

ADJUSTMENT AND FAMILY FUNCTIONING OF GRANDMOTHERS REARING THEIR GRANDCHILDREN*

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ABSTRACT: The adjustment and family functioning of grandmothers who were rearing one or more of their grandchildren were examined in two studies. One study used the Dyadic Adjustment Scale and the Family Assessment Device. There were no differences between guardian and non-guardian grandmothers on the seven FAD scales, but guardians were higher on the DAS Dyadic Cohesion and lower on Dyadic Consensus. The second study used a 4-hour individual, structured interview to identify personal adjustment difficulties and coping strategies resulting from having to rear a grandchild. Results indicate that guardian grandparent families frequently may provide therapeutic challenges and that they have the potential to provide unique insights into transgenerational family processes.

As many as five percent of the children in the United States are being reared by their grandparents (Minkler, Roe, & Price, 1992; Montemayer & Leigh, 1982). Although these grandparents are completely responsible for the physical well-being and financial support

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of their grandchildren, such parental responsibilities are often assumed without the benefit of having legal custody of their dependents. This reassumption of the parental role frequently occurs in a cultural environment where close extended-family relationships are not the norm and comes at a time when other grandparents are undergoing developmental changes associated with renewing spousal relationships, declining responsibilities, and anticipation of retirement (Kivett, 1991; Neugarten, 1968; Severino, Teusink, Pender, & Bernstein, 1986).

We have adopted the term "puervinism" to refer to the assumption of primary caretaking responsibilities of grandchildren by their grandparents, and we use this term to refer equally to situations involving legal guardianship status of the grandparents and to more informal arrangements. We also use the term "puervitic" to refer to the resulting family type. From the Latin, puervinism is a joining of the young and an aged parent. The stipulated definition of "puervitic family," then, is a family involving at least the partial composition of a grandparent and a grandchild for whom that grandparent has legal or assumptive parental responsibility. These families are popularly referred to as "guardian-grandparent" families or "skip-generation" families.

Although there is no pertinent evidence, puervinism is probably to the benefit of the grandchildren involved, because in the aftermath of nuclear family disruption they continue to be reared by family members instead of being placed in foster care with strangers. In many instances, however, the emotional well-being of the guardian grandparent may be in jeopardy. This assumption of guardianship almost always occurs in the context of family trauma wherein the grandchild's parents are lost through death or desertion or are incapacitated as a result of illness or immaturity. This trauma, the sudden onset of primary caretaking responsibilities, the abrupt family role shift from grandparent to parent, and the inevitable loss of developmental opportunities normally occurring when one's children reach adulthood (Severino et al., 1986) should make the assumption of guardianship status especially difficult for grandparents. Along with grieving over the loss or incapacitation of the grandparent's child, the grandparent must also cope with the grandchild's adjustment reactions to parental loss.

Although they have received considerable attention in various news media (Creighton, 1991; Larsen, 1988), puervitic families have only recently become the subject of systematic investigation. In an

anecdotal study, Kennedy and Keeney (1987) called attention to the emerging trend of grandparent caretaking and described group psychotherapy with grandparents who were rearing emotionally disturbed grandchildren. Through interviews with African-American grandmothers, Minkler and associates (1992) and Burton (1992) have shown that there are serious physical and emotional costs as well as benefits of puervinism for the caregiver. Each of these three studies has pointed to the uniqueness of such families and the richness of research opportunities they afford.

Since grandparent guardianship is a frequently occurring alternative to traditional foster placement of children (Burton & Dilworth-Anderson, 1991), the consequences of this form of family restructuring need to be carefully described. In an additional non-clinical examination of guardian grandparents, two studies are reported here, the first involving the administration of standardized family assessment instruments and the second involving an extensive structured individual interview.

STUDY 1

As a first study of puervitic families with standardized instruments and a non-guardian comparison group, the purpose of Study 1 was to compare reports of marital adjustment and perceptions of family functioning in guardian and non-guardian grandparents. Research has shown that marital satisfaction tends to be high early in the marital relationship, declines over the parental years, and then increases again during the post-parental years (Burr, 1970; Rollins & Cannon, 1974; cf. Vaillant & Vaillant, 1993). Since the years of parenting have been prolonged in the puervitic family, we hypothesized that guardian grandparents would report lower marital adjustment than non-guardian grandparents. As a result of the chronic stress that would be expected in many of these families, we also expected that puervitic families would show lower levels of family functioning.

Method

Participants. Grandmothers who were currently living with their spouses independently of relatives or institutions were located through support group contacts and referrals. Guardian grandmothers were those who had assumed physical and financial support of one

or more grandchildren by taking them into their residence and providing for their well-being with the intention of rearing them to majority. Non-guardian grandmothers were those who had not assumed primary responsibility for the caretaking of a grandchild. Twenty-eight guardian grandmothers and 27 non-guardian grandmothers volunteered for the study.

Although the guardian grandmothers ($M = 56.6$) were slightly younger than those in the non-guardian group ($M = 59.7$), this age difference was not significant ($t = 1.17, p > .05$). The two groups also did not significantly differ on their reported annual income ($M_s = \$24,000$ and $\$20,000$, respectively) and their total number of grandchildren ($M_s = 6.0$ and 4.4). Guardian grandmothers reported a mean of 1.4 grandchildren residing with them.

Instruments. Marital adjustment was measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976), a 32-item scale that, in addition to providing a Total Adjustment score, yields factor scores for Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion, and Affective Expression. Higher scores on the DAS reflect better adjustment. The Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) was used to examine family functioning. Based on the McMaster Model of Family Functioning, the FAD consists of seven subscales: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning. Lower scores on the FAD indicate higher levels of family functioning.

Procedure. The grandmothers completed both instruments and a demographic questionnaire in their homes and returned them through the mail in envelopes provided.

Results

Means and standard deviations for the DAS and FAD scales are presented in Table 1. The two groups did not significantly differ on the DAS Total Adjustment score ($t = 0.47, p > .05$). Simple discriminant function analyses were performed to predict guardianship status using the following sets of predictors in separate analyses (a) DAS subscales, (b) FAD subscales, and (c) DAS and FAD subscales combined. Only the analysis involving the DAS subscales resulted in a significant function, $\chi^2(3) = 18.96, p = .0003$. The standardized ca-

TABLE 1
Means and Standard Deviations for the Family Assessment Device
and Dyadic Adjustment Scale Measures

| Variables | | Guardians | Non-Guardians | Effect Size |
|--------------------------|-----------|-----------|---------------|-------------|
| Problem Solving | <i>M</i> | 1.9 | 2.0 | 0.25 |
| | <i>SD</i> | 0.5 | 0.4 | |
| Communication | <i>M</i> | 2.1 | 2.4 | 0.60 |
| | <i>SD</i> | 0.5 | 0.5 | |
| Roles | <i>M</i> | 2.4 | 2.5 | 0.25 |
| | <i>SD</i> | 0.6 | 0.4 | |
| Affective Responsiveness | <i>M</i> | 2.6 | 2.6 | 0.00 |
| | <i>SD</i> | 0.6 | 0.5 | |
| Affective Involvement | <i>M</i> | 2.7 | 2.9 | 0.40 |
| | <i>SD</i> | 0.7 | 0.5 | |
| Behavior Control | <i>M</i> | 2.7 | 2.7 | 0.00 |
| | <i>SD</i> | 0.4 | 0.5 | |
| General Functioning | <i>M</i> | 2.4 | 2.4 | 0.00 |
| | <i>SD</i> | 0.4 | 0.3 | |
| DAS Total Score | <i>M</i> | 103.7 | 105.9 | 0.14 |
| | <i>SD</i> | 18.9 | 16.2 | |
| Dyadic Satisfaction | <i>M</i> | 30.4 | 32.1 | 0.50 |
| | <i>SD</i> | 4.5 | 3.4 | |
| Dyadic Cohesion | <i>M</i> | 16.3 | 14.1 | 0.54 |
| | <i>SD</i> | 3.8 | 4.1 | |
| Dyadic Consensus | <i>M</i> | 47.2 | 50.1 | 0.24 |
| | <i>SD</i> | 11.4 | 12.1 | |
| Affective Expression | <i>M</i> | 9.4 | 9.2 | 0.08 |
| | <i>SD</i> | 2.8 | 2.4 | |

nonical coefficients for the three scales that entered the function were as follows: Dyadic Cohesion, 1.06; Dyadic Consensus, -0.75 ; and Dyadic Satisfaction, -0.27 . Since the mean vectors for the guardian and non-guardian grandmothers were 0.66 and -0.66 , respectively, this analysis revealed that guardian grandmothers were associated with higher levels of Dyadic Cohesion and lower levels of Dyadic Consensus and Dyadic Satisfaction than the non-guardian grandmothers. Although the groups were significantly predictable by their DAS responses, the actual group differences in mean DAS scores were not large. As may be noted in Table 1, the effect size, the mean difference

divided by the standard deviation for non-guardians, for the total DAS score was only 0.14, and those for the subscales did not exceed 0.54. Although the coefficient for Dyadic Satisfaction was the lowest of the three in the above discriminant function, the univariate effect size for the difference on this variable was 0.50.

The interpretation of these modest differences should occur in light of the fact that in contrast to the means reported for 218 married people (with a mean age of 35.1 years) in Spanier (1976), the means for the present sample of guardian grandmothers were 0.6, 1.4, and 1.3 standard deviations below those of Spanier's sample on the total score, Dyadic Satisfaction, and Dyadic Consensus, respectively. The guardian sample, however, was 0.7 and 0.2 standard deviations above Spanier's sample on the Dyadic Cohesion and Affective Expression scales. Similarly, the differences between the means of the non-guardian grandmothers and those of Spanier's sample were in the same direction but not as large as those found for the guardians.

Since the mean differences of the two groups were extremely small across all the FAD subscales, it is not surprising that no analysis involving these measures was significant. With the exception of the Problem Solving Scale, the means for both the guardian and non-guardian grandmothers were more similar to the means of the clinical sample than to those of the non-clinical sample reported as normative data in Epstein and colleagues (1983), and for four of the scales, the means of the present grandmothers were somewhat higher than the normative clinical means. These results suggest lower levels of family functioning in this sample of grandparents in contrast to the samples reported by Epstein, however, in the absence of norms appropriate for the present age group, these comparisons should be considered very cautiously.

STUDY 2

The purpose of the second study was to generate hypotheses pertaining to the dynamics of puervitic families from an extensive structured interview of a small number of grandmothers in these families. We hoped to determine whether many of these families would exhibit similar multigenerational patterns of experience. We also wished to identify any common pattern in the grandparent's personal adjustment difficulties and coping strategies.

Method

Participants. Participants were 15 Anglo-American grandmothers who were rearing at least one grandchild. The grandmothers were between 45 and 65 years of age ($M = 52.6$) and were located through several support groups for grandparents rearing grandchildren. None of these women participated in Study 1.

Procedure. Questions were included in the interview to produce information in the following categories: (a) genographic data relevant to the guardian grandchild, (b) descriptions of factors associated with disruption of the grandchild's nuclear family, and (c) the grandmother's impressions of the consequences of guardianship for herself and her custodial grandchild. In addition, the interviewer (first author) recorded her general impressions of the physical characteristics of the grandmother's home.

Results

Eight of the grandmothers in this sample were currently married and living with their spouses; six were widowed; and one had been separated from her spouse for about 20 years. None of the grandmothers had been divorced. These women were rearing a total of 21 grandchildren, and each had from one to three in her home. There were 11 male and 10 female grandchildren, ranging in age from two to 11 years, who had spent most of their lives with their grandparents; six had been with grandparents since their births.

Questions concerning the grandmothers' families of origin revealed that 12 of them had been reared by both of their biological parents, one by an older sister, one by her maternal grandmother, and one by adoptive parents. The one reared by adoptive parents believed that her birth mother had been related to her adoptive parents in some way. The two who were reared by family members other than natural parents reported the deaths of both parents as the reason. These grandmothers reported between zero and nine siblings ($M = 4.9$). Two were only children, six were oldest children, six occupied middle positions, and one was the youngest child. Of the six who were middle children, two were the only girls among their siblings.

The grandmothers described their families of origin as traditional ones in which their fathers were providers and mothers were homemakers. Twelve of them described financial struggles despite a

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strong work ethic and family commitment. Seven reported that their fathers were alcoholic, and three reported physical abuse from their fathers. Nine of the 15 grandmothers reported having assumed house-keeping and childcare responsibilities at a young age in order to help their mothers. Twelve were from strict religious backgrounds, one in the Jewish and 11 in the fundamental Christian traditions. All of the grandmothers reported strong family imperatives concerning working hard and family loyalty.

Nine finished high school, and two others completed 11 years of schooling. None held a college degree, and the two who went beyond high school did not complete more than two years of college. Ten were full-time homemakers since marrying. Of the others, one was a secretary, one a commissioned salesperson, one a bookkeeper, one a director of a senior citizens program, and one operator of a wedding service. All 15 grandmothers stated that rearing their children and grandchildren was the most important task they had to do. That caretaking was a priority was reflected in the extraordinary display of family portraits and children's art in most of the homes. Religious art was prominent in five of the homes. Moreover, each of these homes sheltered multiple pets usually rescued or adopted from other caretakers. Ten of the grandmothers displayed collections of various kinds.

Despite one report of systemic lupus, one report of severe arthritis, one report of high blood pressure, and one report of past alcohol and prescription drug abuse, all 15 grandmothers considered their health to be good. None felt that their health interfered with their ability to take care of their grandchildren. All supported their capability by describing a variety of activities in which they participated for and with their grandchildren. Moreover, the condition of their homes reflected commitment and ability to provide clean, child-centered environments.

Fourteen of the grandmothers stated that drug and alcohol abuse by their children was the major contributing factor to their having to rear their grandchildren. Fourteen also reported that their children could not provide financially for the custodial grandchild and had effectively abandoned them. The other grandmother had cared for her grandchild to help her son after his wife abandoned him and the grandchild. She later assumed full responsibility for the grandchild after her son was killed in a job-related accident. Of the 14 who reported drug and alcohol by the parents, 10 described severe neglect, 10 described physical abuse, and two described sexual abuse of the

grandchildren. None of the 15 grandmothers believed that there was any acceptable alternative to their taking complete responsibility for rearing their grandchildren, and each expected to rear the grandchildren to majority.

Nine of the grandmothers were rearing children of their daughters. The daughters, who were all alive, ranged in age from 18 to 34 years ($M = 25$). Two were only children, four were the oldest child, one a middle child, and one a youngest child. Seven had completed high school, one had earned a GED, and one did not complete high school. Two were employed, and seven were not. None of them contributed to the financial support of their children, although six maintained some contact. Five had served prison sentences for drug related crimes.

Six of the grandmothers were rearing children of their sons. Five of the sons were living, and one had been killed in an accident. They ranged in age from 26 to 34 years ($M = 30$). One was an oldest child, one a middle child, and four the youngest child. All had graduated from high school, and two had approximately two years of college education. All had been employed most of the time. The five living sons were currently employed. Two had served prison time for drug-related crimes. Although three of the sons had some contact with their children, only one paid support to his parents.

In response to questions concerning problems encountered by grandparents who are rearing grandchildren, the participants reported that the most salient problem was the exhausting chronic family conflict focused on the irresponsible behavior of their children. They also expressed concern about the impact of the conflict and abuse on the development of the grandchildren. They expressed intense feelings of obligation to care for their children and grandchildren complicated by intense feelings of anger, fear, and guilt. They also reported feelings of social isolation and personal loss resulting from the resumption of childrearing when most of their peers were free to pursue other activities.

They reported a variety of difficulties with various social institutions including enrolling grandchildren in public and private schools without legal documentation, obtaining adequate medical and dental care for grandchildren without legal documentation, and obtaining medical insurance and social security benefits for grandchildren without legal adoption.

Finally, all of the grandmothers reported that obtaining legal documentation, of their guardianship was prohibited by intense emo-

tions about taking their own children to court as well as by expensive legal costs. Those who had had court experiences felt that the courts were biased against them as parents who had reared their own children poorly and were now interfering with their own children's rights to rear their children. While each of the grandmothers reported wondering how they might have reared their children differently, they all expressed a belief that they did the best they knew how to do. They each expressed a wish that their children would take care of their own children. Despite the problems and wishes that their children would rear their own children, all 15 of the grandmothers reported that the grandchildren brought much joy and personal satisfaction to their lives.

GENERAL DISCUSSION

In Study 1, guardian grandmothers reported higher levels of Dyadic Cohesion and lower levels of Dyadic Consensus and Marital Satisfaction than non-guardian grandmothers. The primary hypothesis of this study was that since marital satisfaction has been shown to increase in the post-parental years in association with increased leisure time and decreased role strain (Orthner, 1974; Rollins & Cannon, 1974), the guardian grandmothers would show lower levels of marital satisfaction. This hypothesis was partially supported by the findings of the discriminate functional analysis, including the DAS subscales. The lower levels of Dyadic Consensus associated with the guardian grandmother group was probably a reflection of the increased number of areas of potential disagreement between the guardian and her husband that result from issues pertaining to the breakup of the custodial grandchild/ren's primary family and from issues that have to do with rearing the grandchild/ren.

Even in light of these differences on the DAS, the puervitic families cannot be characterized as having had overall lower levels of marital adjustment. There was no difference between the two groups of grandmothers on the total DAS score, and the Dyadic Cohesion scores of the guardians were higher than those of the non-guardians. This latter result suggests that the guardian grandmothers had a stronger commitment to keep their relationship intact, even in the face of lower marital satisfaction. Such an interpretation is supported by the low incidence of divorce in the second sample and by their reported strong sense of family responsibility.

The similarity of the two groups of grandmothers on the FAD in Study 1 is surprising. The interview data in the second study suggest chronic family stress frequently associated with ongoing problems involving the grandchild/ren's parents and numerous problems resulting from the resumption of caretaking responsibilities for one or more young children. Puervitic families and traditional families consisting of the grandparent dyad also represent very different family structures. Yet, the two groups of grandmothers had very similar FAD scores.

One explanation of these surprising similarities of the two groups is that the FAD is not sensitive to the characteristic differences in these two family types. The FAD was developed as a self-report screening instrument that could be used in clinical settings to quickly identify family problem areas (Epstein et al., 1983). We, however, did not find the FAD to be useful in discriminating these two very different family types. In addition, since the FAD scores for both groups of grandmothers were somewhat similar to the clinical norms reported by Epstein and colleagues (1983), the non-guardian grandmothers of the present study may not represent an appropriate control group. The questionable adequacy of the FAD norms for grandparents in this study, however, must be kept in mind.

The picture of the typical guardian grandmother that emerged from the 15 interviews in Study 2 was that of a woman holding traditional family values and strongly committed to the integrity of her family and the well-being of her custodial grandchild/ren. The absence of differences on the FAD and the total DAS score are consistent with these reports and suggest that the puervitic families of the present study were effectively functioning units. These guardians, even in the face of severe family disruption, were continuing to provide care for the dependent grandchild/ren and, while doing so, seemed able to receive considerable relationship satisfaction. The present findings are in agreement with both those of Burton (1992) and Minkler and associates (1992), the latter summarizing their results by stating that there were repeated indications that the grandparents were glad they could be there for the grandchildren and that the benefits of the new caregiving role outweighed the costs.

The families that were the subject of interviews in Study 2 constituted a unique sample that is probably not representative of most family units in which puervinism occurs. All families in this study were Anglo-American, and grandchild guardianship most frequently occurred subsequent to disruption of the grandchild/ren's traditional

two-parent family following parental drug abuse. The families in the present study, in fact, probably experienced fewer hardships than is true for most puervitic families, both from the perspective of the grandchildren and the grandparent. The present families were mostly recruited from emerging guardian grandparent support and action groups, and their involvement in such a nascent movement may reflect their interest in maximizing the success of their guardianship efforts and their general level of resilience and adaptability. The grandparents in Study 2 can, therefore, be presumed to have experienced fewer adjustment difficulties than those involved in situations where the grandchild is born to a young, unwed mother, where family income is a more compelling factor, and where social and community support services are less available (Minkler et al., 1992).

Yet, if the grandmothers interviewed in the present study can be taken as a most conservative indicator, grandparents of puervitic families face frequent and demanding changes with which they must cope. Guardian grandparents generally make extreme personal sacrifices to care for their grandchild/ren. The lost opportunities to pursue leisure activities and retirement or "empty nest" plans frequently result in anger and resentment toward the grandchild/ren's parents. These feelings are probably apparent to the grandchild/ren and thus are a continuing source of stress within the puervitic family.

As a result of the sudden addition of one or more small children to their family, guardian grandparents may no longer have much in common with their friends who are of a similar age and also do not have much in common with the parents of the playmates and classmates of their grandchild/ren. These factors, along with the perception that others will judge them as "failed parents" and the considerable financial and time commitment associated with caring for the grandchild/ren, have the potential to result in serious social isolation of the grandparents. The consequent loss of a social support network would be expected to lead to even more stress. Some of these grandparents also report concerns that they will be perceived as meddling too much in the affairs of their children and lingering doubts as to whether they may have played some role in the breakup of the grandchild/ren's natural family.

In assuming the role of parent, guardian grandparents have the benefit of their prior parental experience and increased maturity; yet, many of these grandparents have serious concerns about being able to provide long-term care for their grandchild/ren in the face of diminishing or fixed income and declining health. These grandparents com-

monly express the fear that whatever mistakes they made in rearing their own children they will repeat with their grandchild/ren.

While many of guardian grandparents obtain legal custody of their grandchild/ren, or attempt to, many do not. Custody disputes are frequently very expensive, and family law codes generally place the burden of proof on those challenging the rights of the natural parents. In many of these families, parents are reluctant to relinquish legal custody of their children, and suits for custody of the grandchild/ren can be especially painful for the grandparents because they are involved in a protracted legal battle to show that their own child is an unfit parent. Consequently, many grandparents care for their grandchild/ren without the benefit of any form of legal sanction. The resulting undefined rights and responsibilities of guardian grandparents, vis-a-vis those of the grandchild/ren's parents, insure the opportunity for prolonged intense conflict, often focusing on the grandchild/ren, between the grandparent and parent generations. In addition, grandparents without custody often report some difficulty in obtaining medical care, insurance benefits, and access to educational programs and other community services without the grandchild/ren's parent's authorization.

In this time of extensive structural changes in family life (Demo, 1992), the puervitic family is an increasingly frequent family composition that, in contrast to intact, single-parent, step, or adoptive families, has received almost no research attention. Neglect or abandonment of a child by the child's natural parents leaves few options for the long-term care of the child. If members of the child's extended family do not intervene to provide care for the child, the child's entry into the foster care system is unavoidable. The contribution of grandparents to the well-being of their grandchildren has long been recognized (Blau, 1984; Burton & Dilworth-Anderson, 1991; Wilson, 1989), and a financial obligation of grandparents to their grandchildren has been affirmed in some cases of parental absence (Wilson & DeShane, 1982).

Primary caretaking represents, therefore, an extension of grandparent roles already recognized by society. Recent estimates are that by 1995, approximately 900,000 children in this country will reside in foster or group homes or in institutional settings in the child welfare system, and such placements will be at a minimum annual cost per child of about \$10,000 (Children's Defense Fund, 1992, p. 63). In the face of the obvious tangible benefits of puervinism as an alternative to traditional foster care and the present and previous evidence (Bur-

ton, 1992; Minkler et al., 1992) that grandparents incur heavy costs in this caretaking role, the specific needs of guardian grandparents should receive more attention by health care and social service providers.

Assumption of the child's care by a set of grandparents seems to be to the child's advantage since the child remains with familiar persons. No study, however, has examined the short- or long-term adjustment of children reared by grandparents, much less their adjustment in contrast to that following foster care and/or adoption. Given the tendency for prolonged hostility between the grandparents and their problem child and the possible stability in the transmission of intergenerational behavioral problems (Papero, 1990), puervinism may not necessarily benefit the affected grandchildren. In fact, the adjustment reactions of the grandchild to the breakup of the child's natural family and to the subsequent puervinism may be more extreme and more prolonged than those observed following divorce (Abidin, Jenkins, & McGaughey, 1992; Amato, 1993). The focused study of puervinism thus has potential consequences for the well-being of both the children and adults involved and potential consequences for social policy and adjudication of custody disputes.

In addition to the benefits the study of puervinism might have for the well-being of the family members, these families provide an investigative opportunity rich in theoretical implications. In these families there is direct influence of the same "parents" on two generations of individuals and, consequently the opportunity to observe transgenerational processes from a unique perspective. Is there stability in the dynamics of the separate family compositions involving the two generations of children? Do the grandparents utilize the same parenting styles with both generations, or do their parenting styles reflect trial and error learning and wisdom supposedly achieved through life experiences? What are the differences between families involved in puervinism and those in which abandoned and/or abused children enter the foster care system? When puervinism occurs, what are the factors that lead one set of grandparents, and not the other, to assume the care of a grandchild? Are there ethnic differences in the frequency and consequences of puervinism?

The social need for research on the puervitic family is perhaps greater than for any other family composition at this time, in our opinion. To enhance the success of the guardian grandparents in their endeavor, it is important that the specific needs of the members of these families be known by school officials, by workers in social ser-

vice agencies, and by counselors and family therapists. The effects of being reared by grandparents on the grandchildren must be studied to determine whether puervinism is an acceptable alternative to foster care. While the implications of the study of these special families for family theory cannot be underestimated, research must in the immediate future focus on the understanding of these families so that their effectiveness is maximized.

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