2011) methodological review, including strong internal consistency and construct validity, (2) it was created and normed on adults, (3) its focus on the individual's ability to bounce back from stress, as opposed to other scales' focus on resilience from multiple domains, and (4) its brevity and ease of understanding for participants.

Despite all of the strengths and positive reasons for selecting the BRS opposed to the many other options, the BRS presented several difficulties. Nine of the eleven participants asked many questions while filling out the measurement. The questions were not related to

understanding of the questions being asked or confusion by the questions; rather, they were related to circumstances and the normal life of a grandparent caregiver. Most of the nine participants who expressed difficulties asked which stressful event should they consider, when asked if they bounce back from stressful events. Or, they stated that they bounce back better than some people, but they know a couple grandparents who are much worse off than themselves. So, when asked if it takes a long time to recover, they had difficulty knowing what a “long time” was, when comparing themselves to their peers. These difficulties were not due to a problem with the measurement itself, but with the application of the measurement to this specific population. Those questions would have arisen regardless of which measurement was applied. Therefore, I recommend that future research needs to develop a new resilience measurement when studying resilience among grandparents who are raising their grandchildren.

Third, another experience that was prominently reflected in the data among some of the grandparents was whether they were oriented primarily towards the grandchild, or whether they were able to focus on themselves. This influenced several grandparents’ ability to discuss their own areas of resilience and spirituality; some grandparents required many redirections to keep the interview focused on their own life and their experiences of spirituality, rather than those of the grandchild. Future research may consider examining the significance of this variable. Does the grandparents’ orientation, whether oriented around themselves or around the grandchild, mediate findings?

Lastly, the prominent role of grandchildren in these grandparents’ lives could warrant studying both grandparents’ and grandchildren’s resilience and spirituality in a future study. Given that grandparents discussed how their spirituality influences their parenting practices, a natural follow-up study would be to examine how that practice influences the grandchildren and

their understanding of spirituality. For example, researchers may not only interview grandparents and grandchildren, but they may also want to use observational techniques to assess the level and magnitude of spirituality and parenting practices.

Implications for Professional Practice

“The Lord is my strength and my shield; my heart trusts in Him and He helps me.”
Psalm 28:7; Holy Bible, New International Version

This Bible verse represents the strength that many in the faith community find in their spirituality. For example, this verse may reveal that their faith gives them strength, as did the grandparents in this study. Professionals who serve and consult aging individuals should, likewise, consider the potential value and importance of spirituality in the lives of their clients. Implications for support groups, spiritual leaders, and psychoeducational programs should be considered as well.

Grandparents in the present study iterated numerous times the emotional and psychosocial benefits they received from attending their local grandfamily support group. Research on the benefits of support groups among grandfamilies, however, is mixed; Smith (2003) reported that three-fourths of community programs and services available nationwide for caregiving grandparents in the early 1990’s consisted solely or primarily of support groups. Despite the prevalence of these support groups, a focus group study sponsored by AARP revealed that “few caregiving grandparents demonstrated enthusiasm over their own participation in support groups, even though most felt that others in their situation would have a lot to gain from attending them” (Robinson & Kensinger, 1996, p.70). Furthermore, Emick and Hayslip (1999) found that 75% of grandparents raising “normal” grandchildren and 50% raising “problem” grandchildren have never attended a support group, indicating that support groups, though potentially quite important (Leder, Grinstead, & Torres, 2007; Robinson & Kensinger,

1996; Smith, 2003), are underutilized as resources. If support groups remain open to including grandparents' spirituality, as one source of resilience, grandparents may then find more personal incentive and motivation to attend those groups and benefit from that resource. Therefore, support group facilitators should become aware of members who consider spirituality highly relevant and important to their lives, and then support groups should be created specifically for these individuals so that there is a place for highly spiritual grandparents to talk openly about their beliefs. Practitioners need to know the populations that they serve so they are better able to refer grandparents to spiritual leaders for any spiritual needs.

Furthermore, spiritual and religious leaders ought to bear in mind the relationship between spirituality and resilience, as supported by this study and many other studies conducted with other populations (Berkel et al., 2004; Chan et al., 2012; Greeff & Jouert, 2007; Greeff et al., 2006; Gunnestad & Thwala, 2011; Kasen et al., 2012). Individuals in positions of spiritual leadership are commonly recognized in our culture as healers (Mehl-Madrona, Mainguy, & Valenti, 2013). Spiritual leaders, regardless of religious affiliation or denomination, should be able to align with grandparents who reach out to them in order to: demonstrate respect for his or her values, respect for his or her personal spirituality, provide pastoral care or provide a reference for spiritual resources in the community, as well as provide access to services that meet the individual's spiritual needs (Benedict, 2002). By remaining conscious and attentive to each grandparent's spiritual needs, religious and spiritual leaders may not only tend to the spiritual health of the grandparent, but promote and foster the grandparent's resilience as well.

Finally, various psychoeducational programs have been implemented with grandfamilies (Hayslip & Kaminski, 2005; Hayslip & Patrick, 2003b). While these programs may shy away from mentioning prevalence of faith or spirituality, it is the belief of this researcher that

programs may in fact be strengthened if spirituality is mentioned as one possible source of strength and resilience for participants. Hayslip and Kaminski (2005) assert that “understanding the parenting attitudes of custodial grandparents is a prerequisite to the development of psychoeducational programs” (p. 265). And given that parenting attitudes or techniques were revealed to be directly connected to grandparents’ spirituality in the present study’s data, it is the assertion of this researcher that spirituality should be considered by any psychoeducational program. However, due to the limitations of this study, these implications may only be directly applicable to clients who are most like the study’s participants, in particular, for individuals who report a high level of spirituality.

Conclusion

This qualitative study sought to fill a gap, providing insight into the relationship between resilience and spirituality among grandparents who are raising their grandchildren. On the basis of the study’s findings, caregiving grandparents expressed resilience in their lives although it was not supported by the resilience scale; those who stress the importance spirituality in their lives appeared to benefit and experience greater resilience. This relationship between spirituality and resilience has been explored and supported in previous research, however, until this study, no published research was conducted among grandparents who are raising their grandchildren. Service providers should be open to the potential of utilizing clients’ spiritual beliefs to nurture resilience. Recommendations for future research highlight incorporating Ecological Systems Theory, exploring the creation of a new resilience measurement, and the consideration of a Self vs. Grandchild variable to further the understanding of grandparents’ resilience.

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APPENDIX A

Measurements

Intrinsic Spirituality Scale (Hodge, 2003)

For the following six questions, *spirituality* is defined as one's relationship to God, or whatever you perceive to be Ultimate Transcendence.

The questions use a sentence completion format to measure various attributes associated with spirituality. An incomplete sentence fragment is provided, followed directly below by two phrases that are linked to a scale ranging from 0 to 10. The phrases, which complete the sentence fragment, anchor each end of the scale. The 0 to 10 range provides you with a continuum on which to reply, with 0 corresponding to absence or zero amount of the attribute, while 10 corresponds to the maximum amount of the attribute. In other words, the end points represent extreme values, while five corresponds to a medium, or moderate, amount of the attribute. Please circle the *number* along the continuum that best reflects your initial feeling.

1. In terms of the questions I have about life, my spirituality answers

no questions												absolutely all my questions
<u>0</u>	1	2	3	4	5	6	7	8	9			<u>10</u>

2. Growing spirituality is

more important than anything else in my life											of no importance to me
<u>10</u>	9	8	7	6	5	4	3	2	1		<u>0</u>

3. When I am faced with an important decision, my spirituality

plays absolutely no role											is always the overriding consideration
<u>0</u>	1	2	3	4	5	6	7	8	9		<u>10</u>

4. Spirituality is

the master motive of my life, directing every other aspect of my life										not part of my life
<u>10</u>	9	8	7	6	5	4	3	2	1	<u>0</u>

5. When I think of the things that help me to grow and mature as a person, my spirituality

has no effect on my personal growth											is absolutely the most important factor in my personal growth
<u>0</u>	1	2	3	4	5	6	7	8	9	<u>10</u>	

6. My spiritual beliefs affect

absolutely every aspect of my life											no aspect of my life
<u>10</u>	9	8	7	6	5	4	3	2	1	<u>0</u>	

Brief Resilience Scale (Smith et al., 2008a)

Use the following scale and **circle** one number for each statement to indicate how much you disagree or agree with each of the statements.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

-
- | | | | | | |
|---|---|---|---|---|---|
| 1. I tend to bounce back quickly after hard times.. | 1 | 2 | 3 | 4 | 5 |
| 2. I have a hard time making it through stressful events..... | 1 | 2 | 3 | 4 | 5 |
| 3. It does not take me long to recover from a stressful event..... | 1 | 2 | 3 | 4 | 5 |
| 4. It is hard for me to snap back when something bad happens..... | 1 | 2 | 3 | 4 | 5 |
| 5. I usually come through difficult times with little trouble..... | 1 | 2 | 3 | 4 | 5 |
| 6. I tend to take a long time to get over set-backs in my life..... | 1 | 2 | 3 | 4 | 5 |
-

APPENDIX B

Screening Form

As you know, I am conducting a study on resilience and spirituality among grandparents who are raising their grandchildren. 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 the project is to understand how grandparent caregivers use spirituality to promote and increase resilience in their daily lives. The research from this project will contribute to the growing body of literature on the resilience of grandfamilies which is important given the steady growth of the grandfamily population.

Are you a grandparent who is raising at least one grandchild? Yes No
(If no, stop the interview now)

Is the grandchild under the age of 18? Yes No
(If no, stop the interview now)

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 _____

You can contact me at: kelseythill@gmail.com if you have any questions. Thank you for your time and I look forward to seeing you soon.

APPENDIX C

Verbal Recruitment

Hello. My name is Kelsey Thill and I am a graduate student at Colorado State University in the Department of Human Development and Family Studies. My research advisor is Dr. Christine Fruhauf who has conducted a lot of research on grandfamilies and with her advisement, I am conducting a study on resilience and spirituality among grandparents who are raising their grandchildren. I know that each of you have remarkable strengths that you draw from when raising your grandchild(ren). I am interested in studying how your individual resilience is one of those strengths and how spirituality may or may not be a part of that resilience. Participation in the study would require filling out a survey and allowing me to interview you. If you are interested in participating, please contact me at: kelseythill@gmail.com or I will be available at the end of this support group. Thank you for your time.

APPENDIX D

Informed Consent

Consent to Participate in a Research Study through Colorado State University

TITLE OF STUDY: Resilience and Spirituality Among Grandparents Raising Their Grandchildren

PRINCIPAL INVESTIGATOR: Christine A. Fruhauf, Ph.D., Human Development and Family Studies, Associate Professor, Christine.Fruhauf@ColoState.EDU

CO-PRINCIPAL INVESTIGATOR: Kelsey Thill, B.A., Human Development and Family Studies, Master's Candidate, kelseythill@gmail.com

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being invited because of your status as a grandparent who is raising your grandchildren.

WHO IS DOING THE STUDY?: Kelsey Thill is conducting this study as part of her thesis in her master's program at Colorado State University. She is being advised by Dr. Christine Fruhauf.

WHAT IS THE PURPOSE OF THE STUDY? The purpose of this study is to understand the meaning of resilience and spirituality in the lives of grandparents raising grandchildren. In particular, this study is interested in understanding how grandparent caregivers use spirituality to promote resilience in their daily lives.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place at Colorado State University, in a room in the Behavioral Sciences Building, or at a location of the participant's choosing (such as a library, coffee shop, church, etc.). There will be a brief survey to complete and an in-depth interview. The survey will take approximately 15 minutes and the interview will take approximately one hour. With your permission, I would like to audio record our interview.

WHAT WILL I BE ASKED TO DO? There are two tasks: the survey and the interview. The survey consists of a series of demographic questions, such as "name", "age", "work status", "how many grandchildren are you currently caregiver of (under the age of 18)?", etc. There are also twelve questions regarding resilience and spirituality that will be answered on a scale of one to ten, or one to five. In the interview, you will be asked to answer several questions regarding your family, how you

Initial: _____ **Date:** _____

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? If you are involved in a court case concerning your grandchild or grandchildren, it is advised that you not participate. Also, you could be excluded from this study primarily if you are not a grandparent currently raising your grandchildren. You could also be excluded if you are not able to read or write (to complete the survey), or if your health does not allow you to participate in an hour-long interview.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? There is a possible risk of emotional discomfort when talking about the family circumstances that led to you now raising your grandchildren. However, there are no other known risks associated with the procedures. *It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.*

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There is no personal benefit that you may gain from taking part in this study. However, participating in this study will provide valuable data on resilience and spirituality in the lives of grandfamilies. There has been no research conducted thus far on the relationship between resilience and spirituality among these grandparents, therefore this research contributes valuable and new knowledge to the field.

DO I HAVE TO TAKE PART IN THE STUDY? *Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.*

WHO WILL SEE THE INFORMATION THAT I GIVE? We will keep private all research records that identify you, to the extent allowed by law. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be separate from your research records and these two things will be stored in different places under lock and key. Data from this study may be used for further data analysis in future research projects. If this were to occur, any data shared will not contain your personal identifying information.. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court OR to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else.

Initial: _____ **Date:** _____

WHAT IF I HAVE QUESTIONS? *Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Kelsey Thill, at kelseythill@gmail.com". If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.*

This consent form was approved by the CSU Institutional Review Board for the protection of human subjects in research on (Approval Date).

WHAT ELSE DO I NEED TO KNOW? By signing below, you are giving consent to complete a survey and an interview. The interview will be audiotaped. Please initial below next to each step if you agree:

_____ Completing the survey

_____ Completing the interview which will be audiotaped

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

Signature of person agreeing to take part in the study Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant Date

Signature of Research Staff

Initial: _____ **Date:** _____

APPENDIX E

Interview Guide Questions

The questions guiding the research are as follows:

- a) How do grandparent caregivers experience spirituality in their daily lives?
- b) What meaning does spirituality have in the lives of grandparent caregivers?
- c) What influence does spirituality have on grandparent caregivers' resilience?

The theories guiding the research are:

Psychosocial Developmental Theory
Resilience Theory

As you already know, I am conducting a research study on spirituality and resilience among grandparents raising their grandchildren. Before I begin 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 recordings 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?

Background Information

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

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

For whom are you currently providing care? (probe: what is their family line in relation to you? i.e., which son/daughter had that child(ren)?) What are his/her/their name(s)?

Where do you live in relation to that son/daughter (if alive)?

How did you become a caregiver for your grandchild(ren)? (probing for the narrative, decision making process, who was involved)

How long have you been providing care to him/her/them?

How has that caregiving experience changed things in your daily life? What is different now from before when you were not a caregiver?

Spirituality

Next, I will ask you questions pertaining to your experience of spirituality in your life and, how the presence or absence of spirituality influences your daily caregiving role.

Would you consider yourself a spiritual person? (probe: why/not? If not, probe for any anger or animosity towards God/spiritual being(s) and how that may have influenced him/her.)

Do you partake in any spiritual or religious events on a regular basis? (probe: Such as, but not limited to, church events, like church services, Bible studies, and gatherings, personal devotions, prayer, quiet time, meditation, etc.)

Of those, why are each of those significant? (probe: why are they important enough to continue doing/being involved in regularly?)

What does spirituality mean to you?

How has that meaning been shaped? What things have influenced that definition?

How has that spirituality affected your caregiving experience? (probe: getting at whether they support the relation between spirituality and resilience)

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, or my faculty advisor. Thank you again for your time.

APPENDIX F

Demographic Survey

Interview # _____

Age: _____

Place of Birth: _____

What is your ethnicity? _____

What is your religious affiliation? _____

What is your work status? _____

How many grandchildren are you currently caregiver of (under the age of 18)? _____

What is your legal relation to your grandchild(ren)? _____

Highest level of education completed (circle):

Some high school

High school or GED

Some college

Graduated college

Graduate degree

What is your total household income? (circle):

< \$20,000

\$20,000-30,000

\$30,000-40,000

\$40,000-50,000

\$50,000+

What is your current marital status? (circle):

Single, never married

Married

Separated

Divorced

Widowed

What is your current employment status? (circle):

Full-time

Part-time, one job

Part-time, multiple jobs

Unemployed

Retired

Other: _____

APPENDIX G

Coding Scheme

A. Spheres of Influence

1. Individual

- a. Grandparent (emotions, boundary setting, fear of future)
- b. Adult Child (proximity, contact to G.C., ability to structure)
- c. Grandchild
 - i. Negative traits/struggles (abandonment, trust issues, abuse)
 - ii. Positive traits/actions (adaptation, adjustment)

2. Relationships

- a. Partnerships (1st v. 2nd v. 3rd marriage, divorce, support perceived)
- b. Friendships (social support, activities, non-religious community support)

3. Familial

- a. Family Construction (size, shared kids or from past marriages)
- b. Family History (deaths, mental/physical illness, abuse)
- c. Family Dynamics (amount of support, resentment, interaction)
- d. Grandchild in the Context of the Family (has provided purpose, ray of sunlight, family struggles to accommodate all the G.C.'s needs)

4. Environmental

- a. Outside Parties (social services, cops, DHS)
- b. Courts (moving towards adoption, want full custody, 5 years long)
- c. Money (\$\$ hardship, bankrupt, A. C. contributes \$, work roles)

5. Miscellaneous (G.C. disrupted life plan, life changes, 2nd change to raise a child)

B. Spirituality

1. Foundations of Spirituality

- a. Duration (for many years, brought up in church, from time to time)
- b. Motivation (because of her husband, because of G.C., support)
- c. Definitions of God (is active, is the creator)
- d. Definitions of Spirituality (gives guidance, direction; isn't religion)

2. Spiritual Practices

- a. Beliefs (God has a plan, God is in control and we can trust Him, watches over us)

- b. Mantras (child of God, give and it comes back to you, bless all)
- c. Virtues (morality, hope, optimism, love, cherishing, honesty)

3. Daily Living

- a. Activities
 - i. Self (personal quiet time, prayer, journaling)
 - ii. Communal (church, Bible studies, lifegroup/small group)
- b. As Parenting Technique (teach morals, devil to teach right/wrong)

C. Resilience

- 1. Sacrifices
- 2. Influences upon Resilience (stress, involvement in support, effect of new lifestyle)
- 3. Participants' Declared Resilience (can't have R without S, go hand in hand)