

# Becoming a successful grandparent

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# Kemble (13) Graham (9)



# Grandparenting Facts

- Most adults assuming the role of grandparent in their late 40s/early 50s
- Median age of first GP is 50 for women, 54 for men
- Number of GPs has doubled in the last 40 years (40M in 1980, 80M in 2020)
- GP will increasingly assume the role later and later in life, as children delay having children moreso (DMN, 8/31/22)
- **Decouple grandparenting and old age**
- Longer lifespan however permits more time with GC, heightens chances of becoming a GP, with older age also come more chronic illness, widowhood
- 75% of persons born in 2000 will have at least 1 living GP when they reach age 30
- 60% of adults have at least 1 GC, 80% of adults are GP
- Most of what we know is based upon GMs, less is known about GFs

# Grandparenting

- The GP role is **countertransitional**-its assumption is based on the actions of **others**-it is imposed on persons regardless of their feelings/views about being a GP
- GPs can in many cases **accurately anticipate** the nature of GP for them-9 mo. lag time-largely based on knowledge gleaned from other GP, conversations with their own children (Somary & Stricker)
- Persons may or may not be ready for GP-the more “**off-time**” GP is, the more difficulty it presents for persons –too early or too late
- It may **disrupt life plans**, persons may fear they will **not live long enough** to enjoy their GC, that they will experience poor health (e.g. dementia)
- While there is no doubt about being a GP or not, it is an **ambiguous** role- there are no hard and fast rules/norms defining how to be a successful GP- you therefore **define the role for yourself**
- The “happy, close to one’s GC” is **likely a myth**-quality of connection to GC varies-continuum of closeness to GC

# Influences on Your Relationship to Your Grandchild

**1. The meaning of GP to you-this may or may not exist prior to GC's birth, it often evolves over time**

**Centrality**-key to your quality of life

**Immortality thru clan**-emphasis on family responsibility as GP, family immortality thru GP, ID with GC-**symbolic**

**Valued elder**-passing along traditions

**Indulgent**-being lenient and indulging your GC

**Reinvolvement with personal past**-reliving your earlier experiences in raising children or with your own GP

What does GP mean to you? Are you happy with this?

# GC relationship influences

## 2. Your particular behavioral style of GP-derived from the meaning you assign to being a GP

**Formal**-GC oriented, having responsibility over GC in parents' absence

**Fun-seeker**-playful, frequent relationships with GC

**Surrogate parent**-primary caretakers of GC, active involvement in raising them

**Reservoir of family wisdom** –provide skills, wisdom, knowledge to GC (GFs)

**Distant figure**-remote geographically, contact usually restricted to holidays- “peripheral grandparents”

What is your GP style? Is it working for you? Should you change it?

# GC Relationship Influences

- 3. Cultural/historical context –race/ethnic values, cohort effects** in GP (education, health, #GC, longevity, cultural/ethnic norm of familism vs. independence)
- 4. How you are perceived by your GC** as per family lineage (maternal, paternal) or family history-GP influential or not?
- 5. Health/gender** -women in better health are happier w/GP
- 6. Extent of contact with GC**-“gatekeeper” function of biological child/in-law and geographic distance (virtual GP, Facetime, Zoom, Skype, emails)- important in COVID
- 7. Relative developmental position (age, life stage)** of GP and GC
- 8. Life events** (illness, death, retirement, divorce, college)

# Grandparenting

- GPs can be **role models, mentors, influence GC's goals, values, careers**, act as intermediaries in the event of a GC's conflict with parents
- They can influence, support, shape lives, provide child care
- They can **grow personally** from being a GP – GP can compensate for other losses
- GPs can also act as **negative influences** on GC-they can induce conflict with parent and thus influence the child's relationship to the parent (shoplifting GP, my GM)- they may have personal /marital problems, become a wedge between parent and child by taking sides on family disagreements/conflicts
- **GPs and GC influence one another** (technology, values, music, fashion)
- GP-GC relationship is **dynamic**-it changes over time
- Quality of relationship with adult child is paramount-**triangulation** (parent-child, parent-GP, GP-GC) influences this relationship
- **GC see GP more positively when parent and GP see one another positively**

## Areas of Influence or Conflict

**Whether/when to have a child** “If you wanted a GC earlier, you should have had me when you were younger”

**It’s all about boundaries.**

**Child rearing/parenting/medical care**, breastfeeding, SIDS, co-sleeping, bedtime, routines, emergencies, baby-sitting chores

**Child discipline**-in presence or absence of parents (spanking, punishment vs. praise, withholding of privileges)

**Financial assistance**-periodic vs. emergencies, allowances, college fund

**Playing favorites**- definitely a no-no (adult children, grandchildren)

**Attempting to intervene uninvitedly**- “if I need your help I will ask for it”

**Involvement with schooling**/homework assistance/ethics at school, disrespectful behavior

**Extent of involvement**-visiting patterns (when, how often, content)

**Giving advice to/undermining the parent** (especially before the GC)

## Areas of Influence or Conflict

**Sexuality/gender identity** “coming out”, transitioning

**Understanding/managing GC disability** (autism, diabetes, ADHD, depression, drug addiction, illness, teen pregnancy)

**Sharing religious faith/spiritual values**

**Political views**, views on race, discrimination, interracial marriage, gay marriage

**Supporting parents** in decision-making-times have changed

**Social media**, technology-the parent’s and the child’s use

**The GC’s friends, after school activities**

- **These may or may not appear when the GC is born- they could reflect previous family patterns of communication**

## Recommendations to avoid conflict/improve the quality of your relationship with your grandchild

- **Is GP important to you? Relationship with your GC? Relationship your child?**
- If at all possible, **discuss** your child's expectations/feelings about GP **before** your GC's birth-consider **writing down** what is important to you as a GP and share that with your child/his or her partner-is your input valued?
- Take the time to **examine your own feelings** about being a grandparent-what does it mean to you? How will you express this meaning? **Share this with your partner- do the 2 of you share similar views** about GP?
- Cultivate your relationship with not only your child, but his/her partner-they are **gatekeepers**
- **Be careful about giving (unwanted) advice**, especially with **first-time parents**, even if your advice is good and/or you are correct
- “give that baby a bottle! He's hungry” helpful or not?
- **Zip the Lip, Bite your Tongue**-do not criticize, focus on what is good, avoid hot button topics/areas of disagreement

# Improving Your Relationship with Your Grandchild

- **Remember how you felt as a (first time)parent-*authoritative parenting style*** is the norm-parents set limits, provide for child's safety, are loving/supportive
- **Seek out others** who are GPs and learn from them
- **Offer your help** if/when it is asked for
- **Respect limits and rules**-if you are unsure, ask
- **Accept differences** between you and your child/child's partner-cohort effects in values, experiences
- **Do not put your adult child in between** you and his/her partner-the adult child should never have to choose- **the same holds for your GC**

# Recommendations

- **Focus on what you can reasonably control/expect**, ignore the rest
- **Listen more, talk less-** keep your opinions to yourself
- Express how **proud** you are of your child, your GC
- Show an **active interest** in your GC's life-activities, interests, skills, goals, hopes, dreams
- Learn about **technology**
- **Ask questions!** Avoid those that lead to one-word answers “tell me about.....”
- **Offer to be taught** by your GC-e.g. technology, a new game, shared activities –find areas of common interest or liking

# Recommendations

- **Spend alone time with your GC-** listen, listen, listen- be available
- **Set goals** for yourself as a GP- be absent only if you are forced to be so- GP as agent vs. GP as victim
- **Set goals** shared by you and your GC
- **Do not neglect other relationships, your physical or mental health**
- **Strive to strengthen your relationship with your child** via your role as a GP

# Successful Grandparenting

- **Grandparenting is a skill that can be learned, not a role that is assigned to you**
- **Strengths that can be taught:**
  - **Satisfaction with and enjoyment of GP**
  - **Frustration tolerance of GC irritating behaviors**
  - **Communication- both active listening and clear but not critical expression**
  - **Awareness of the parent's goals for the GC**
  - **Problem solving and conflict resolution**

# Successful Grandparenting

- **Strengths that can be learned (continued):**
  - Be your own best friend when you fail to live up to your own expectations
  - Being able to set short term and long term goals, identify barriers, and develop strategies for meeting/overcoming each
  - Being the parent's ally-teaching those values that your child emphasizes
  - Being a learner about current events, the schools, child development

# GP Strengths and Needs (Strom & Strom)

- **Satisfaction**- communication w/GC, GC self-disclosure, GC help w/ chores, GC optimism about future, free time use, school performance, assists w/ GP learning, stays in touch, sets goals, parent-child time together, keeping in touch
- **Success**-listening to GC, being positive, learning from GC, sharing feelings w/GC, discussing friendships, influencing GC, supporting parents' goals, respecting GC opinions, keeping in touch, learning from parents
- **Teaching**-caring about others' feelings, being a good role model, having good manners, right/wrong values, lifelong learning, goal-setting, family traditions, dealing w/conflict, being self-critical

## Grandparent Strengths and Needs

- **Difficulty**-accepting GC values, being patient, offering advice to parent, talking w/GC, giving GC advice, discussing difficult topics, scheduling time w/GC, looking at things in new way, getting along w/family members
- **Frustration**- TV habits of GC, GC behavior w/family, morality, listening skills, patience, self-control, handling conflict, friends, parent discipline, how child is being raised

# Grandparent Strengths and Needs

- **Needs for Information**-school experience, child development, sharing ideas while doing things together
  - Derive a profile for yourself:
- **GP Potential** (Satisfaction, Success, Teaching)
- **GP Concerns** (Difficulty, Frustration, Information Needs)
- **Take a personal inventory-what skills do you need to work on or change?**

# Goals

- **Are you personally invested in being a GP?**
  - Positive emotions/emotional support to my GC
  - Negative emotions/it is a sacrifice I must make
  - Grandparenthood has meaning for you
  - Grandparenthood helps you compensate for you as a parent
  - Grandparenthood represents my family traditions, ideals, values, goals
  - Grandparenthood is a personal burden

## Variations in Grandparenting- One Size does not fit all

- **Cohort/generational shifts in GP**-GPs of the future/present will differ from those of the present/past, e.g., level of education, health, longevity, #GC, delay in GP, marital norms, diversity
- **GPs are part of the family system-triangulation**-relationships among GP, parent(s) and GC dictate the nature of/satisfaction with GP-the **family system evolves over time and with life events**
- **Grandfathering**-largely unexplored, recent trend toward a more companioned , nurturing role to GC, less symbolic, more proactive in defining the GF role
- **Divorce/step-grandparenting**-adult child may divorce/remarry, adult child may marry a divorced adult w/ children, GP can remarry in later life - GP faced with adjusting to new step-GC/may/may not be accepted by them-they may be victims or agents in maintaining contact with GC after parent's divorce, maternal connections stronger, may or may not see GC (GP visitation rights driven by welfare of child)

# Variations in Grandparenting

- **Great-grandparents**-more so w/greater longevity-can either be involved “closest” or symbolic (less involved but still potentially emotionally close to GGC) -restricted to special occasions-their roles may/may not be important, may or may not be extension of the GP role-GGP-GGC relationships are impacted by similar factors as are GP-GC connections
- **LGBQ grandparents or grandchildren**- both generations face “coming out” stresses/acceptance, newly defined norms must be established
- **Grandparents raising their GC**- occurs via negative family events, skipped generation vs. co-parenting in nature, GPs face many challenges (health, parenting, adult child, emotional health, housing, income), most are GM, varies by race/ethnicity. GPs bring many resources/are resilient in the face of these challenges

# Variations in Grandparenting

- **Death of the GC** (school shootings, perinatal death, abortion, accidents, illness, suicide)-type of death is important - “**Grandparents cry twice**”- emotional impact of losing a GC, GPs feel that must also support the adult child in their grief and often do not get the support they themselves need
- Anything we did not discuss?
- **THANK YOU!**





















