

# Becoming a successful grandparent

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# Kemble (12) 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
- Longer lifespan however permits more time with GC, heightens chances of becoming a GP
- 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
- Persons may or may not be ready for GP-the more “**off-time**” GP is, the more difficulty it presents for persons
- 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 GC

**Reinvolvement with personal past**-reliving one's earlier experiences in raising children or with a GP

# 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

# 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 GP is perceived by 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)
- 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
- 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

## 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”

Child rearing/parenting/medical care, breastfeeding, SIDS, co-sleeping, bedtime, routines

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

Financial assistance

Playing favorites

Attempting to intervene uninvitedly

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

Understanding/managing GC disability (autism, 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 reflect previous family patterns of GP or they may be novel**

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

- **Is GP important to you? Relationship with GC? Relationship to 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 you and your partner **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
- **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 parent-***authoritative parenting style* is the norm-parents set limits, provide for child's safety, are loving/supportive
- **Seek out others** who are GP 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 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

## 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, 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**-moreso 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