

Institute for Clinical Social Work

THE EXPERIENCE OF GRANDMOTHERS RAISING GRANDCHILDREN

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By

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ABSTRACT

This study used a narrative approach and interviewed 20 African-American grandmothers from the Chicagoland area who have taken legal custody of their grandchildren. These in depth interviews develop an understanding of that experience from the grandmother's point of view. Using self psychology, to interpret the interviews, five themes emerged; grandmother's sacrifice, the event that precipitated placement, the grandmother vs. mother role, legal issues, and life today.

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DEDICATION

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CHAPTER I

INTRODUCTION

General Statement of Purpose

The question explored in this study is, “What is the experience of a custodial grandmother who has adopted or accepted legal guardianship of her grandchildren.” Using a narrative approach, the study examines the experience of the grandmother who obtains legal custody of her grandchildren. This is not an uncommon occurrence in the city of Chicago and nation. The 2010 census reported almost 10% of children in the United States are being raised by someone other than a parent (US Census, 2010). There may be several reasons for this trend; job loss, incarceration, death, deployment, or simply incompetent parents. Regardless of the reason, grandmothers seem to be stepping in to remedy the situation. In Chicago, this problem is a growing trend. One community in Chicago reports 60% of the children enrolled in school were done so by their grandparent. The impact on a family and community is tremendous. The grandmothers have to absorb the children emotionally, financially and physically.

This study explores some of the experiences of the grandparents as they embarked on this journey. In the overwhelming majority of these situations, this was not a planned event but rather a situation of crisis. A birth parent may have died or children were neglected or abandoned. As the grandmothers were interviewed they slowly divulged their story. They discussed their most intimate feelings about the situation with their

grandchildren. Special attention was focused to listen for the following sub questions that this study aimed to answer.

Sub-questions to be explored included;

1. What is the grandmother's feeling about the arrival of the children?
2. What happened to the grandmother's own life plans?
3. What is the experience of shifting from the "grandmother" to "mother" role?
4. What is the grandmother's experience of her friends or community's reaction to her raising her grandchildren?
5. Has grandmother considered a standby or back up plan for the grandchildren?

Parenting is well documented in the literature as it relates to children and how they may be impacted by a variety of issues. There is also a large body of literature aimed at the experiences of the mother, from conception to adulthood. The literature is considerably smaller as it relates to kinship care in our country. With the baby boomers aging and generations of parents being lost to drugs, war or illness, grandmothers have surged forward for this cause and for their families.

These 20 grandmothers are nothing short of amazing. Their dedication, love, selflessness and compassion are truly inspiring. This study will detail the themes prevalent in the stories, which were common throughout.

Operational Definitions

The study uses terms that require working definitions.

Adoption: This is a legal proceeding whereby an adult is approved to assume complete custody and control of a child. The biological parents rights must be terminated and the adoptive parent becomes their legal parent. New birth certificates are issued reflecting the new parents names. Names of children can be changed at this time. The birth parents have no rights to the children whatsoever. It is as if the adoptive parent gave birth him/herself.

Foster care/Substitute care: When a parent loses custody of their child because of abuse, neglect or abandonment, the State steps in as the legal guardian, hence the child becomes a Ward of the State. The state then places the child with a relative or non-relative in substitute or foster care.

Grandmother: A woman whose son or daughter had a child. This may or may not be their biologic child but a child that believes their grandmother to be theirs. This definition also includes great-grandmother literally but simply “grandmother” to the child.

Guardianship: legal proceeding whereby an adult is approved through probate court to have physical custody of a child making all major decisions for that child’s life. The birth parent retains a few rights with this legal proceeding

Kinship care: A relative of the child that has taken on the tasks of raising a child. This may include a “Godmother” or “play mother” who may not have blood ties but is connected on some level with the child.

Love Relationship: Term used to describe either a married spouse or paramour with whom the grandmother shares her life.

Standby/Back up plan: a legal plan whereby the parent, guardian or adoptive parent can make a plan as to a successor for their child(ren) in their care. The parent selects a person to raise their child(ren) in the event of death. Called a back up plan or a standby plan. Illinois is one of three states that have this legal proceeding.

Significance for Clinical Social Work

This study's findings will contribute to the body of knowledge in social work. There is a plethora of publications on parenting, but the issue of substitute care is sorely lacking. We have seen some momentum in the past 5-10 years but it in no way is keeping up with the trend of our city and country.

This study will inform the reader as to what the experience is of the grandmother as she takes on the parenting role of her grand child(ren). Social workers can understand in depth thoughts and feelings of the grandmother on a deeper level. We often read or hear about the practicality of how things go, or are supposed to go, but rarely do we hear of the actual experience detailed in their own words. This study will enhance the social worker's empathetic connection with the grandmothers as they can have a deeper level of understanding of the lived experience.

Because the trend of grandparents raising grandchildren seems to be more noticed across the country, this study will help to inform social workers as to what the experience of the grandmothers may be with some of their cases. Too often, with limited resources

and limited funding, workers are in a position to become jaded or worse not empathetic to the situations of their clients.

CHAPTER II

LITERATURE REVIEW

In response to the growing number of grandparents raising grandchildren, Edwards (2003) introduced some terminology to explain the new phenomenon. A grandfamily is one in which the grandparent(s) are the primary caregivers. Supergrands are grandparents who are the full time surrogate parents to their grandchildren. Grandkin are children being raised by their grandparents. Encore parenting is parenting for a second time. According to Schwartz (1994), grandparents raising grandchildren are facing numerous difficulties including intergenerational differences, health of grandparents, finances, the effects raising children will have on their lifestyle and relationships, and their own grief for their children. Additionally, many grandparents are dealing with issues around prenatal drug abuse, which could lead to prolonged physical and psychological health issues for the children.

DiSciullo and Dunifon (2012) comment that although grandparents face challenges, there are unique strengths within grandparent headed households. According to their research, grandparents who act as primary caregivers have numerous strengths such as; wisdom, maturity, religion, increased time, relaxation and emotional gratitude. They found that because they have already parented a generation of children, there is some maturity that may not be present in the first time parent. Dolbin-MacNab (2006) interviewed 40 grandparents raising grandchildren to specifically discuss the differences

in parenting from raising their own children. They reported feeling wiser, being more relaxed and having a more realistic perspective on what really matters. They report believing that they will avoid mistakes they may have made with their children. And because they believe they are better parents now, they actually may become better parents.

Having more time to dedicate to their grandchildren was a positive finding in the kinship studies of DiSciullo and Dunifon (2012). They discuss that grandparents may often have more time to dedicate to their grandchildren because they are not working and will be at home more. These situations present less stress and a potential positive parenting experience for the grandparents and grandchildren.

Edwards (2003) points out that supergrands may also be dealing with the realization that they did not do an adequate job of raising their own children, and that they may be even less capable of raising their grandchildren.

The reality is that the birth parents exist in the world and may or may not be present in the lives of their children. Even though it is demonstrated that there are numerous reasons why parents are not caring for their children, research shows that they are very often still involved in the children's lives. In a study of 59 families where grandparents were raising grandchildren, 63% of the children interviewed saw their mother in the past 12 months and 35% saw their father (Dunifon and Kopko, 2011). In a study of 41 teenaged grandchildren being raised by grandparents, Dolbin-MacNab and Keiley (2009) found that the number of teens who had contact with their birth parents was 88%.

Interestingly one of the factors that may predict the quality of the relationship

with birth parents in grandparents raising grandchildren is why they ended up being raised by their grandparents. Specifically for teens, they have a much more difficult time bonding with their grandparent when they feel conflicted about their parents and the circumstances that led them to live with their grandparent in the first place (DiSciullo and Dunifon, 2012). The more difficult situations were those cases where parents voluntarily gave up the child in order to live with a romantic partner and the parent is raising other children (Dunifon and Kopko, 2011). In addition, the authors state that where there is substance abuse, or other neglect issues, the children are much more likely to have an erratic relationship with the birth parent. Erratic relationships can create anxiety and depression in the children throughout their lives.

Dolbin-Mcnabb and Keiley (2009) interviewed teens living in substitute care. Almost half of the subjects reported feeling stuck in between their relative raising them, and the birth parent. They believed they had to pick from the two. In addition, 30% of the teens chose not to comment on their birth parents because it was too emotionally charged to do so. Twenty-five percent of the teens stated their relationships with birth parents were described as distrustful, angry and unreliable. Also in the study, one third of the children reported a relationship that was positive and “fun” without much discipline. The children saw their parents as people with whom they would want to spend time, however they did not see them as parents in a parental role. Similarly, Dunifon and Kopko (2011) found that 25% of the youth in their study had a bad relationship with their mother and 33% had a bad relationship with their father. These were described as irregular contact and disappointing interactions with the birth parents.

Edwards (2003) suggests that due to the traumas endured by many of the

grandkin, they are more likely to be less trusting, more defiant, and suffering from psychiatric disorders such as Reactive Attachment Disorder, Conduct or Behavior Disorder, and Attention Deficit Hyperactivity Disorder. Dunifon and Kopko (2011) reported that if the children have a poor relationship with their mother they will likely have greater anger and less of a quality relationship with their grandparent. Therefore this may create less effective parenting from the grandparent compared to those who have a good relationship with the mother; or further, those who have no contact with their mother. Research also suggests that both grandparents and grandchildren face significant issues around emotional adjustment and activities of daily living when these families are formed. While kinship care is generally seen as the best option for the family, due to the complex nature of these families, implementation of an integrated intervention approach is recommended (Edwards, 2003).

Roe and Minkler (1999) portrayed a more optimistic view of the grandparents raising grandchildren phenomenon, however, they do acknowledge the challenges these families are facing. According to Roe and Minkler (1999), the fact that grandparents are stepping in to raise their grandchildren, thus keeping their families together, is an example of family resiliency in the face of adversity, as grandparents have always been the “family’s watchdog.” The authors continue by saying that being single, living in poverty, and being African-American can put one at an increased risk of becoming a grandparent raising a grandchild; recent studies indicate that the average grandparent raising grandchildren is a white, married female living above the poverty line (Roe and Minkler, 1999).

However, Ruiz and Zhu (2004) state that African-American grandmothers are

much more likely to parent than grandmothers of other races indicating that 13% of white grandmothers are caregivers versus 25% of African-American grandmothers. Ruiz and Zhu (2004) point out that historically, African-American grandmothers have always been the foundation of the family because she is a source of strength, communication for family values, and provider of religious orientation.

Additionally, Fuller-Thomson and Minkler (2000) suggest the disproportionate amount of African-American grandmothers raising grandchildren is due in part to the structure of the African-American family. During slavery, extended family was the primary family structure and during the first half of the twentieth century, many African-Americans migrated to the North due to lack of opportunity in the South; many would leave their children with grandparents in the South until they were able to establish themselves.

Fuller-Thomson and Minkler (2000) note that since the 1980s social workers have been reporting an increasing number of grandparents raising grandchildren, and a disproportionate number of African-American grandparents. During the 1980s there was a 44% increase in the number of children in kinship care. By the mid-1990s 13.5% of African-American children, 6.5% of Hispanic children, and 4.1% of white children were living with grandparents (Fuller-Thomson & Minkler, 2000). The 2010 census suggests these numbers are proportionately higher.

Roe and Minkler (1999) suggest that the reason kinship care has increased is in part a consequence of legal mandates and child welfare funding changes beginning in the 1980s, and that the most rapid growth in kinship care has occurred in states with the most liberal and inclusive policies. The authors include additional explanations for the increase

in grandparents raising grandchildren including drug abuse, teen pregnancy, single parent households, the AIDS epidemic, and increased incarceration rates of women. The authors state that fifteen percent of women aged 15-44 are substance abusers and 40% of those women have children living with them. AIDS is currently the leading cause of death among African-American women aged 25-44 according to the Centers for Disease Control (CDC). Between 125,000 and 150,000 children had lost their mothers to AIDS by the year 2000. Roe and Minkler (1999) point out that many of these factors are a consequence of poverty in our society.

Grandmothers raising grandchildren are facing numerous challenges including accessing health care for their grandchildren because of no insurance coverage; it is important to note that if the grandchildren came to live with the grandmother without the involvement of a state welfare agency, it is unlikely that they will receive a medical card for the child. Additionally, Roe and Minkler (1999) point out that grandparents raising grandchildren are not receiving many of the benefits to which they are entitled or are experiencing delays due to bureaucratic paperwork.

Glass and Huneycutt (2002) discuss the policy implications involved in the rising numbers of grandparents raising grandchildren. They note that with the increase in grandparents raising grandchildren, there is also an increase in issues involving the courts, forcing state legislatures to set standards regarding grandparent visitation and custody. Glass and Huneycutt (2002) point out that in all states, there is in fact a difference in benefits between relative and non-relative placement, in which non-relative placements receive more benefits. These policies are in essence, “financially punishing” grandparents for caring for their grandchildren. Nonrelative placements are also eligible

for numerous services that relative placements are not including counseling, clothing allowances, and medical and psychological evaluations. Grandparents report feeling stigmatized when they seek benefits. The 1995 White House Conference on Aging resolution expressed what needs to happen to help these grandparents including, but not limited to; financial, social, and legal support.

As Fuller-Thomson and Minkler (2000) discuss, a great majority of grandparents raising grandchildren are living below the poverty level and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was “never designed with grandparent-headed households in mind.” Many of these grandparents rely on Temporary Assistance to Needy Families (TANF) benefits, which are federal income support programs, designed for single mothers with young children. However, the regulations including the five-year lifetime benefit limit and work requirement after two years just are not beneficial for this population.

Additionally, Thomas, Sperry, and Yarbough (2000) suggest other policy recommendations including, the same state-sponsored benefits for kinship care and non relative foster care, welfare and social security reform that address grandparent-headed households, grandparent-friendly adoption and guardianship policies, widely available information, and the same employee rights for new grandparents raising grandchildren that new parents get after the birth of a child.

The experiences of the grandmothers were interpreted using self psychology from a psychodynamic perspective. Self psychology was selected because it explains behaviors as a result of unmet developmental needs. It also discusses disrupted needs in a person. The concept of empathy was very applicable because the experience the subjects

described was so powerfully expressed and felt as they discussed their new family constructs. The self is positioned as playing a part in human motivation, affect and identity. Kohut (1971) incorporated children's experiences into his theory of thought. He believed that when the child's ambitions were chronically failed or challenged, the grandiose self became arrested which led to a false sense of self. The grandiose self became outwardly visible in narcissism or remains hidden.

Kohut surmised that arrests in these two extremes happened when the child suffered chronic disappointment. When the idealized parents fail, children become affected. When the grandmothers "come to rescue" the children, other functions occur to maintain the child and the grandmother. Self psychology seems to weave in these concepts. In addition, Kohut (1971) believed that using an empathetic method of observation would enable clinicians to use transference to see a subjective point of view. While interviewing the grandmothers, empathy was paramount within the interviews. It is with hope that the subjects of the study could feel this positive regard during these narratives. This research integrates the theory with how grandmothers experience the responsibility of now raising a grandchild.

Kohut believed that it is imperative to have an empathic parent to provide self object functions (Kohut, 1977). Selfobject needs consist of mirroring, idealization, and twinship. If these needs exist within a parent, or in these cases a grandparent, does the same process exist in this parenting relationship? The needs for the self are consistent, regardless who is present. The need for admiration and confidence in life is something that is imperative for the self (Kohut, 1984). Kohut believed that selfobject needs were both present and quite varied in normal individuals. Self objects are not external persons

as Kohut and Wolf (1978) state,

Self objects are objects which we experience as part of our self; the expected control over them is, therefore, closer to the concept of control which a grownup expects to have over his own body and mind than to the concept of control which he expects to have over others (p. 413).

Mirroring reinforces a child's sense of self (Kohut, 1971) when parents affirm and accept the child. A child's sense of perfection and greatness is confirmed (Goldstein, 1995). Mirroring as part of a self object, is part of the development of the grandiose self where caregiver's response to the child develops self-esteem and reinforces the child's sense of self (Kohut, 1971). This solidifies one's sense of accomplishment, greatness and sense of perfection (Elson, 1986).

Kohut (1984) states that selfobjects are experienced subjectively and help organize and consolidate the self. Kohut believed that the selfobject needs were fundamental to the human experience and are essential for self cohesion. The infant develops and experiences the selfobject as providing affirmation, as well as the strength and protection of the idealized person (Elson, 1986).

Idealizable self objects sustain the self by allowing the process to occur with calmness and trust of the idealized object (Wolf, 1988). Palombo discusses specific functions experienced by the child such as physical protection, comfort and specific modeling for the child (Palombo, 1987). Grandparents throughout generations have talked about being available emotionally, physically and sometimes financially for grandchildren. A grandchild may continue to idealize their parent, which may have a strong negative reaction of the grandparent. This may cause tremendous conflict within a family. This is especially true when the child has a poor attachment.

Interviewing grandmothers and inquiring how it came to be that they now have

custody of their grandchildren aroused many feelings in the grandmother. Grandmothers had to face the reality that their own child has “failed” in some way as a parent.

Grandmother had high expectations for her own children who were unable to succeed in parenting for one reason or another. This study helps us understand what emotional experiences a grandmothers encountered as they prepared their homes, lives, finances and hearts for more years of parenting.

A psychodynamic understanding of these processes helps us understand how these biases were disrupted in the grandmother’s experiences then onto the birth parent’s development and passed along to their children.

In most extended families, a grandmother often enjoys gratifying relationships with grandchildren largely because they do not have to execute the difficult parts of parenting such as discipline and daily routines. Grandmothers can be the doting, loving and spoiling older relative that many kids enjoy. If birth parents are unable to raise their children, who now have to be raised by their grandparent, the relationship shifts completely and the dynamics are likely greatly altered.

The grandmothers seemed to have an overwhelming wish to “do it right this time” and feel gratitude to have a “second chance.” There are bumper stickers that say, “I wish I were a grandmother first.” However, in their older years, some grandmothers have less energy, increased health problems and fewer resources available that make parenting tasks even harder.

When a grandmother takes on a grandchild, her experience is a new phase within her own development. This is not something she expected to experience at this time of her life but she finds herself in the situation, and has no choice but to continue with life.

Erickson (1959) commented on the positive aspects of children entering families and changing the interaction of generations. Erikson states that that children influence their parents' development as well. The arrival of children into a family's life, changes that life considerably, and moves the new parents along their developmental paths. This study will describe what happened to the developmental tasks when children enter families unexpectedly.

Grandmothers in this study were in the stage of middle or older-age adult. In middle adulthood they seek satisfaction through productivity in career, family, and civic interests. Usually this stage is designated for the raising of a family. The task at this stage is to cultivate the proper balance of generativity versus stagnation (Erickson, 1959). Generativity is an extension of love into the future. It is a concern for the next generation and all future generations. Stagnation, on the other hand, is self-absorption, caring for no-one (Erickson, 1959). Some of the grandparents were still raising their own children when they took on younger grandchildren.

For the older adult the stage is integrity vs. despair (Erikson, 1959). The person's tasks are to review life accomplishments, deal with loss and preparation for death. This last stage begins sometime around retirement age, allegedly after the kids have left home. There are the illnesses of old age, such as arthritis, diabetes, heart problems, and concerns about life threatening illnesses. Along with the illnesses come concerns of death. They experience a series of losses during this time. There are very common bouts of depression when the deaths strike very close to home like with a sibling or spouse.

The importance of healthy empathy is paramount in the literature. This study focused on grandmothers' experience of caring for their grandchildren now in their care.

It is inherent in the question that they have acquired these children because the grandchild's own parents were unable to fulfill their role.

Winnicott espouses that *good enough* parenting allows a child to develop skills of his/her own with regard to empathy, future relationships and affect (Abram, 2007). Any failure to provide these selfobject needs will directly influence the child's ability to be empathic, emotional and engage in a meaningful way with the caretakers of his/her life. When parents are unable to provide specific growth promotion functions, disorders of the self may emerge because of these early life experiences (Kohut, 1971). The grandparents in the study and parents everywhere use children as selfobjects for their own self-development. Benedeck believed that this phenomenon does happen and is not really a problem unless the parent's needs come before the child (Benedeck, 1959). It is likely that the process is occurring on an unconscious level which is inconsistent and unstable. Because of this experience, it is very difficult for the selfobject to be internalized, which becomes stressful for all persons involved.

When a parent becomes stressed they are more likely to be at risk to behave in a reactive and fragmented manner. This has severe implications for children and the entire household. At some point, a parent may "quit" for numerous reasons and pass the child along to his/her mother to continue the parenting. Kohut writes that parental empathic failures are experienced by the parent when a grandparent takes over (Kohut, 1971).

Early empathic failure of parents may contribute to a self that is experienced as "damaged" (Wolf, 1988). The parents have difficulty promoting growth from their own child, which may be experienced as a narcissistic injury (Wolf, 1988). Kohut comments that parental empathic failure frequently repeats those experiences of the parents by their

own parents (Kohut, 1977).

CHAPTER III

METHODOLOGY

Design and Type of Study

This study is qualitative using a narrative analysis Riessman (1993, 1994, 2008). Telling stories is a natural part of our social fabric. It is done by people all over the world. In many cultures, elders gather younger people to pass down stories of ancestors so they are not lost. The in-person, verbal narrative is an essential piece for generational survival. It seems especially true of our disadvantaged persons of society as they rely much more heavily on tales of their history to pass down history since often that family history was interrupted with frequent moves from neighborhoods and towns or states. Some African-American families have histories that go back to slavery. When family history is interrupted, oral report is heavily relied upon since written family trees did not exist in some families.

Riessman states that narratives are important structures of dialogue for research because they allow for the construction and expression of meaning, an essential activity of human existence. She goes on to say that it is likely the primary way we make sense of our experiences by expressing it in narrative form (Riessman, 1994, 2008). Many of the subjects in this study have experienced some form of trauma in their families because of death, substance abuse, incarceration or illness. A narrative approach was especially useful to simply enter a dialogue. Allowing the grandmother to discuss these traumatic events allowed her to express her meaning.

The subject's life experiences were understood through their language and 'story.' This strategy provided insight about their lived experiences socially and culturally as explained by them. The stories were shared through their experiences as the grandmothers talked about how they endured, and continue to live their lives raising another generation of children. The narrative analysis detected the main themes within the stories of the grandparents revealing how they understand and make sense of their lives and their situation. Reissman discusses several forms of narrative analysis. This study will use two of them, structural and thematic (Reissman, 2008). This study will incorporate both to truly capture the essence of the stories in the narrative.

Structural narrative analysis allows the various voices and topics to be heard within the research that may otherwise be lost. This approach allows the researcher to take note of how the subject uses form and language to make a point or show emphasis. Reissman explains there are six elements in a "fully formed" narrative (Reissman, 2008).

1. an abstract or the "point" of the story;
2. orientation to time, place, people and situation;
3. complicating action, which is the steps of a story usually a crisis or trauma;
4. evaluation, where the subject may pull back and discuss emotion (this is described as the "soul" of the narrative);
5. resolution which is the outcome of the trauma or crisis, and:
6. a coda or the ending of the story and hence, coming back to the interview room (Reissman, 2008).

With structural analysis the subject needs to convey to the researcher how to

understand the story as if they were there (Reissman, 2008). This was accomplished with active listening how the subject relayed the story, not focusing exactly on the words.

To fully optimize these rich stories, structural analysis of the narrative reinforced a thematic analysis. With this structure, both form and content works together to give the narrative a more complete result.

In a thematic analysis data is interpreted not by *how* a story is delivered but the content, or *what* is said in the narrative (Reissman, 2008). The narrative is thematically categorized. There was minimal attention paid to how a story was spoken but rather the focus on the aspect of telling.

Riessman outlines that the interview may begin with one question (Reissman, 2008). The opening question asked of the grandmothers was, “Tell me how it came to be that your grandchild is living with you.” This question led to the story that unfolded over the course of the interview. The relevant events were isolated into a chronological account. The assumptions or themes were identified and coded.

The analytical goal was not to generalize it to the population but to interpret the meaning of the stories within the interviews. Grandmothers told their stories as they narrated their past and present experiences. The goal was for them to express and reconstruct the new narrative (Laird, 1992, Schafer, 1980, 1992). The telling of the story seemed to be empowering for the grandmother, hence the grandmother feeling more complete and clinically fulfilled (White & Epston, 1990). Personal narrative is described as a particular kind of communication about the client’s life (Laird, 1992, Riessman, 1994).

Scope of Study, Setting, Population, and Sampling

The subjects of the study were 20 grandmothers who were raising their grandchildren. They were recruited from local Grandparents Raising Grandchildren groups throughout the Chicagoland area. Their group leaders were provided an announcement requesting participation in the study with a phone number. Participation in the study started out slowly but picked up momentum. Members told others members that the interview was “a nice conversation,” which prompted others to participate. There was no age limit to the subjects but they had to be raising or have raised at least one grandchild.

All of the subjects were African-American. They ranged in age from 52 to 80. They resided in Illinois from Harvey through the south and west side of Chicago and Evanston. The overwhelming majority was considered poor. Almost all of the subjects received either social security, disability or other kinds of public assistance.

Data Collection Methods

Data for this study were obtained through face to face interviews. The subjects were interviewed one at a time from one to two hours in their home. Most often the interviews were during the school days so the only distraction may be other adult household members or children not yet in school. Interviewing the grandmothers in their home seemed to give them a sense of safety. They often stopped a story to show a picture or gesture to a room to make a more specific point.

The interview began with a single question and proceeded from there. Specifically when the grandparents read over the consent and signed, they were told a little about the

researcher's schooling and dissertation project. After all was explained, the grandmothers were asked, "So, tell me, what is your experience of raising your grandchild(ren)?" This allowed the grandmothers to tell their story as they wanted it to unfold. It is their narrative, their reality. They all appeared to be very open about their lives as most of them had seen the ugly side of the human condition. Their hope was palpable, their fears real. The sights, smells and sounds of their environment were a perfect backdrop for the telling of the story.

All interviews were tape recorded. They were then transcribed verbatim. The interviews were then broken out onto cards where categories emerged and themes were identified. They were consolidated to understand the four main findings and to provide greater understanding on the sub-questions of the study.

Plan for Data Analysis

The method for analyzing the data follows Reissman's narrative analysis. This approach seemed to work best as the grandmothers revealed their stories. Themes emerged and after categories and subcategories were identified. It was uncanny how similar the experiences were for the grandmothers' the struggles varied but the underlying themes were consistent.

Once common themes were found within individual narratives, they can also be applied and analyzed within the complete data. Corresponding themes within various narratives helped establish conclusions of the population as a whole (Reissman, 2008).

Analyzing what one explains and how someone responds did not reveal the whole truth of a narrative. It was essential to try to understand why someone is telling

something or why she was not. Catherine Riessman explains that it is important to take into account that some experiences are hard to talk about. She also wrote that people often narrate about experience where there is a division between what they want, and what actually took place. In addition, Riessman states that the individuals tend to link disruptive events in the narrative to heal what should have been with what is. People will work hard to make sense of what has happened to them in their lives, and this is often revealed through how and what they narrate (1994).

The data was analyzed in a highly structured manner paying attention to the linguistic coding of the text. Linguistic coding of text states there is a relationship between the way the story is told and personal and cultural meanings. Because the analysis is somewhat subjective in nature, discourse analysis becomes a factor since it is not only the spoken word but also the nuance of gesture and subtle utterance that may capture the essence of communication (Reissman, 1994). In other words, what grandmothers ended up saying versus what they planned to say.

Using narrative data helps us understand how the interviews had an effect on the grandmothers, and how such characteristics as race, gender, and socioeconomic status had an effect on each story (Reissman, 2008). Being a social worker in Chicago for the past 25 years has created a particular style that often brings about ease, comfort and relative trust within the interviews. It is strongly believed that the 20 grandparents in the study seemed to connect on a level that allowed them to share very private and tender moments during the interviews. It is not likely that the stories would have been the same if the researcher was African-American, male, older or younger. This is not to assume that the interviews are better, but different. The initial mutual respect felt upon the first

five minutes of the interview only got stronger as the minutes ticked on. Many of the grandmothers shared intimacies they admitted not sharing with anyone, many of which did not get published in this document. This can be the phenomenon of telling a stranger your life story. Or, the fact that empathy and genuineness was felt and reciprocated.

Limitations of the Research

There are some limitations to the study. Participants were all African-American, and from a lower socioeconomic class. The women were not a random sample nor do they represent all grandmothers. These findings from this study are not generalizable to all grandparents.

Another limitation is the researcher's bias regarding grandparents in the child welfare system in Chicago. The researcher has advocated for grandparents over the years therefore has a particular soft spot for the grandmothers. However, through supervision and contact with committee members the researcher is confident that the results were not skewed.

CHAPTER IV

DEMOGRAPHIC INFORMATION

Description of Subjects

The 20 subjects in the study volunteered from the Chicagoland area. They were recruited from support groups for Grandmothers Raising Grandchildren. The interviews were conducted in the family home. Nine of the subjects owned their own homes for the average of 34 years. This statistic is particularly interesting considering how the housing market and neighborhoods have changed so dramatically. Many of the grandmothers reminisced about their neighborhoods “back in the day.” Eleven rented an apartment or shared space from other relatives. Three lived in the far south suburbs, 12 lived in Chicago proper, and five resided in the far north suburbs. The Chicago families lived in the most dilapidated and deprived neighborhoods of Chicago. Fourteen of the grandmothers worked for most of their adult life. Of the 14, seven had consistent professional jobs that now provide them with a pension. These included careers such as, banking, insurance, the city, billing, and one caseworker. The remaining seven worked in various jobs ranging from clerical, domestic, and other minimum wage positions.

The areas where the grandmothers lived did not seem to impact the experience of the grandmother; how she felt about her children, what sacrifices she made, the constant worries about how she is going to survive. What was prominently different were the neighborhoods themselves; the community where grandmothers lived. The striking

difference was the opportunity for service and support. The church communities were paramount regardless of geography. However, the opportunity to attend a group, send a child to therapy or simply attend family events at a community center or school, were quite different. Living in constant danger or hyper-vigilance impacted families opportunity to benefit from services, if they even existed in neighborhoods.

While simply driving through some of the low income neighborhoods it was not uncommon to see boarded-up buildings, graffiti, structural damage on homes, and young kids congregating on street corners; not to mention police cameras atop streetlight poles, with their flashing blue light, and aerials for the gunshot radars that loom up over the tree tops. Parks were abandoned; piles of litter on the street and empty lots immediately present a feeling of dread.

Economics certainly made a difference in raising children. It was very common for a grandmother to be living alone and having just enough money to take care of herself. When the grandmother agrees to take on the children, her financial situation changes dramatically. Many of the grandmothers receive no cash assistance to raise grandchildren. They may receive a medical card, but items like clothing, groceries, etc. are for the grandmother to absorb in her very meager budget.

Because of poverty, families may often not own their own home therefore are living in apartments that are sub par. Landlords may not take care of the property very well and families have to move repeatedly. This means children's schools and friends may change too. This disruption causes a reverberation throughout the family system. Often grandmothers give up their beds and bedrooms to accommodate young children. They may sleep on the couch in the living room for years.

The grandmothers who worked their whole life often either had a pension, social security or both. However, it is nearly impossible to live on social security alone. Often grandmothers were using their life savings to help raise the children. Economics certainly played a role in the stress level of basic survival, yet the experiences discussed by the grandmothers did not seem to vary based on income. The grandmother in the home in Evanston was still as devastated at her drug addict daughter as the grandmother in Englewood. Their tears were just as real, pain for their situation just as real.

Age Range

The subjects were African-American ranging in age from 52 to 80 with the average age being 64. They each raised from one to six grandchildren with the average being 2.2. Of the 20 subjects, six were paternal grandmothers, 10 maternal grandmothers, two paternal great-grandmothers and two maternal great-grandmothers. The grandmothers received the children on average from birth to 10 years old. Eight of the 20 subjects received the children from the hospital. The children now range in age from 2 to 26 years old with two grandchildren deceased before the age of maturity. With the exception of one family, the grandmothers were still raising the children because they have not reached 18 years old.

Grandmother's Own Family

The grandmothers started their families at the average age of 19 years old. All of the grandparent's had birth children ranging from 3 to 14 with an average of 6.0 birth children. They range in age from 20 to 65 with five deceased. When asked how many

grandchildren they had, three of the grandmothers said, “too many to count.” The number of grandchildren ranged from 10 to 51. Five of the grandmothers had 3 to 19 great-grandchildren. One grandmother had nine children of her own, 46 grandchildren, and 19 great-grandchildren.

Love Relationships

During the interviews there was little or no mention of a grandfather in the equation of raising children. This could simply have been an oversight since with many of the families, the traditional roles were solidly in place. For example, the grandmother discussed how she cooks, cleans, keeps up the household, and raises the children. Later in the interview it is learned that she is married yet there was no mention of the grandfather. More often than not the grandfather had no blood relationship to the children. There were several interviews where the men in their lives were simply not around or available.

Overall the grandmothers seemed to have had children with their husbands but those men had left the relationships years before. If there was a love interest at some point in life, the grandmothers seemed to keep that relationship very separate from the duties of raising the children. As one grandmother remarked, “He said I could go ahead and adopt, but he was clear this was my project.” The love relationships of the grandparents were varied. Of the 20 grandmothers interviewed, 12 had been married at some point in their lives. Two of the 20 were still married and another five were married more than once. Six of the grandmothers were never legally married and had various relationships throughout their lives. There were five families where the grandmother had

a male in the home where there was a love relationship. Of the five, only one was blood-related.

It appeared that the male figures in the children's lives seemed to come from an older sibling or relative of the grandmother. It was not uncommon to have a single grandmother, raising children with no male presence. This does not suggest that there was not a man in the lives of the family many years ago, but at this point in the grandmother's life, most of them were doing it alone.

Several of the grandmothers shared decades with their husbands. Many of them are now deceased. In these families there were pictures, a funeral notice or flag somewhere in the home to honor them. This was profoundly sad for the grandmothers while talking about their husbands. They may have been married 30 or 40 years. Then their spouse dies and the next chapter for the grandmothers is raising children again.

One example is that while sitting in the home of a grandmother, the room was dimly lit, she was dressed in her comfortable pants, slippers and sweatshirt with a large floral pattern. She sat proudly at her table. Her white hair neatly braided and skin wrinkled yet soft and unblemished. She smiled often yet tipped her head down as if she didn't want to show too much emotion. The home was modest and smelled like citrus. When she spoke of her husband she explained,

He never did want me to worry about nothing. He was a good man, a good provider. Then one day he just wasn't lookin so good. He said he was fine and not to worry. Then he all of a sudden got real sick and he died. The doctor said her had cancer of the pancreas. That is real bad. He had it for a long time but I know he didn't tell me cause he didn't want me to fuss all over him. I miss him every day.

At the conclusion of her story, there was a slow moving tear that seemed to escape from the corner of her eye. She quickly arose and fetched a picture of him to share. She hesitated slightly and gripped the picture before placing it back in the case.

When asked if there was anyone special in their lives at present, many of the grandmothers blushed, laughed out loud or swiped quickly through the air as if moving dust. As one grandmother said, “Baby, who would want this ol’ thing with all these babies? No, I just do this alone.” Another grandmother hesitated and seemed to really think about the question. She seemed very confident in her response. She said, “You know, I am old school. [Giggles] I am waiting for them to come to me [giggles], maybe that’s why I ain’t got no one.” She began to laugh and said there should be a dating site on the internet for, “old grannys like me!”

The absence of males in the lives of the grandmothers and children was obvious. If they were once married, they did not marry again. This doesn’t mean they didn’t have men in their lives through their 30s and 40s, but at 50 and older it just didn’t seem to be a priority to have a love relationship. It was as if the children became the replacement for love and purpose in the lives of the grandmothers. These women seemed rarely to be selfish or want things for themselves. The children and their families came first. This seemed to be true in thinking about having a partner to raise the children.

One of the grandmothers who was raising her daughter’s two children was living in a very small efficiency apartment connected to her place of business. She was living there with her, recently-reconnected, high school sweetheart. They were both in their mid 50s and seemed to have a solid loving relationship. They subtly touched, smiled and looked at each other with warmth and tenderness. The living space would be small for

two adults, but the four of them seem to be getting by just fine. They converted the living space into a bedroom/playroom for the children and reported that they are all very happy and content. The couple was planning to get married 2 months after the interview. She explained, “We don’t have no kids together, but now we have these kids. This is what we was supposed to did 40 years ago. We’s happy now. This is now the plan.” They went on to explain all their wedding details with the glee of a 20-year-old.

CHAPTER V

RESULTS

Analysis of these interviews followed Reissman's model of narrative analysis.

After coding the interviews, five findings emerged:

1. Grandmother's Sacrifice
2. Event that Precipitated Placement
3. Grandmother vs. Mother Role
4. Legal Issues
5. Life Today and the Future

Grandmother's Sacrifice

From the second the grandmother took their grandchildren into their homes, the sacrifices had begun. These issues ranged from housing to finances to their own health. While discussing their overall thoughts about raising grandchildren, it was nearly impossible not to note the joy the grandmothers felt about the presence of the grandchildren in their lives. This is not to suggest that all the stories were warm and positive. The grandmothers discussed their struggles as well. Many of them talked about the reality that the grandchildren don't know any better, so this is their life, and they are

happy. One grandmother said, “This is all she knows. She is good. Loves her life.”

Another grandmother commented, “Well, you care for them and they care for you.”

There was an overwhelming thread of doing the “right thing” by way of the children. As a grandmother very pointedly stated, “I look at them and ask myself why am I doing this? Then I think, they need somebody.” Another grandmother stated, “Just be there for them. I am so happy I had some kind of influence.”

The sacrifices were tremendous however; the discussion about the realities of the relationships with the grandchildren in their lives seemed to range from feelings of, “Isn’t that cute” to, “My God, how am I going to do it?” One of the grandmothers cares for her teenaged granddaughter who is bedridden and requires 24-hour care. She talked at length about how she doesn’t trust anyone to help. She had assistance through disability and public aid but claimed that the persons assigned to assist with her granddaughter stole from the home. She said,

I don’t trust NOBODY. NOBODY. You got to watch your child like a hawk. These people were in my home and I turn around and my food was disappearing. I said enough, and does everything myself. I had her since she was 3. She 16 now and I never had a break.

She went on to explain that she had breast cancer and demanded to be released from the hospital after a major surgery to be near her granddaughter. She said her son helps with “lifting,” but was planning to get his own apartment in the coming months. When grandmother was asked what she was going to do when her son left, she said, “Only God knows.”

Another grandmother said, while laughing,

I love them. And I am glad to be here [pauses, hesitates], but in the beginning, they followed me *everywhere*. I turn around and they all trying to get in the

bathroom. I finally tell them to stop and Granny will be out in a minute. You know when I open the door, all three of em are leaning on the bathroom door?

This image is heartbreaking. To picture three human beings so frightened that they have to stay as close as possible, is a sad reality.

The sacrifice of sharing not only themselves and their space, but also other necessities was staggering. One of the grandmothers living in a Section 8 apartment, jam-packed with figurines and stacks of paper (to the point of hoarding) said, “I told her [granddaughter] your grandma will always be here. I am happy to put a roof over her head. If I had two pieces of bread in the world, she would get a slice.” Another grandmother said, “When I made a step [grandson] makes two. He is my heart. He is my boy.”

When asked about how life has been with her grandchildren, one grandmother said, “Well, I didn’t want DCFS [Department of Children and Family Services] to have them. And I always took care of other people’s kids. I always said if I could take care of kids I would, then I got this! [Laughs].”

Any discussion about what they do for themselves was practically non-existent except when it came to church and grandparent group. This was illustrated sadly when one grandmother yelled to her daughter in the other room, “What do I do for myself?”

One of the grandmothers said she had been saving her money, “To get my teeth fixed. Then I got these babies and they needs stuff, you know? I am starting to save again.” Sacrifices like this were the norm. They were persistent and ever-present. There did not seem to be resentment, anger or frustration with the grandmothers. Knowing they were taking on their grandchildren was reward enough for the sacrifices they made. It is

unlikely that they would call them sacrifices at all. While discussing the possibility of the grandmothers giving anything up, they initially looked a bit confused.

While sitting among piles of photo albums at the kitchen table, one of the grandmothers leaned in, as to explain the reality of her going without things for herself. She was a solidly built statuesque woman with broad cheekbones and a short crop hair style. “Look, I ain’t never been too selfish for myself. What I got, everyone got. Yeah, there are things I wished I could do for myself, but, [shoulder shrug] you do what you got to do. And this is what I gotta do.”

Many of the grandmothers were not planning on having their grandchildren live with them, therefore they more often than not did not have the space, much less all that children need practically and literally. Several of the grandmothers were residing in subsidized senior housing and had to vacate the premises because children are not allowed to live there. So the grandmother who had finally got her housing for herself and settled into a community of other people of similar ages and interests, is now forced to pack her belongings, find housing, move and start a new life with children.

One grandmother who had worked her whole life, retired and actually received a college degree after retirement said,

I was in senior housing I just got settled in. it was real nice there. I got into a club and was just startin to enjoy my neighbors. Then my grandbabies needed me and they [the housing facility] just put me out. Here I was, a 67-year-old woman, I had these three babies [ages 2, 3 and 5] and had to go back out in the world. It was hard. Ohhhh girl, it was hard.

She went on to explain her anger toward the housing facility. Her experience was that she had been a stellar tenant and when she was in crisis, they “could care less.”

Housing was a particularly difficult challenge for the grandmothers to negotiate largely because they often did not have the finances to move into a larger apartment. As one grandmother stated, “I know we needed more rooms and all but I just couldn’t afford it. Can you believe me and the two kids shared a one bedroom? I gave them the bedroom and I sleeps here.” She gently strokes the couch and I realize I am sitting on her bed; an old, uncomfortable couch that appeared worn and broken; an interesting metaphor. Another grandmother said that she and her 12-year-old granddaughter, “share a room” in the house because a few of her other adult children occupy the other bedrooms. Other grandmothers were faced with having to relocate to more dangerous neighborhoods. “When we moved, it was not safe anymore. I tells the kids, don’t open the curtains and I have them play in the house only.” The vandalism, drugs and gangs were an every day stress for the families. As one grandmother stated, “You beat the street or the street will beat you.”

Issues of racism seemed to be a factor when the grandmothers attempted to move into more stable neighborhoods. They had to apply for apartment rentals and were often denied. A grandmother from one of the north suburbs said,

I needed a bigger space. I was a black woman with four black boys. They [landlords] said to me that they didn’t want no gang problems in their building. I says to them, gangs? My kids aint in no gang. The only gang we have is the [their last name] gang. Oh no. I don’t play that. No gangs for us. I went down to that office and they finally accepted us. Now me and that landlord is friends.

Some of the grandmothers had contact with caseworkers to assist with the practical side of raising children. They were given beds, clothing vouchers, and in one case a washer/dryer. One of the grandmothers explained she was waiting for public housing assistance for 20 years. She finally got her Section 8 housing and she moved

into a single family home. It was a ranch style home because the grandmother was having mobility problems. Her town had made special accommodations for her needs. The home was provided but nothing else.

The grandmother was a moderately overweight woman with a soft smile and watery light brown eyes. She walked with a bit of a limp and held onto the counter tops and chairs to balance her as she walked about her kitchen talking about what it was like when the grandchildren first arrived.

We had to wait a long time to get those beds. All three were in my bed. They slept fine; I was up all night. [Chuckles] We were so happy to get those beds. Do you know those kids would sneak back into my room to be with me? I tell ya—.”

She hobbled across the room and her eyes became fixed on her washer and dryer like it was an old friend. She approached it and gently touched the top as if petting a cat.

And this [she spun around to make full eye contact], this is the prized possession. The worker at [social service agency] had to pull some strings for me, but we finally got it. You know how hard it was to carry laundry for these three and myself every week? Oh lord, this is a Godsend, [she bent over and dramatically gave her washer/dryer a hug and laughed], my kids know they can't go anywhere near this machine [and draws an imaginary line as a perimeter]. They know.

It was humbling to think that a washer/dryer was such a coveted possession; one that most people likely never consider as a luxury. This common household convenience seemed to be a large relief to make her life a little easier to take care of her grandchildren.

One of the subjects was a 61-year-old grandmother who lived in a two-story home on the South side of Chicago. She was dressed as if going out for the evening in an attractive blouse, earrings, and black slacks. The weather was very warm, but it seemed she did not break a sweat during the interview. She explained her situation,

I was living in Texas when I learned I had breast cancer. I knew I had to move back home to be close to my family. I had this house here but I rented it to my cousin. When I got back, she took everything. All I had was a love seat and that table [pointing]. But God is good. Me and my grandson would sleep on the floor together until we got some furniture back. It was okay. Well, when I was feeling sick it was a little hard, but we made it.

Schooling pitfalls were a common theme with the grandmothers. They had to enroll the children in school and if they were not yet the legal guardians, they had difficulty with admission paperwork. Many of the grandmothers said that they, “know everyone at the school” because they sent their own children there, so there were no questions asked. Sometimes the children began living with grandmothers in the middle or end of the school year so transferring the grandchildren was not optimal.

One of the grandmothers was comfortably sitting in her very worn chair in her minimally furnished apartment. The large projection TV was dusty and appeared charred from fire. The room was dimly lit and the 3-year-old was walking around in a diaper holding the piece of a board game. Grandma was extremely overweight and had trouble lowering herself into and out of the chair. She explained how she got her grandkids in the middle of the school year and didn’t want to disrupt them any more. The grandmother had to get her granddaughter to her old school.

I let the oldest stay at her school. I’d have to get up early and walk with her, and the 2-year-old back and forth. Every kind of day. Snow was so hard. I once pulled my babies on a sled my son made.

Sacrifices took the form the grandmothers putting their own needs second to their families and never seeming to complain about that decision. However, simply by not complaining does not mean that there are not things to complain about. The grandmothers have experienced a major trauma in their lives. The fact that their own children have “failed” in some ways as parents, and they now have to step in to pick up

the pieces is extremely traumatic. With every trauma comes a period of loss and mourning. This may be the loss of their own ideal of their child, loss of their identity or loss of the future they had always dreamed about. Taking any time for themselves to actually think about what transpired in their children's lives and now their grandchildren's lives seemed to be a difficult task. The grandmothers did not have time as beds needed to be bought, schools contacted and tears of grandchildren dried. Because there is no time to catch their breath in the beginning, it seems that the grandmothers think about these losses in their private times after most of their "work" is done for the day. As one grandmother shared,

Sometimes I get up at night. It's quiet, peaceful, and I finally have time to think. I get real sad sometimes when I think about everything that has happened. I pray. I think. There is nothing I can do really. Just get up and do it all over again.

The grandmothers talked about how their lives changed forever without an overt trace of resentment. They admitted how hard it was when they experienced periods of their "old life" (life without their grandchildren), but all in all they were steadfast in their new obligation.

One of the grandmothers easily discussed her taking in her grandchildren. She was 68 and appeared much younger based on her activity level and general appearance. She had her hair tied up in a colorful silk scarf and work comfortable clothing. Her apartment was small, loud, and crowded with furniture, toys, and figurines. Her dark skin was cracked at her eyes and she talked so quickly she often appeared a little short of breath. She said,

I got these three babies, they was 1, 2, and 4. The police called me and said I's better come get em cause my daughter was gone again. I had me a little job doing daycare with the babies. I always loves babies. I had to take off work cause I had no babysitter, clothes, nothing. The police wanted me to take their bags of clothes

but they was filthy and I said no way. I did a lot of praying then. My church family helped me so much. Then I got a call from my job and they told me they had to let me go. Can you believe that? I was the one who covered the night shift because those little girls [her younger co-workers] –no offense Miss Maria— didn't want to sacrifice their evenings for these babies. Well, I guess this was really God's plan and a lot of practice for me, because here I am.

Another grandmother talked about first getting her grandchild. She was 71 and appeared very proper. She sat up straight in the chair and offered a glass of water. Her apartment appeared adequate but the constant chatter from the street below was unsettling. She spoke as if she didn't hear it anymore,

I remember getting the call from the hospital. I had just got home from church. I was so happy [smiling while recalling]. We went late cause our worship was so powerful. The preacher said we were singing like angels. The phone rang, you know, I just knew something was wrong. The doctor over at the emergency room called me and said he had to talk to me right then. It was 9:00 at night. So I got dressed, it was winter ya hear, and I walked to that hospital. This doctor said to me, "Ms. H, you are going to raise this baby cause your granddaughter is not taking care of him." I said a quick prayer and agreed. The social worker brought him to me the next day. You know I had a \$100 bill pinned to my dress that I was going to buy me some new curtains at the Target. I was all ready to go, but then couldn't go that day, God had a plan. I spent that \$100 on baby clothes.

Carrying on a household with young children at a more mature age would be a task for most people. When health, finances and energy come into play, the stakes seem that much higher. Tasks like laundry and grocery shopping take on triple the effort. "I have to haul laundry for all six of us over there on 87th. I gots to bring the baby [5 months old] with me. Oooooeee, it takes a long time. I have to pack it in one cart."

The sacrifices seemed endless. Yet they continued to persevere cause it is "What I do." The researcher's experience was humbling, touching and energizing. The grandmothers seemed to know that they had to sacrifice parts of themselves, and did it with grace and dignity. This is not to say it wasn't hard for them to tolerate at times but they seemed dedicated and driven.

Money Issues

Having finances to raise another human being on a fixed income to begin with was nothing short of a small miracle. More often than not, the birth mother continued to claim her child(ren) on public benefits, which prohibited the grandmother from collecting any cash assistance or the medical card. As one of the grandmothers explained, “My daughter, she sick. She homeless and schizophrenic. She gets SSI and collects on her baby from public aid too. I asks her for money to buy milk for the baby but she don’t come.”

The grandmothers are encouraged from their group to file a complaint with public aid. They often explain they don’t want to get their children in trouble and simply use their own money, or sacrifice something of their own lives, to support the grandchildren. It seemed that the rationale for not reporting the exact situation to public aid was very layered. On one hand they seemed to have the hope that their children will “get it together,” which was a common comment of the grandmothers, and on the other hand, they didn’t seem to want to rock the boat with their birth children. It was if they did not want to face the painful feelings about what decisions the birth parents were making. This situation seemed to be a true disavowal to tolerate their feelings about the situation.

When asked about how they were surviving financially, the grandmothers humbly and calmly state that they just, “make do.” As one grandmother said, “Oh please! I can make beans 365 ways. Go ahead and ask any of my kids. You just got to do what you got to do. I knows how to shop. No problems for me.” This was also the grandmother who

would only buy her insulin periodically because there were, “other things more important.”

Some of the grandmothers took on other jobs. Most of them took in other kids in the neighborhood. “I figure, I’s got a house full already. Why not?” Another grandmother who at the time was 64, said that she took a job at McDonalds so she could send her grandson for music lessons.

Even though they had custody of the grandchildren, this did not stop her responsibilities with the rest of her children to continue to be the emotional support, the chef, and co-signer of homes and cars. Grandmothers often had the home where all holidays are held, an open couch for an overnight, and always a hot meal. As a grandmother seemed to boast, “Someone is always ringing my doorbell. I cook for everyone.” Her needs seemed to be fulfilled by helping others. Taking on grandchildren was simply an extension of that function for her. For some of the grandmothers feeling wanted and needed almost appeared insatiable as evidenced by raising their children, grandchildren, being foster parents, and opening a day care center.

Regarding helping their own children a grandmother laughed and said, “You know, I bought three cars[(for her kids] and I don’t even drive!” She went on to explain she had perfect credit due to her working, paying bills on time, etc. “Now my credit is real bad. Why do I get punished when I am just trying to help my kids?”

Financial problems are real stressors but they simply seemed to take the dilemma in stride. The psychological structures that apparently were already in place, seemed to be called upon in times of stress. A grandmother explained that she was given a car since she just took on her three grandchildren.

I was so happy. It was so much easier to get them where they needed to go. Then one day I was at a stop sign and the car just died. They say it was the transmission. I don't have that kind of money to pay for that so it has been here in my garage for 2 years now. We have to walk everywhere, to therapy, the doctor, laundry. I have an old grocery cart to use for laundry. It's really okay.

She relayed this situation with ease and contentment, as if she was so grateful to have the car when she did and now she doesn't so, that is okay.

Another grandmother discussed her visit to public aid. She sat in her two story home a very proud and accomplished woman. She had to tap into a "nest egg" and was told that she would be eligible for funds because she is raising a relative. She reluctantly went to the local public aid office. She said,

I try to explain to them what is happening and they tell me I have too much money coming into my house. The kids were receiving Link [public assistance] money so they cut the kids off that card. I guess I will have to use my pension money and my savings for them now.

She explained how much she had to use each month from her savings. At the rate she was going she would be out of money in that account in 10 years. She is 70 now. She will likely really need those extra funds for herself at 80 but there was no question what she was going to do at the moment.

It is with hope that the grandchildren will continue the caring back to the grandmothers when they need it most. Only with education and a stable life will these grandchildren be able to "give back" to their grandmothers for the lives they now enjoy. One of the grandmothers said that her granddaughter was on track to have a great job as an engineer. The young lady is in high school and of all the grandchildren seems to be the most promising. The grandmother was so proud of her granddaughter she had a permanent smile on her face while talking about her. The grandmother bought her house recently in one of the Chicago's poorest neighborhoods to give her granddaughter the

second floor to herself. She was articulate, petite and had a warm soft face and smile. She said,

You know what she [her granddaughter] says? She says she is going to get a really good job and we are going to move to New England. She said we are going to have a house much better than this one. I believe her too. She will do it. She says to me, "Grandma, where ever I go, you are coming with me."

The grandmother seemed to be primed for those days and appeared to be living for the day that that dream will be actualized. It would be no surprise if she already had her bag packed.

Loss

One of the most striking and moving discussions in the interviews was the tremendous amount of loss in the grandmother's lives. They experienced the death of their parents, siblings, their own children, and in three cases, their grandchild. Often these deaths were one after the other. The overwhelming majority was due to illness.

Attempting to understand how they psychologically dealt with these losses was elusive. Often the grandmothers talked about the deceased in a matter-of-fact way. It almost appeared as if they did not want to really discuss these situations for fear of either losing control, or perhaps if they started to cry, they would not stop. They looked pained while talking about their loved ones. Their proud smiles faltered and sad eyes emerged. They often stopped the story to dig through dusty photo albums or pull pictures off the wall of happier times of their life. They happily and proudly pointed out their parents, siblings and children in the photos. Often the pictures were from a family reunion where all members wore similar shirts etc. Family portraits seemed commonplace and the

grandmother was in the center with generations surrounding her. This symbolic moment was the backdrop for their life story.

This behavior was a parallel process of them revealing a coveted time of life as if to say, “This is me. We were good people, all happy.” This seemed to be a time when the grandmother had a sense of meaning or sense of self. Showing these photos was a symbolic and parallel view of how it was then, and showing them now. The rupture seemed to occur when she had her own children and now her grandchildren. Generations of loss of any kind were not a stranger to the families. Loss represented not only death, but also divorce, abandonment, incarceration and violence.

Of the 20 interviews, 14 of them showed family pictures. It almost became the subtle litmus test for connection, trust and empathy with the grandmothers. They seemed to be willing to share a bit of themselves from years ago to offer a glimpse of who they were and who they are at present. It was if to briefly and safely take a dip in the past to remember a coveted time in their lives.

Having a spouse die if the grandmother was over a certain age seemed reasonable. However, the majority of the grandmothers were in their 50s and 60s and their husbands died. Sometimes it was the second marriage too. It sounded like many of them were ill and did not receive or want to receive proper healthcare. As one grandmother explained with deep pain,

Me and my husband, we was married for 45 years. He was my best friend. Then one day he didn't look so good so I tells him to go to the doctor. He said he went and they tells him to just rest up. He died two months later. I guess he had some kind of cancer and just didn't want to tell me. He was like that. Just didn't want us to worry.

After condolences were shared, she perked up and said, “You know what, he still with me. I feels him all the time. I’m okay.”

Another grandmother said, “Me and my husband had 12 children together. Then he left us high and dry. I heard he died about a year later. The kids talked to him. I didn’t. I think he got what was coming to him.” She slapped the table and started to laugh.

A third grandmother said,

I was here in Chicago, married at 20 and had five kids by 26. Then my husband just up and died on us (an accident at work). I remember his coworker coming to the house, and I just knew. I took the kids and moved to New York. I met a man and we got married. Can you believe a man would marry someone with all those kids? Well, he did. Then he died from a heart problem. I left New York and came back home to Chicago. I got me a boyfriend who then died of emphysema. [She waved her long fingers in the air with the declaration.] I said, that’s it, no more mens for me.

This posturing appeared to be a relief for her and a belief that she begrudgingly seemed to accept.

The loss of their own children was not explained with any more or less emotion than other deaths. This appeared striking since the loss of a child will likely bring about more emotional turmoil than any other loss. The response of condolence seemed to fall on deaf ears. What comes to mind, is the image of a boxer who is getting repeatedly hit. When there is yet one more hit, they just stand there and take it as if to say, “go ahead, I am ready.” It may be dangerous for them to react or feel.

Their perseverance was steadfast, admirable and profoundly sad. “I had 12 of my own kids. Two are dead. [hesitates] Yes. One had cancer and the other a heart problem. That same year I lost my grandmother, father and God-cousin. It was a bad year.”

Another grandmother shook her head slowly and deliberately as if slowly conjuring up a picture, as she recounted the losses in her life. “My mother, grandfather,

aunt and great-grandfather all passed that year. That was when I got these babies. Guess I just had no time to think is all. Maybe I haven't had that chance yet."

While talking about receiving her grandchildren before guardianship, a grandmother said she, "Started out with four, but ended up raising only two." Initially it was thought that perhaps the other two went back to parents or another relative, she then said, "They was with their mother visiting and they was hit and killed by a drunk driver. My son's wife and those two babies died. It was terrible."

Perhaps these experiences of loss prepared the grandmothers in some way to prepare for the loss of her "life" or identity for a period of time. Grief and loss can actually help and prepare to simply enjoy each day and not plan for the future because you just never know what is in store. The experience of the grandmothers seems to be just that. They live in the moment because the future is very uncertain.

Of the 20 interviews, there were three grandchildren that died while in the direct care of their grandmother. One 8-year-old boy had cancer and eventually died at home with the assistance of hospice. Another was 24 and had a brain tumor and died suddenly. The third child had a rare blood condition and did not live past 5 years old. These losses were described in slight detail and quickly skimming over the pain to mention something else in their narrative.

Health Issues

The grandmother's health was briefly discussed in the interviews. Again, the grandmothers seemed to minimize their own health and focus largely on the children. Of the 20 grandmothers interviewed, only three did not report high blood pressure. In

addition, the next major disease was diabetes where 15 of the 20 reported being diabetic. At least half of them seemed educated on their disease during the interview. Several of the grandmothers seemed to neglect their own medical needs because, "I am too busy to worry about a little sugar." Another grandmother said, "I don't take those pills unless I need to. I know when I need one. I can feel it."

Many of the grandmothers said that simply, "I don't have time to be sick." As one grandmother stated,

I have to work through pain. I have pain 24 hours a day. Every 2 months I go to the doctor. He checks my blood. I am diabetic and on medication. Yeah, he says I have to lose weight so I cut back on bread and added vegetables and went from 420 to 240. I told him I don't want to take no pills.

Several of the grandmothers said that having their grandchildren gave them a new lease on life and they are in the best shape of their lives. "I am great. I lost 30 pounds chasing these kids around. They keep me in shape. We do everything together." When the eldest grandmother of the 20 discussed her health, she paused, shrugged her shoulders and said, "Hey. I'm old. But I ain't going anywhere yet."

The stories of the histories of cancer was staggering. Many of the grandmothers had pacemakers, cancer treatment, and two had double mastectomies before the age of 60. A 54-year-old grandmother said she was diagnosed with breast cancer and while receiving treatment fell and broke both wrists. Another grandmother said,

Well, I have nine sisters. You know the story of the traveling pants? Well we say we are the traveling panties! [She laughs, slapping her knee to the point of tears.] My sisters and I always took a trip together. All nine of us. It was such fun. Then after all these years, there are only three of us left. Yeah, three died in the last 5 years. My baby sister and the one next to her. Cancer. We don't take any trips no more.

What If Grandchildren Never Came

The notion of what would life be like without having their grandchildren come live with them allowed for dreaming, fantasizing and a minute of reflection. For many of the grandmothers the idea was somewhat taboo as if to dream for a moment would be selfish, or give the impression that they didn't want the life they have now. The overwhelming majority of the grandmothers said with strong conviction that they wouldn't change anything. With some encouragement to think what it may have been like, they still focused on giving to others in some way. Quite a few of the grandmother said something to the effect that they would surround themselves with children like they have their whole life. As one grandmother stated,

Well, I know I would still have children in my life. I absolutely love children. You have to love them to do this. I was a foster parent remember. I really always wanted to take more kids but here I am.

Several grandmothers said they would work with children in some capacity. As if they have been conditioned to perform this duty for their lives. As one grandmother quite eloquently explained,

Look. I is from the south. Taking care of the younguns is what we do. I was oldest, so I raised my brothers and sisters while my grandma and mother worked. It is what we do. I was raised to raise all these other folks.

Another grandmother said, "If I didn't have these three, [hesitates and really seems to be thinking] the same. I always was taking kids in. I thrive on the development of children. We have to help all children."

Several of the grandmothers were licensed foster parents prior to receiving their own grandchildren. Fostering seemed to be a family duty as their mothers did the same. Many of the grandmothers proclaimed, without hesitation, "I would open up a pre-

school.” Another said, “I would work at a daycare, maybe retire soon, then move into senior housing so I could see my own grandkids more.” A career foster parent said that she had raised 35 foster children over the years. “Now I got my own blood [laughs], I mean, I couldn’t say no, could I? I guess I would stay a foster parent. I will get back to that when I raises these three up.” She is 71.

It seemed that many of the grandmothers were fulfilled by simply being needed and helpful to someone else. As one grandmother stated, “Without my grandbaby? Ha! You know what? I would be is a lonely old woman! I would probably be helping someone. I would have taken some other kid by now.” She shyly smiles with bright eyes.

Another set of grandmothers was matter-of-fact that they would have continued to work. They seemed to find extreme pleasure in their work and would do it, as one grandmother stated, “Til I come out feet first.” Other plans included, buying a house, taking care of other family, go to law school, and take a sewing class.

A large set of grandmothers wanted to travel in their later years. As one grandmother said, “I would get and RV and get out of Chicago. I have brothers and sisters I haven’t seen for years. I would go visit all of them.” Some grandmothers were in the process of planning to travel but those plans were on hold. “I used to go with our church group to different places. Now I can’t go but this is where God has me now.” One particular grandmother, with an infectious laugh and a carefree smile, relished in discussing the fantasy of the future. She fired off a list without a breath,

First I be in peace and quiet, then travel, want to see Hawaii, but you have to be on a plane for long time, so maybe I will go see the Grand Canyon, yes, wouldn’t that be nice? Want to come along? [Laughing] I used to want to go to Jamaica but I heard they got AIDS there so no, let’s not go there. [Laughing again]

“It takes love and patience, beyond your natural endurance to deal with it,” said one grandmother when asked for final thoughts. Another said, “I am thankful cause things could be so much worse. Every time you can grab happiness, do it.” When asked about what adjustment may have been made in their lives, they shrugged their shoulders and said things like; “It wasn’t my plan to raise all these grandkids.” “It is the hardest thing in my life, starting all over again.” Another grandmother said that there was no big adjustment in her life. She said,

Not really. It is just like I had another baby. I adopted him. He is mine. He was raised among my other children so he is just a part of the family and has a lot of brothers and sisters. It is not too hard cause it is a special love for him. He been through a lot.

“It fun but it just knock you out,” laughed a grandmother while recalling the past 20 years. Another said, “It’s hard, but it’s a blessing.” And another “It came easy cause it is what I chose to do. It was rough, but it was okay.” They described how rewarding the experience was and is in their lives. Many talked about how it keeps them young or keeps them alive. One grandmother said, “She is the sunlight of my day. It gets me up and out. I now look forward to getting up and getting him ready for school.” Another grandmother said a similar statement, “It [raising grandchildren] is an extension for my life. It gave me something to live for. Who else would be taking care of the babies?” Finally one of the grandmothers slowly smiled and said, “I can’t save them all, but I can save this one. I am so proud.”

Event that Precipitated Placement

The events that precipitated the placement to grandmother’s house were varied yet had a common theme of drug involvement which often included incarceration, abuse,

neglect, and teen parents who were not ready to parent. There are also grandmothers who were not “ready” to parent someone else’s children in the traditional sense, but agree to take on their own relatives because of a family emergency (Geen, 2002). There are custodial grandmothers who may not have been planning to have a child in their home, but take on the task because of the needs of the children and to avoid their going to a non-related home. (Roe & Minkler, 1999).

Many of the grandmothers talked about how they were, “always there” for their own children regardless of the circumstances. It seems that the constant shortcoming in the birth parent’s lives, created the situation for grandmother to step in to be the legal custodian of the grandchildren. This seemed to be where much of the struggle within the grandmothers was grounded. They felt like they had dedicated their lives, hearts, money, soul and virtually their whole being to their children, only to have them fall on these hard times. The memories of the situations often seemed intolerable. The grandmothers often closed their eyes and shook their heads as if to quickly erase the painful image.

Grandmothers described how their children were “normal kids” growing up then they became, “Someone I didn’t know any more.” This was not an uncommon testimonial while discussing how the grandmothers obtained custody of their grandchildren. In essence, the children became fragmented from their mother and began to organize themselves to questionable choices.

Often the reason the grandchildren come to grandmother’s home with the clothes on their back, is because if the police are involved in a drug case, their possessions are often taken into custody or pillaged by others. For example one grandmother explained,

“When the mother was arrested, the police left the door open. People took everything; clothes, bed, personal items. It is terrible.”

Some of the grandmothers found themselves in a situation to begin raising their grandchildren after being asked to babysit and the parent simply did not come back. For example, the 67-year-old grandmother of four sat stiffly in her folding chair in the meager kitchen in her two-bedroom apartment. She shook her head and slowly tapped the table explaining,

My daughter, she got with the wrong crowd and was using drugs. She was only 19 years old and she had her first baby. She was living with me for a while and I was taking care of the baby. Then she just gone.

The grandmother explained the difficulty the children had when their mother just disappeared. She said it was hard every day and after a while, “They just stopped asking about her. But I knows they still think about her. I do.”

Another grandmother explained the situation of how she began to raise her grandchildren. She said she and her husband had just moved out of their family home into an apartment.

My daughter called me and said, “You have to take the kids. DCFS is here and I have to go into treatment for 30 days.” What was I going do with four kids? DCFS told me to keep them for the 30 days. That was a year ago.

The disappointment was profound. Not toward the grandchildren, but to their own children. “I raised her better than that,” was a common sentiment.

One grandmother’s perseverance paid off but not after taking an emotional and physical toll. This 77-year-old grandmother sat proudly on her seemingly favorite chair, with her white hair neatly braded. Her bright smile and runny eyes brightened as she talked about her granddaughter. She relayed the story that her son had a baby with a

woman whom the grandmother referred to as, “One of those kind of women.” Shortly after birth, the mother took the baby and went to California. She promptly was involved with child protective services in California after living in an abandoned building with the infant. Because of the grandmother’s persistence calling child protection in California, she finally got the grandchild placed with her in Illinois at 3 years old. She adopted her at age 5. The grandmother has raised her granddaughter for the past 12 years. She relayed the story with pain over having her granddaughter in “the system” in California and trying to get her back to Illinois to be with her relatives. She said,

I tried to get my son to intervene cause he is the father. He was in no better shape than she was [shakes her head and holds up a hand]. Oh Lord, that was so painful for all of us.

She explained that her son has a relationship with his daughter today but, “that took a lot of work.” Her granddaughter had an opportunity to live with her father but she said she would rather live with her grandmother.

Now, I can’t imagine my life without her. I mean look around, [she panned the room with her hand] she everywhere! I used to have my neat little apartment, now I got computers, toys, clothes, everywhere. [She tipped back her chin and began to laugh and shake her head.] No, I wouldn’t have it any other way.

Some of the grandmothers seemed to minimize the behaviors of their own children that resulted in their raising their grandchildren. The grandmother strives to make sense out of her own child’s behavior. She believes her child was raised with high morals and values but the result is incongruent. Therefore an empathetic rupture occurs between the grandmother and her birth child. The grandmother may become depressed or anxious. The projection of her own failing often seems to lie outside herself and her child. Therefore she may blame the schools, neighborhoods, or society in general. The community and family then become the empathetic rupture. This could lead to a

breakdown of the sense of self for the grandmother and her child. This rupture creates a situation where the children then seek out other objects to satisfy themselves. These can often be less than positive or grounding for the child.

Grandmothers often choose to believe that people, her environment or community let her down. When this rupture occurred, the grandmother blamed these factors, as illustrated by one grandmother's comment,

I don't know what happened. I used to cry all the time when she was runnin' and gunnin' on the street. Then my sister reminded me that she had told me not to move into this area. It bad up in here. I started thinking that the street and this school should do more for these kids. I think it is terrible that the school lets things like this happen. And it's getting worse.

As one grandmother explained about her daughter,

Her baby got sick, and she had to work, so they say she didn't take care of him right. She was doing the best she could. You know it ain't easy being a single mother. I just kept him because of her insurance problems.

Another grandmother said that her daughter had nine children.

When I got sick, she [her daughter] let the 8-year-old come stay with me, to help me. When I was better he said, "Grandma, can I just live here with you?" It warmed my heart. I figure she has nine, she won't miss this one [giggled].

Their sentiment to keep "this one," and raise him, "right this time," was striking.

The sense to make it right, or to "right the wrong," became restorative. The grandchild then becomes the restorative object.

Incarcerated parents bring on a whole new level of emotion to the already complex situation. Grandmothers most often talked about the birth parent's incarceration with the grandchildren. As one grandmother said,

The mother was 14 when she had the baby. She got in all kinds of trouble. She got to prison and give me guardianship, then she get out and come snatch the babies up. The last time, I got a call from her, they [the prison] say she had a baby. I had to go to Dwight [a women's prison in Illinois] and pick up her son. He was 2 days

old. That next time she get out come to pick the kids up, I say no way. I went and got guardianship so she can't do that no more.

Mother's boyfriends always seem to take a leading role as villain in these cases.

It seems that the grandmothers can more easily place blame on them, rather than think about their own daughters hurting their children. Again, this is an attempt to maintain some semblance of a cohesive self. One grandmother stated, "My granddaughter got sick. They say my daughter didn't bring her to the doctor's on time. That man wouldn't let her do nothin." Another grandmother stated,

One of the three babies had a fractured skull. They only one around was the boyfriend, but they say they couldn't prove anything. DCFS end up calling me so I can take them. I think my daughter mad about the whole thing cause she don't come round no more.

Another grandmother relayed the following story in a whisper so the other adults in the home could not hear. She leaned in her heavy set frame and made perfect eye contact.

My daughter's boyfriend stepped on my grandbaby's back. Hurt her real bad. I was working at the time and I would go visit her in the hospital. It was easy for me to go, cause I worked around the corner. When she was to be let out of the hospital, I guess they say I was there more than the mother, so I took her home.

Some of the situations involved young parents who were not ready to be a parent because of their age. In one case, the young mother gave birth to a special needs girl who needed 24-hour care. The grandmother stated, "I saw her withdrawing from my granddaughter, so I just started to step in with school things and I just got attached." She went on to explain that the birth mother easily signed her rights over to the state because, "she just didn't want to deal with her." The grandmother legally adopted her after months of court involvement. The child requires 24-hour care as she does not walk or speak and is unable to function on her own.

In another case, a grandmother explained that her son had fathered a child at 15 and the mother was 19. The birth father had custody of his son. The grandmother explained, “He didn’t know how to do it right. I said ‘Boy, give me that child.’ He gave him to me so easily, I knew it was the right decision.”

Other of the cases seemed to be extremely volatile from the beginning. For example, one grandmother said, “The mother put the oldest one out first, [meaning kicked her out of the house], then the younger one just left. I been raising them ever since.”

Another grandmother said about her 26-year-old daughter who reportedly had a good paying job and own apartment,

I don’t understand it. She not on drugs, not mentally ill, she works a good job, yet she brought them to me to babysit and didn’t come back for a week. We filed a police report then she just show up a month later. I told her she not getting them back till she get herself together. It’s been two years.

As one grandmother explained,

My grandbaby always visited me. We would see each other on weekends and holidays. I asked the mother if I could get her for spring break 3 years ago. When I arrived the mother said she had a lot of laundry. The mother’s new husband carried the bags to the curb. When we was driving home, my granddaughter told me that she got kicked out. I called my son to ask if he knew anything about this. He said as far as he knew she was okay. The birth mother just had twins with this man and I suppose it was too much for her. She been with me ever since.

Reaction from Church Community and Family

The overwhelming majority—19 of 20—reported that their faith in God, prayer and a church community was the strength that helped them move forward. During the numerous hours of conversation and stories, the idea of God and God’s plan was embedded throughout. Their faith was paramount in their lives; an organizing force for

their psychic injury and hope for the future. The grandmothers seemed to use the church to help restore their sense of purpose, balance and sense of self. Prayer is one way that people make meaning out of their experience (Cornett, 1998, Sorenson, 2004).

With the grandmothers in the study, there was no negotiation when it came to church attendance, activities or their personal ministry. As a grandmother stated, “If you ain’t got prayer, you’s in trouble.” The grandchildren all were expected to attend services, no questions asked. As one grandmother said, “He is going to be somebody. He will go to church. This is not no discussion.” None of the grandmothers reported strong reactions from their grandchildren about not wanting to attend services. Thereby the church community had, and has, lasting impact on their decisions about their lives in general and specifically about taking on their grandchildren. As a grandmother stated, “I believe in God. If I didn’t, I would be here [with her grandchildren]. He gives me peace.” Since the church community was aware of the family tribulations prior to the children arriving to grandmother’s home, it was not a surprise when grandmothers show up for services with several kids in tow.

The grandmothers explain that the children rarely protest attending church, especially when they are younger. They are welcomed, embraced, and loved by the church community. The children often have their own services and groups, separate from the adults. This seems to be a place where they feel a sense of belonging, which is described as grounding them. One of the grandmothers explained that she got her grandchildren from another relative who was raising them and brought them to church regularly. When the children arrived at grandmother’s home, one of their first questions and worries was what church they would attend. She explained they often have on their

Christian radio station and “praise God all the time.” The grandmother seemed relieved and pleased with her grandchildren’s behavior. It was as if she had a partner to help raise the children, even if it was spiritual alone. She said, “Don’t let the enemy take over your mind and get you all flusterated. God is always there with you so you can go on.”

Similarly a grandmother said, “Where do I get strength? The Lord. I get so mad when I don’t see the ministry on the street corner trying to save some of these kids.”

Initially the sub-question regarding understanding how the reaction of the church community or family would affect the grandmother’s decisions was intended to possibly arouse feelings of embarrassment, shame or guilt. However, the result was quite the contrary. When the grandmothers took custody of their grandchildren, they were celebrated, honored, and revered. They believed it was God’s master plan for the children to come live with their grandmother, and the community told her she is not alone. The belief is that the community will help raise them too. Ironically it is the same community that played a part in poor decisions by the birth parent. Most of this conflict is explained by the grandmothers as saying, if their children would have stayed with the church and God, none of this [the children’s removal] would have happened.

When there was a situation where the grandmothers found themselves with the children at their doorstep, they stated that they immediately contacted the church community. “My church family helped me with food and electric. They even sent a bus for all of us so we could keep coming to services,” one grandmother stated proudly.

Another grandmother described having the children come to her home with one-day notice. She explained that she had nothing for the children by way of furniture or clothes.

I got donated things from my church people. I woke up and my whole house was full of furniture. We are so blessed. That is what we do for each other. I done it for others, so I guess it was just my turn.

Another grandmother commented on her church “sisters.” “They say to me, ‘Hats off to you.’ I just keep coming cause they is my grandkids. God is good.” There seemed to be other offerings besides material goods as one grandmother explained, “Church helps. They have nurses and things, lawyers, you know, people to help one another, a real fellowship there. I pray to God and ask for direction; so far my prayers have always been answered.”

Finally, the oldest grandmother of the study sat on the couch with a pensive look on her face as she reminisced about her life and current situation with her grandchildren.

I just doing what I know to do. My church family say I is a good one (Long pause). They say, “I don’t know hows you do it.” Umm, hmm. “I don’t know hows you do it.” They say I is good. [She peacefully smiles and lowers her eyes and chin.] I is good.

Reactions from friends and family seemed to be tremendously positive. Some of the grandmothers were overwhelmed with the reaction from their friends who want to help out. One grandmother excitedly reported the good deed of her friend, “One of my girlfriends buys me some groceries each month. She just do it. I don’t have to ask.” Another grandmother said that, “It is more better now than ever. Everybody pitches in to help. We all is raising these children.”

Another said with sincerity,

My friends don’t have much money, so one of them help me clean each week and other is in charge of fixing my grandbaby’s hair. You know that is expensive. I can’t afford it, so she just come over and do her hair. We all look forward to those afternoons. I tries to do for them but I is so busy with these kids.

A few grandmothers have had less enthusiastic responses from their friends.

Many friends are worried about health and the general logistics of raising such young

children. One grandmother said her friends did a sort of intervention asking why she is taking on more in her life at this age. She responded,

What am I supposed to do? I thought of splitting them up but the minute I thought it, I looked at the three of them, and they was just sitting on the couch, watching TV hugging each other. I couldn't do it. We'll get by.

There were also many stories from the grandmothers about how just when they thought there was no place to turn, something happened. They thanked God for the intervention. They quietly and privately then vowed to do right by God by doing good things for others. As one of the grandmothers explained, "I had a \$100 bill and didn't do what I had intended to do with it. then I got my grandkids. See? God knew. He knew and that is why I didn't spend that money." Another grandmother was very sure that she "survived" breast cancer so she can save her granddaughter. She said, "HE did it for me, so I can take care of her [the granddaughter]." Many of them seem not to test fate, whatever that may look like to them. One of the grandmothers explained, "If you follow your first mind, and then God got a different plan for you, it will change. God will put you in another direction. Don't question. Love the creator but fear the wrath of him."

Grandmother vs. Mother Role

As we consider the fact that many children are being raised by their grandmothers, there is a role shift from being a grandmother to being a mother. This occurs with the child as well as with the grandmother. These relationships are layered. The first relationship is the grandmother with her own child, then the relationship between the birth parent and their child, finally, the new connection of the grandchild to

the grandmother. These interviews focused on the shift within the grandmother and her experience therein.

There are times when the grandmothers explained how difficult it was to think about their children “failing” their children. They were downright angry and disappointed in their children. However, the grandmothers did not report that sentiment spilling onto the children. As one grandmother explained, “I am so angry with him [her son], but I don’t let the girls see that. I have to let them go and let him be their Daddy.”

While discussing the role of grandmother and mother, the grandmothers talked about what the children call them: “Mom” or “Grandma.” This idea seemed to be a particularly confusing subject for the grandmothers to discuss. There seemed to be an internal conflict with what it should be, versus what it is.

Much like a step-parent entering a family, it seemed that some of the grandmothers allowed the children to find their words on what to call their grandmother. While others were much more clear about the titles. Several grandmothers commented, “I am still working the roles out.” Another grandmother hesitated and said, “Look, they are not going to go home. You are ‘Mom,’ no matter what they call you.” In addition, “I don’t care what she call me. I thank God that I could open the door for her. Where would she be at it I weren’t here?”

The emotional impact on the grandmother seemed to be another disavowal. They choose not to focus on the fact that they are now the parent.

I got work to do with these babies. It feels nice that they call me their mama. I know I am their grandma but it’s hard. He comes to me for everything, because I had him the day he was born. I am his mama.

Some of the grandmothers seem to attempt to keep the relationship of the mother intact. As one grandmother stated,

I made it clear in the beginning that I am their grandmother, not their mother. The hardest part is taking off the grandma hat and putting on the mom one. Grandmothers are supposed to give hugs, cookies and not be yelling all the time.

Another said, "I enjoy that I am the grandmother, but when I step in for discipline, that's when Mom comes out."

"Love is love. These are like my own kids," said a grandmother who did not want to be "caught up" with titles. A grandmother stated, "the big ones call me granny, the little one calls me mama. I don't care. Whatever she wants is fine with me. I figures my job is to love them and take care of them."

A grandmother hesitated and made the statement, "I feel like mother. I always feel like mother. Even to my friends and their children, I am not sure how a grandmother is supposed to feel. I guess I am just there to love them all up."

Birth Parents

Many grandmothers believe that any relationship with a birth parent is better than no contact at all; poor relationships with birth parents may negatively impact the entire system.

Problems with birth parents were varied. One grandmother commented about her own child, "As far as my own parenting? No guilt here. I did the best I could." Others were a bit more reflective. They often talked about their "mistakes" with their own children and having pangs that something they may have done, or didn't do, didn't work out as expected.

The problems with the birth parents seem to be initially practical. There are underlying feelings about the situation, but when the grandmothers all of a sudden have custody of their grandchildren, the basic needs of food, clothing and shelter are first and foremost. Many of the grandmothers are unable to collect any kind of public benefits for their grandchildren because they are still being claimed by the birth parents. This includes, food, cash assistance, and claiming them on income tax. As one of the grandmothers explained, “When I went to public aid to ask for help, I didn’t get full money for the oldest cause the mother was collecting on him. I just let it go. We’ll figure something out.” Another grandmother commented, “I know she’s getting some Link [public assistance] money for them. She actually is taking the WIC formula and selling it. I tries to tell the peoples at public aid but I can’t sit there all day.”

Another point of struggle was when the grandmothers did not have legal custody of their grandchildren yet and therefore the birth parents have legal rights to their children. As a grandmother explained,

I took the baby to the doctor and the mother showed up. She was all acting the fool in the waiting area. Yelling that I am taking her baby. The doctors know the mother too. I did not want her to take the baby, but she called the police. The police came to the doctor’s office. They ask me what was happening. I tells them the story. They ask me if I have guardianship of him. I said that I didn’t yet. They said that she had the right to take him. And she did. She dropped him back off at my house three days later.

The grandmother’s decision to not pursue collection of public money or reporting the issue seemed to resurrect their feelings of protection of their child as one grandmother said, “He’s my son, and it breaks my heart. I just sit back and pray that he do the right thing. I don’t want to cause him any more troubles.”

Another grandmother said of her daughter,

She's already on the street. I feel like if I cut off the money she getting for the kids, she will really have nothing. I have my pension and little bit of savings, I just feel better about her having something.

In some ways, the grandmother is still trying to take care of their own child's needs.

It is nearly impossible to keep the feelings of the grandmother away from the grandchild. This can be done in very unconscious ways. Regardless, a message gets to the child about their parent. For example, a grandmother had guardianship of three of her daughter's children they were 14, 11, and 9. The mother had a baby and the police were involved because she was homeless. They brought the baby to the grandmother. She had been raising him ever since. He was 12 months old and toddling around the apartment. He picked up a play phone and began to babble into the receiver. The grandmother laughed and said to him, "Is that your daddy on the phone? Tell him to bring you some Pampers."

Relationship of Grandchildren to Birth Parents

The relationship that the grandchildren have with their birth parents was varied. In general the trend seemed to be divided into three groups. The first group is those birth parents (usually teen parents) that had made some questionable decisions when their children were born. They may have remained in their parent's home. Thereby the grandmother was raising two generations. As the birth parents became more mature and the years passed, the birth parents seemed to be better able to parent their children in a positive way.

The second group was those parents who have serious drug issues or mental illness and are therefore in a very difficult position to be a consistent parent to their children.

The third group was the parents who were simply gone, abandoned their children, and not available to be in their children's lives. With each of these groups, it was the grandmother's role to somehow negotiate and discuss the role of birth parents in the lives of their grandchildren. Grandmothers often had to explain what happened to their parents, why they are not in their lives anymore. As one grandmother stated,

You know, I just take it one day at a time. If they have questions, I answer them. If my daughter or the father wants to visit, I lets them. They know they have parents. I think that is important.

Some of the grandmothers explained that in general they wanted their grandchildren to know who their parents are, and why their grandmother is raising them. Many of these families were in the first group listed above. Their parents were very young, and unable at the time, to properly raise their children. "She has a good relationship with her mother now. She has a job and everything. My baby [grandchild] don't want to live with her though. No sir."

Sometimes the grandchildren offer a functional solution to the problem of their parents. One grandchild asked her grandmother, "Can Mama live with us too?" The grandmother responded by asking why she was asking. She explained, "Then you can take care of both of us." Another grandmother stated, "There are really no problems. We talk about Mom all the time. They have adjusted well enough here. They was really little. They like to visit their mom though."

Children will often be confused as they develop and begin to sort out who their birth parents are and how and why they are being raised by their grandmothers. As one granddaughter asked her grandmother, “Wait a minute. How can my daddy be your son and you be my mama?”

With this arrangement comes disappointment. The birth parents are not always consistent and the children are very aware of their patterns. “The oldest one now notices that she breaks her promises to him.” Another grandmother explained,

He was bugging me about visiting his mother. When he got there he had to sleep on the floor cause she didn’t have enough room. Then she went out with her friends and he was there with her boyfriend’s kids. He never asked to go back again.

Another grandmother described taking a trip with her granddaughter to Mississippi to find her birth mother. The grandmother explained that it was very important for her granddaughter to find her mother herself and experience that reunion for herself. She said that she didn’t want her granddaughter to resent her or “live in wonder.” She found the birth mother and notified her that she was bringing her daughter for a visit.

It was what she [the granddaughter] needed to do. We finally found her living in a little shack. It looked like it was 50 years ago in the South. My grandbaby just stared at her mother. She didn’t look so good. She was skinny and didn’t have many teeth. I think she was sick with something. She was nice enough. We took her out to eat. We left that next day and my grandbaby cried all the way home. You know, after that trip something changed. Not bad, not good. Just changed. I’m glad we did that.

The birth parents that have a serious drug problem or mental illness bring about another dimension of struggle as they likely have more children than the ones the grandmother is caring for. The grandmothers would like their grandchild to have contact with their siblings but they often have to go through the parents for that to happen. In

many situations, the children are placed among other relatives or foster care when removed from the parents. Many of the grandchildren have siblings that they do not see, or have any relationship with. It is typical that the grandchild is the oldest child and the parents have additional children. “She has two year old twin siblings she never sees. She [the granddaughter] stopped asking for them after a while.”

The grandmothers seemed to have a hard time explaining these situations to their grandchildren. They explain that they have siblings somewhere out there and maybe one day they will see them again. The grandmothers explain that there is a large population of siblings born from the birth fathers too. Fathers may have multiple children all of whom do not know each other.

The third group was the birth parents that simply disappeared and abandoned their children. These may be the most heartbreaking. Grandmothers seem to worry if they are still alive or wondered in general about their health and well being. The grandmothers explained that the grandchildren experience the pain of abandonment. They are not able to rationalize behavior but are left with feeling deep sadness, resentment and profound anger. It seems these feelings can manifest themselves in the children by way of their own behavior. Grandmothers talked about the extremely disruptive behaviors in the grandchildren. They relay the stories as if they understand the children’s behavior yet at some point want them to stop being in pain and “behave.”

Feelings about Birth Parents

While talking about the birth parents, the grandmother’s reactions seemed to be varied. Some felt very empathetic, while others were quite angry. There were some of the

grandmothers who felt afraid that the birth parents were lurking around every corner to take the children and others who seemed to have come to some peace with the situations regarding the birth parents. These situations are very real for the grandmothers.

Often in guardianship and adoption, the child welfare system cautions grandparents not to let the children see the parents in cases where abuse/neglect has occurred. The tides seem to be changing with regard to the realities that the parents are going to be around whether a caseworker likes it or not. One grandmother said very pointedly, "They told me not to let them see their mother. I couldn't do that." The parents are not dead. They exist. The grandchildren know they exist. Each family seemed to have their own code or rule about talking about the birth parents. It is the constructed story they tell. What happened to the birth parents to the point that their children had to be raised by their grandparents?

Most of the grandmothers understand that the children still yearn for or have a relationship with their birth parents. As children develop, that need for some connection may wax and wane. Grandmothers seem to try to create a neutral space for them to explore their feelings. As one grandmother stated, "Look. They still love their mother. I know that. It breaks my heart when they get disappointed by her. I wish I could step in somehow, but I know they will look for her anyways." Another grandmother said, "It is hard. When the mother is here and the kids are together, it pains me. They all look in pain. Her intentions are good. But she is not a mother."

Some of the grandmothers seem to be holding out hope that the birth parents will miraculously become a solid parent for their children. They seem to impart that message to the children which is unclear how it may be received by them. "I hope and pray that

the mother gets on track,” said one grandmother. She went on to explain that the mother is a “really a good person” who was young and got caught in the wrong crowd. She prays that her daughter will start making some good decisions.

Another grandmother explained,

I lets my daughter see her children. I know she is on drugs but she responsible with it. She only come over when she is stable from those drugs, you understand? She come visit them. I knows she high. I think the kids do too. The other day the little one ask, “Why mommy look funny?” I figures this, it better to let them see her alive and doing kind of okay, than not at all. Right?

As the addiction mounts, their need for the drug becomes increasingly more intense. This leads to robbery, pawning items and in come cases prostitution. There is most often an arrest or attempt at some rehab which unfortunately is unsuccessful. The attempts at sobriety are statistically 11 times before treatment can be successful. This does not count the private attempts at stopping the behavior by the individual (Centers for Disease Control, 2011). This “family disease” is no stranger in the homes of the grandmothers. It is easily discussed but rarely is there hope as one grandmother stated, “Maybe she’ll [the mother] take her back when she get off that stuff, but I doubt it.”

With regard to drugs in families and community, a very articulate and determined grandmother comes to mind. While sitting in the living room of her Chicago home, the grandmother sat comfortably on the couch as she easily talked about politics, current happenings and her strong feelings therein. She seemed to have an overall solid space within herself that permeated in the room. She was almost 70 years old and was raising her granddaughter who at the time of the interview was at an invited summer camp in New England for promising engineers. The grandmother discussed her political platform with confidence and finesse. She talked about a broad governmental focus, then the

conversation turned local to Chicago and her community. She had been a resident for 40 years in the same neighborhood. She commented on tremendous changes she has seen over that period of time. Toward the end of the conversation she said,

I am going to tell you what the problem is here and everywhere. Drugs. They are evil. They are here, and because of other factors going on like programs closings, no work for anyone, drugs take over. They are ruining our neighborhood and our people. It is drugs I tell you. Forget about more police in schools or any of that. Try to get a grip on the drugs and then things will change.

There were some realities that the grandmothers discussed about the birth parents. Most of which involved mental illness. The grandmothers had some understanding of mental illness yet the acceptance and true understanding appeared elusive. They seemed to understand enough to be certain that the parent will never be able to take care of their child. “Their mother? She bipolar. She terrible. She can’t be no mother,” explained one grandmother when talking about the birth mother.

Another grandmother seemed to be highly educated on the mental illness of her daughter. She explained that her daughter had an “illness” and she made it a point to explain what that was to the grandchildren.

This is an illness. I didn’t understand for a long while. I went to a program. Oh it was good. So good for me. They explain what was happening to her. I understand now. I am not so angry about her.

There seemed to be a peaceful resolves when she talked about her own transition from angry and uninformed to content and masterful. Several of the grandmothers seemed to feel sorry for the birth parents. As one grandmother said,

I feel sorry for her. She was always a naïve and kind child. You know, a little slow. She had these babies and didn’t know what to do. She still like a child, you know? I couldn’t really get mad at her cause she just didn’t know.

Another grandmother explained,

She [the mother] tried. She really did. She spent some time at Haymarket [a drug rehab facility] and met her boyfriend. They got married then there was a lot of fighting. I took the babies cause they shouldn't get involved with that kind of mess. They made up, got married but separated. This took a long time and I still be having the kids. They get along well now but I just kept the kids. I worried about guardianship because I was afraid they would come to court and fight me. They didn't. I lets the kids see them though. I guess they is trying.

Some of the grandparents seemed to excuse behavior simply because it was too painful to tolerate the feelings. The overwhelming impact of their children's behavior on their lives was tremendous. If there were no children involved, it seems the situation would be much easier to accept or understand. However, there are most often children involved. The grandparents have to make some psychological sense of the situation. As a grandmother explained that her son, the father was incarcerated. Her thoughts about him seemed to be more pity than anger. She explained that he got arrested and then didn't show up for court, which she didn't understand why everyone was so angry with that, then he got picked up and is waiting for his hearing. In other words, if he wasn't in jail, she was sure he would be a good father to his child. She goes on to explain how hard it is for him, when he is released, to find work.

You know how hard it is to find work with a criminal background. He one time didn't tell the person and got hired. When they found out, he got fired. That was so hard on him. He look defeated, you know? He got arrested that evening.

The general fear of the birthparents coming to simply take the children away seemed to be a thread through all the stories, legal status notwithstanding. This situation is very serious if the grandmothers do not have legal standing. The law in Illinois protects the rights of the parents unless there is a neglect or abuse situation also occurring. Quite often the grandmothers have stepped in during a difficult time for the birth parents to take the children. This could last for days, months or years. If the grandmothers do not have

some kind of legal custody of the children, the birth parents legally, can simply come and take the children.

The grandmothers in the study all had some kind of legal custody. However, they may have had the children for years prior to this legal status. Several grandmothers relayed stories of parents coming unannounced and taking the children. The grandmothers became protective and panicked. As a grandmother explained,

The mama lived in Minnesota. She left her daughter with my son and left. He has a fiancé now and that lady has three boys. We thought it would be best to let her stay with me. Her mama come into town and come to my house [The grandmother leans into me and says in a low voice so her granddaughter couldn't hear her] I ain't never met her. She looks crazy and says she wants her daughter. I see another child in the car, about 14 years old. I remember she had another daughter. I had to tell my grandbaby that she had to go. It tore me up.

The grandmother explained she contacted the police for them to look out for the car and explain the situation. She went on,

I cried for a day. I was so scared. That woman finally brought her back to me after a few days. I went and got guardianship so that would never happen again. I mean, she can see her mom, but that was too much.

Legal Issues

Legal Custody

Legal custody was most often a concern for the grandmothers. They all took physical custody of the grandchildren in an instant, and the legal proceedings did not become solidified until much later. During that interim period, there was much anxiety because they did not have legal standing. Therefore, legally, either birth parent could come and take their children whenever they desired. If the police were called, they often

made a quick assessment of the parents and enforced the law that was in the birth parent's favor.

If the grandmother received guardianship or adoption through the Department of Children and Family Services (DCFS), those permanency plans are subsidized until the children turn 18 or graduate high school whichever comes first. If DCFS is not involved and the grandmother receives custody through probate court, there are no services or funds that assist the family.

Of the 20 grandmothers in the study, 15 of them had guardianship from probate court. This means there were no services offered, caseworkers assigned or most importantly services offered to the birthparents. Five of the grandmothers received guardianship or adoption through DCFS so there were caseworkers assigned to the birth parents in an attempt at reunification. Because Juvenile Court is involved, the parents receive services. If the birth parents fail those services, they appoint a guardian to care for the children. In the event the family is involved with DCFS and the parents have other children, they are automatically involved in the family case. Therefore it is not uncommon for the grandmothers to have guardianship of some children, then DCFS contacts them to inquire about taking another. As one grandmothers explained,

My daughter caught a DCFS case cause the baby wasn't growing right. They tried all kind of services with her and after, oh, about 3 years I just got custody. They really did try with her but she was always hard-headed and just don't listen to nobody. She ran off somewheres then I get a call from DCFS saying my daughter had a baby and could I take it. Well, [She hesitates, hangs her head then shakes it a little. She looks me directly in the eye.] I just couldn't do it. I had these three kids who was finally settled in. I never did tell them neither. I pray that baby okay.

Often grandmothers raise their grandchildren for years before obtaining legal custody. It is not uncommon for grandmothers to begin to think about legal custody when

they are asked to sign permission for school or doctors visits. When asked how they enrolled the children in the first place, it was not uncommon to hear, “Oh they know me at the school. That is where my kids went.” Similarly were discussions about not having legal custody and having to take grandchildren to the doctor. As a grandmother explained, “It is no problem really. They know me at that office. I bring so many kids up in there it is not a problem.” When asked further if they ever had to sign for surgery or other serious medical issues they, for the most part, did not. If there was an issue that required a parent’s signature they would have to find of the birth parents. A grandmother stated,

My baby had a hearing problem. She needed two surgeries to correct the issue. My son had to come and sign her into the hospital. The second one he couldn’t get off of work and we had to reschedule. It was then that I started to think about guardianship.

This grandmother obtained guardianship 3 months later.

During the process of legal guardianship, the birth parents must be served to come to court because their child is going to be legally in the custody of someone else. If the birth parents do not show up on the assigned day, the grandmothers are awarded legal guardianship. Often the grandmothers do not want to put their own child in the situation to have to face a judge and be asked questions about how they have not raised their own child.

Most of the grandmothers describe relief when talking about finally having legal custody of their grandchildren. Because it is usually a process, they have time to gather their thoughts about what it may be like to be the legal parent. Many of them feel instant relaxation knowing that the birth parents cannot come and take the children without legal repercussion. One of the grandmothers described what it was like to have legal custody in

this way, “It’s different. You know in your heart that you already raised up nine children then you turn around and you have custody of they children. Sometimes I just can’t believe it.”

Backup Plan

A backup plan is the grandmother’s ability to choose a successor in the event the grandmother passes away. In Illinois, the ability for the grandmother to create a backup plan is encouraged and easily available. The grandmother selects a person to raise her children in the event she dies. That person is called a “standby” or a “backup” legally.

The grandmothers appeared relieved while talking about a standby for their grandchildren. As one grandmother said,

I know I am old. I would love to see her graduate, but you just don’t know. I have such peace knowing my daughter will continue to raise her if something is to happen to me. Because you just don’t know.

Ten of the grandmothers have had a solid legal plan submitted to the court. The other ten had a plan discussed with their family members, but nothing written or formalized. In the event the grandmother dies while the minors are still under the age of 18, the standby would come into court to execute the order. Legal guardianship then seamlessly transfers to the new person. If the legal plan is not in place, the state must take custody then make a decision on whom the best person to raise the children should be.

One of the grandmothers relayed a story of one of her group members. The story troubled her deeply. She said,

My friend was raising her four granddaughters and one grandson. The girls were sisters and the boy was their cousin but they was all siblings. She got real sick and died suddenly. The family was all cut up about it. Do you know that the mother took her death certificate and went to a judge saying that her mama died and she

wanted her kids back? He gave them to her. Didn't call no one. Do you know she didn't take the boy? My, my. That was terrible. His grandmama came to get him from his daddy's side and took him to the west side. He ain't seen his sisters in months. It was really horrible. That is why I got me some legal guardianship. That aint happening to my grandkids.

Life Today and the Future

How Difficult Issues Are Understood

A striking finding embedded in the interviews, was the seemingly lack of knowledge regarding some of their grandchildren's needs either medically or educationally. This was not viewed as not wanting to know, or having to capacity to understand, it seemed that they simply were not told in a way that made sense to them. They often did not ask for further information or ask questions. This may be because of the "old school" belief that the doctors are in charge and therefore know everything, sight unseen. As a grandmother explained,

My baby was getting real skinny. I brought him to the doctor and they checked his blood. They told me to not give him certain foods and he got better. Not really sure what the problem was, but I did what I was told.

Regarding the death of her 8-year-old grandson a grandmother explained that he stumbled off the bus one day and, "was not acting right." She took him to the doctor and they said he had cancer.

Girl, it was so quick. [She begins to shake her head, eyes welling up with tears, as if still amazed.] He went from being an active little boy to losing his sight, can't walk, then we had some lady in the house cause he can't get out the bed. He died in less than a month.

It had been 10 years since her grandson died and while she relayed the story it was as if it happened last month. She was in such pain recalling this dreadful situation.

She kept repeating, “I didn’t know what was happening. I kept asking, and no one explained it. I don’t know. It was just so fast.” Having a child die, and so quickly, brings about the process of grief in a whirlwind. She talked about the experiences with the doctors. “I had to go to County [hospital]. I saw a different person each time. It was so frustrating.”

Many of the children were involved in special education services through their local school. The grandmothers understood that their grandchild may be “slow” or need extra help but had difficulty talking about what exactly the school was doing to assist the child. Again, the grandmothers had to give permission for special educational services yet it was not uncommon to hear grandmothers talk about the educational experience with some wonder. As a grandmother stated,

I know he was a little slow and wasn’t keeping up in school. They did some tests and he gets help from some other teachers. I don’t know what they call it or how he doing. They can’t give him a bad grade so it is hard to tell if he is really doing okay. I think he got a B last time. [She opens a drawer and pulls out his report card].

When one of the grandmothers talked about the needs of her grandson and school she seemed to be frustrated. She was worried that he was not getting all the services he needed. When she was asked what his needs were, as she saw them, she aptly stated, “I don’t know what it is, but I know it’s something.”

Their own medical issues seemed to also be a very concerning point of discussion. With the grandmother’s own health they seemed to either be extremely informed or in some sort of denial about their health in general. While this may initially save her from anxiety or pain, the children may experience this shortcoming, which becomes cyclical. If grandmother does not fully understand the grandchild’s needs, she will be in a

compromised position to really support them, which in turn the grandchild responds to and there is less of a likelihood of positive results.

The overwhelming medical issue with the grandmothers was high blood pressure or diabetes. Many of the grandmothers knew they were diabetic and followed doctor's advice. A large percentage of grandmothers knew they had high blood pressure and may or may not be taking any medication. They also seemed to have little knowledge of other ways they may be able to control this medical situation.

Denial may be a mechanism the grandmothers are using to tolerate their medical situation. Some of the denial is unconscious while other behaviors are very conscious. As one grandmother explained, "I have high blood, but I don't want to deal with that right now, you know? I got too much going on to deal with that too." While discussing their medical situations, it was not uncommon to hear about a diagnosis of diabetes followed by, "I am sure it is fine [regarding her sugar], I know when it is time to cut back. I can just tell."

Expectations for the Next 5-10 Years

When grandmothers started talking about their future they all seemed to have a concrete plan for their grandchildren and also had a fantasy of what they wished for themselves. The inspiring issue the grandmothers talked about was simply their determined hope for their grandchildren's success in life. Most of the grandmothers commented on how education will help the children in their lives. One of the grandmothers sat proudly as she stated, "I didn't get an education, but all my kids did. These kids [grandchildren] will too." Another grandmother who obtained her master's

degree after her retirement was beaming with pride as she explained that four of the five of her children had the minimum of a master's degree. She said that she tells her grandchildren, "I tell these grandkids that, look, everyone around here has a master's. They are expected to do the same."

All 20 of the grandmothers interviewed talked about their grandchildren in successful terms. They completely expect all of them to finish school, get jobs and be successful in their lives. Many of them talked about how their grandchildren will, "beat the streets" as one grandmother stated, and become positive citizens in our society. "My boys will all go to college and be somebody," one grandmother proclaimed. "I tell them all the time that they have to use their heads for education and not let these streets bring them down."

While talking about her grandson she said, "Well, I would like to see him grow up, finish high school," and then she says he is going to Harvard. She smiled proudly while thinking about this prospect. She then leaned in and said with a proud smile, "I hope he don't forget me when he famous."

A few of the grandmother's first statements about the future was, "Well, I hope I am alive!" Although seemingly joking, many of them commented tongue in cheek. They seemed to rely on their strong faith to have them be around to see their grandchildren "Be somebody." They say they pray to see the day their grandchild may graduate from high school or college. As one grandmother said, "that is on my prayer list, that I be around for a while, and I pray it's going to be a better life for her." Another grandmother stated, "I hope God gives me the strength to do this."

One of the older grandmothers was deadpan serious when she stated she had made this deal with God, she is good and is wishing just one thing, “Let me live to see her grown.” It seemed that the prospect of this would almost keep her living. Another grandmother said, “Geez, hope I’m not dead! I really do want to see how this one turns out.” They all had such tremendous hope for their grandchildren. Unfortunately the odds are not in their favor. It seemed that the grandmothers knew this on some level yet they were holding on to this hope to look forward to something.

While talking about plans for themselves the overwhelming majority of the grandmothers talked about traveling. As one grandmother said, “I’d like to go just anywhere.” Another stated,

I want to get out of Chicago. Been here my whole life. Would love to rent me one of those vans and travel all over the country. I got family in California, Texas, and the South. My mother is still alive. I would like to see her again.

A handful of the grandmothers said they had wished that their children would “get themselves together” enough to get their children back. They talked about this as a hope that still exists within them every day. Although with each year, that reality seemed to be more and more elusive.

Advice for Other Grandparents

Throughout the conversations, grandmothers often made comments about what is needed to help the situation she and others find themselves in. It was not uncommon to hear that the notion that, “Everyone is doing it [relatives raising relatives], so it wasn’t that bad or lonely.” In addition, they postulated that nobody really knows how bad it is in the community and no one really cares. As one grandmother commented,

Do people understand? I don't think so. Kids are supposed to be the most important thing right? There are those out there who just take the money and run. Not me. I did it for a child. We need more people to help [referring to foster care].

Despite these feelings they were supportive with each other and were readily available to help any other grandmother in a similar situation. As one grandmother stated, "All us grandparents need somebody to help. You need a support system." Another commented, "Tell someone about what might be happening. There will be someone there who has been there, or is in it too."

The grandmother's faith in their God was paramount in their advice for other grandparents entering this journey. They were steadfast in their commitment and certain it makes a difference. "You pray Maria. Tell all them grandmothers to pray. He keeps you to fulfill service for your life. These kids are a gift from God. This is your service."

Another stated,

Pray every day that you are glad you got em. They are in pain, they miss they mothers. Mine were shell-shocked. Really. The more I prayed, they better they got. Put God first in your life and in your grandchildren's life. It will make a difference.

Many of the grandmothers eased into the religious mantra, quoting the Bible or offering a story to illustrate how God's will is mysterious sometimes. "When you get em, do the best you can. Pray with them. Pray. Pray without ceasing. Anger may be there, but it has to be without sin." One grandmother laughed and looked over said, "Poor child, you just don't understand do you?" She emphatically stated, while articulating each word, "You ain't gonna work this out without the body of Christ. Take them. Get them. Pray. Yes, pray and don't stop. Ya hear?"

The religious discussion also included commitment to the children as one grandmother said, “You must be dedicated to the cause. Your life is put on hold. You cannot share it with someone without same focus as you. God will help with that.”

Many of the grandmothers said they always put the children first in their life. One of the grandmothers revealed this message as if were the secret. “Hang in there. God knows what you are doing. Don’t be weary in good-doing. First pray about it. You will get an answer and you will have no problem letting these children in.”

Some of the advice was very practical and an attempt to help other grandparents get their head around what is about to happen in their lives.

I tell my story all the time at our meeting. I tell others that they are no longer the grandparents. You become Mom. Be patient. Be strict. Keep looking for help. Don’t stop. This is the rest of your life, be sure you want it. Whatever you think about being a grandmother, throw it out the window cause you are no longer in the role of grandmother.

Their preparation for others to be ready was productive as well as heart warming. “It’s hard. Don’t do it unless you is fully prepared for it. Don’t do more harm to these children.”

Another grandmother was unwavering with her message. “Love your grandchildren. There will be light at the end of the tunnel. Be patient. It can be very rewarding but there will be sad days. If you love them, you do what you have to do.”

They seemed to know that they had to be bigger and better than the mother, father and grandmother wrapped into one. This is a monumental task that they have willingly and lovingly engaged. “Think big, or don’t think at all. We have to be better for these children. We are all they’ve got.” Another said, “You will get a calm feeling inside you, you will know what to do. Do the right thing. Have patience. A lot of it.”

One of the grandmothers hesitated and explained that there is a constant worry about the grandchildren.

I raised my kids. They are all okay. But kids these days are different [pause] more different than my kids were. You have to know your children and want the best for them. We know what they are up against. Go to church. Pray they see the way.

Some of the comments were simple and concise but a mantra repeated nonetheless, “Hold them in the palm of your hand. Hug em and love em. That is what kids need.”

The grandmothers overwhelmingly discussed drugs as the biggest reason for relatives to take in the children. They often talked for several minutes about the drug culture and what it has done to their family, the community and their “people.” The conversations often turned to the “heroes” in their opinion, the grandmothers who take the children into their homes.

It should be noted that a majority of the grandmothers in the study came from a similar support group therefore their comments might be similar because of this similarity. One grandmother stated, “there are so many grandparents that have taken problem grandchildren into their homes. I pray real hard for them and be glad my kids are doing okay.” Another very emphatically stated that the issue of grandmothers raising grandchildren “Is serious! It is everywhere. These parents gone crazy. I am so grateful to God for grandparents or these children will be lost, just lost.” One of the grandmothers talked about the grandmothers she knew who weren’t doing so well with their new arrangement. She said,

There are so many grandparents raising grandchildren. And these kids, they don’t appreciate it. I look at some grandparents and it’s sad. They old and in walkers and stuff. Then those kids grow up and may want to hurt you. They on drugs too.

While dialoguing with the grandmothers about their lives, every once in a while they would explain something as if they were words to live by. For example, one of the grandmothers said, “I build minds, not buildings,” as she went on to talk about how her physical home was not as important as giving the children love and support. She talked about how DCFS came to her house and told her that her house had structural damage and they weren’t sure they would allow the children to live in it. She talked about how angry she was to hear this from “A little girl case worker!” She said that she told the worker, “My house is clean and we have a lot of love. It’s clean but that don’t mean I don’t have rat holes in the walls.”

Another grandmother made the statement, “I work smart, not hard.” She went on to explain how she taught her children about social etiquette by packing them all up with lunch and traveled down to Oak Street Beach in Chicago. She explained how she packed light and was going to teach her kids how to behave, etc. in public. She carried a gallon jug and filled it from the water fountain for their picnic. She brought a loaf of bread and cheese to make sandwiches for her children. She explained to her children that it was okay that they didn’t have a bathing suit, that shorts and a t-shirt were just fine. I shudder to think about the welcome they may have received at the beach. A woman with her six children, carrying a gallon of water and a loaf of bread, sharing an old sheet to sit on and taking a dip in their clothes. She described this scene with purpose and pride. She remembered those picnics as very special times with her children and they too remember them fondly.

One of the grandmothers was explaining how life had changed as the interview was wrapping up. She said, “When all my kids left the house I used to say it was time for

me and my husband to have fun. Not making more babies, just making some noise. Well, now I ain't made noise since."

Worries about the environment and "street" culture were always a point of discussion, even in the more middle class neighborhoods. As one of the grandmothers stated with confidence, "If you don't beat the street, the street beat you." Another said, "I am going to do the best I can with these kids, for these kids. I hope by giving them love and a place to call home, well, it helps. It so bad. Each generation get worse."

Finally, while sitting with a grandmother who raised seven of her own children and five grandchildren sat on the couch with her great-grandson between us on a pillow.

He number 19. That's right. I have 19 great grands. It's hard, it's hard [her voice trails off], it's hard. [Silence for about 10 seconds] Umm, hmmm. Yes. it's hard. But I gotta raise these babies [she makes her great grandson giggle by rubbing his belly], gotta raise these babies [in a sing song voice]. I gotta raise these babies. I have a lots to do. Lots to do.

CHAPTER VI

DISCUSSION AND CONCLUSIONS

Aim of the Study

The aim of the study was to understand what the experience is for grandmothers to raise their custodial grandchildren. Since “grandparents raising grandchildren” is a growing occurrence in our city and nation, it seemed a compelling question to understand how the grandmothers’ experience this trend.

Grandchildren begin living with their grandmothers from two separate systems. First the child welfare system where there was immediate and urgent necessity to remove the children from their parents and placed in a fostering situation. Grandparents are usually contacted first and placement proceeds from there. The second way the grandchildren begin to live with their grandparents is through probate court. In these situations, child welfare is not involved. The grandmother files a petition herself stating the reason she wants legal custody of her grandchildren. The birth parents are legally served informing them that someone has requested a judge grant guardianship. If the birth parents do not attend the hearing, or if they do attend and are in agreement, a judge awards the grandmother legal custody, hence legal guardianship.

When children come to the attention to child welfare, many systems are put in motion. First the children are assessed and provided services to assist them. These

assessments may be focused on education, mental health or other special needs. During legal proceedings, the children receive an attorney to represent them in court; the birth parents also are appointed attorneys as they attempt to regain custody of their children.

Grandmothers take care of the children from the beginning while the system slowly creeps along to serve the children. The grandmothers are often neglected by way of their experience of the process and what their needs may be. It seems reasonable that the children are the focus. But more often than not, the caretakers get lost in the shuffle.

Caseworkers may call to check in on the children's adjustment on the home, school and general well-being. Children are transported to various services to assist in their transition to another home. It is not common for the child welfare system to ask how the grandmother is fairing with this new situation much less offer services. Legally, the grandmother (foster parent at the time before custody) has no legal standing in court, and therefore is not represented.

If the grandmother obtains legal custody through probate court, the opportunity for professional intervention is nearly nonexistent. The children are not assessed, the grandmothers are not assessed and no services are offered. Children are appointed an attorney but they more likely than not never meet the child and no one offers an opinion of the home environment. In Cook County during the years of 2007 and 2008, there were 2,771 and 2,604 people respectively who filed for legal guardianship of minors. This statistic does not break down who exactly obtained guardianship but grandparents are estimated to be in the 70% range (Department on Aging, 2008). If this estimate is correct, there are approximately 51.6 guardianships per week or 10.3 per day in Cook County.

In this system, the newly formed family constellation is alone by way of services, liaisons to school or most needs in general. There are no caseworkers to call if things go awry. With these families there is absolutely no one calling to follow up after legal custody to inquire about how the transition is progressing or if there is any assistance needed.

This study was aimed at understand the grandmother's experience during this time, regardless of how the children were placed in their care. Simply by giving the grandmothers a venue to talk or simply be heard, they described their plight with pain, eloquence and grace.

After interviewing 20 grandmothers about their experience, five findings emerged. These were rich in character, struggle and love. Their dedication and fortitude was nearly impossible not to hear, see and feel. The findings were,

1. Grandmother's Sacrifice
2. The Event that Precipitated Placement
3. Grandmother vs. Mother Role
4. Legal Issues
5. Life Today and the Future

Grandmother's Sacrifice

Grandmother's Sacrifice was the most notable during the interviews. Their sacrifices went beyond the decision to take the children in, but were entwined with finances, emotional resources, and physical space. It appeared that the male figures in the children's lives seemed to come from an older sibling or a relative of the grandmother. It

was not uncommon to have a single grandmother raising children with no male presence. This does not suggest that there was not a male in the lives of the children many years ago, but at this point in the grandmother's life, most of them were doing it alone.

Money issues were most critical because the reality is it obviously takes money to raise children. The grandmothers who had barely enough to survive themselves did not hesitate to take children into their homes. They struggled and were more frugal or creative depending on how one looks at it. The stories of stretching a meal, applying for subsidized food or having to physically move their home to have it more affordable was very common.

The conditions some of the grandmothers were living were difficult to experience. A damaged wall, foul smell in the building and cramped living space was extremely common. The old adage, "You get what you pay for," was particularly relevant for some of the families. Some of the grandmothers were receiving subsidized housing. This meant that their rent may be less than \$100 per month but the condition of the apartment was often very limited.

On the other hand there were many of the grandmothers that had lived in their homes for decades. It is assumed that the property had been paid off years earlier. Their overhead perhaps was lower thereby having more funds available for things children may need or want. Some of the grandmothers talked about how difficult it was to have children at this point in their lives merely because their homes were, "always a mess."

Often the grandmother had to move from her senior housing to accommodate her grandchildren because they are forbidden to reside with the grandmother until she moves. This was a very difficult situation for the grandmothers. They were still enraged at the

housing authorities for not bending the rules because of this crisis in their family. This could be identified as a narcissistic injury (Kohut, 1971). This would respond to her real or imagined threat to her grandiose false-self at that moment. If the ego is fragile, she will exhibit a reflexive urge to a rage (Kohut, 1971). In this situation her rage at the senior housing may be identified as narcissistic rage, which is her reaction to the injury. Kohut explains that part of narcissistic injury can be a person that feels they are entitled to special treatment and recognition. This may have been the case with the grandmothers who were displaced out of housing because of taking on more children.

While discussing their families, the grandmothers talked about loss in their lives. This may have been the death of their own older relatives, their siblings, children or grandchildren. It was striking how little emotion was shown while talking about these losses. This absence of emotion may be a defensive response for a number of reasons. They may be struggling with the intolerable feelings it brings up for them, denial, intellectualization or dissociation. This is yet another example of a disavowal. This defense mechanism of the grandmothers, tries to keep these unpleasant or unacceptable stressors, impulses, ideas, feelings, or responsibilities out of her awareness.

By using the defense mechanism of disavowal, the grandmothers know something but don't know it at the same time. In some ways it keeps a piece of reality in their conscious mind, but they behave as if they don't know it. Disavowal is both designed to get rid of painful feelings and is also maintained by the absence of feeling. It seems to be functional as the grandmothers navigate years of raising their grandchildren.

It is also quite possible that they may have wanted to please the interviewer in some way. The stories were rich in emotion and sadness. Most of them included medical illnesses and young deaths.

DiSciullo and Dunifon (2012) discuss the issue of loss in relation to the whole family. They suggest to remind families that, “Feelings of grief, relief, pain, loss and anger are normal in any combination. Often the emotions of the children and caregivers in kinship care situations mirror the stages of grief and loss-denial, anger, bargaining, depression and acceptance.” They go on to explain that waxing and waning through these feelings will cycle in an incongruent and often disjointed way. Illness and loss are part of life. While sitting with the grandmothers it seemed these losses from illness were so much more profound. It may have been perhaps because one could not help but wonder how much more can these women take? Was it because of their lives in general and their journey thus far? In other words the feeling was, “My God, how much more can they take?” However, the resilience was palpable and impactful. That somehow, through all these trials and tribulations, they have figured out a way to continue to be hopeful, positive and at peace.

The other overwhelming thought was how many of these deaths may not have occurred with proper screening and healthcare accessibility. Simply the ability to drive, or have access to a car, makes good health more of a luxury. One of the grandmothers talked about having cancer and taking public transportation for over an hour to county hospital for treatment multiple times a week. What are the odds she will follow up with her medical regimen? Death happens. Cancer happens. It was eye-opening and now more

understandable when one hears about statistics being higher in the African-American community.

The grandmother's health may have been most worrisome issue during the interviews. There were 17 of 20 who had high blood pressure and 15 of the 20 were diabetic. The overwhelming majority of the grandmothers would likely be diagnosed as overweight. Many of them were untreated for these medical conditions. While discussing medical issues, many of the grandmothers talked about difficulty getting to local healthcare and follow up. This is an unfortunate common discussion within the community. Access to healthcare is critical for maintaining and avoiding medical problems that may be treatable and controlled.

When one hears about different statistics for Caucasian and African-American women regarding major medical issues like cancer and diabetes, it became crystal clear how and why this may occur. Simple transportation problems seemed to top the list. In addition, a distrust of doctors or the medical community was not an uncommon sentiment. One of the grandmothers who lived on the far south side in Chicago had to travel to the County hospital (approximately 20 miles away) on public transportation. She was being treated with chemotherapy for cancer and had to ride several buses back and forth for her medical care. There were times that she said she was just too tired to travel and missed her appointment.

Since many of the grandmothers had been caring for their grandchildren for years, prior to the interview, thinking about what life would be like if they never came was nearly impossible to consider. Many of them pondered for a long time, shaking their heads as if not knowing how to possibly imagine. Not one of the subjects commented or

even intimated that they would have liked the arrangement to be different, or comment that they had wished their grandchildren had never come to live with them. They discussed the difficulties of the transition but said they would not trade it for anything.

There was such a sense of “This is just what I do” with the grandparents interviewed. They talked at length about not only about the roles in their families but as a cultural custom too. The presence of faith was difficult to ignore. Faith wove through every situation, shortcoming, success and feeling of the grandmother. Many of the grandmothers talked about “Gods plan” for them to take care of their grandchildren. They understand this circumstance as being part of a bigger plan of which they are a part. They do not question “why” or “why me” but instead seem to take on the responsibilities with their heads up as a mission or public display of dedication.

The notion of God was paramount in the lives of the grandmothers. It seemed that the idealized object, in this case religion, became the restorative self object. Since all relationships have self object functions, the grandmothers seemed to be restored when it came to church or raising their grandchildren. Prayer also played a very important part in the grandmother’s lives. They seemed to turn to prayer in times of trouble and success. It was therefore a mainstay in their lives, an important source of support. The church seemed to act as a restorative agent to maintain cohesive self of the grandmother.

The church community became the mirroring structure to repair the grandmother’s loss of self. The grandchildren themselves became restorative. The grandmothers had to look to sustain empathy for herself, as she had to restore the narcissistic needs.

Jones (1991) defines God as a “transitional experience,” which further explores the ideas of spirituality. As the grandmothers transitioned into a new phase of “parenting,” it was their faith that helped them manage. Winnicott, (1953) developed the ideas of concepts of illusory objects, transitional space and transitional objects, which may occur during childhood and psychological development. These concepts continue throughout adulthood.

Dunifon and Kopko’s (2011) research found that religion was one of the biggest sources of strength with grandparent-headed households. The grandparents who identify as being very religious seemed to have, “a higher quality of a relationship with their teens, had less angry and defiant youth, better family attachment and these youth exhibited more protective factors such as improved social relationships.” They go on to postulate that it is not clear why this connection with a God is a source of strength; it may be more related to the sense of community. In a study of grandmothers raising grandchildren, Ramaswamy et. al. (2008) said social support and some reliance on others for help was a key correlate for more positive parenting behavior.

Self psychology and spirituality have been discussed in the literature. They argue that any religious practices may offer positive self object experiences (Cornett, 1998). The idea of a higher spirituality concept serves as an idealizing function. Cornett discusses that this idealization allows a merger with the spiritual object, which may help in times of anxiety management. When the individuals pray, this may create self cohesive functions for the person. Therefore prayer becomes a transitional object with reduction of tension and calming functions (Cornett, 1998). Grandmothers in the study describe numerous times when they turn to prayer in times of stress to get them through. Prayer

may serve as a self object function in times of threat to the self (Bacal, 1984). In times of threat to self cohesion, prayer serves as a compensatory mechanism to sustain self cohesion. In addition, it enhances the development of self structure and provides opportunity for transformative opportunities (Hilliman, 2002).

While discussing their sacrifices in life by taking in their grandchildren, grandmothers discussed how important children were in their lives in general. Several of the subjects talked about how they were “kid people” and would likely have children in their lives regardless of their own grandchildren living with them. They told story after story about how their home was the home to all their extended family or neighborhood kids. They were often established residents of the neighborhood and their homes seemed to be very respected. Perhaps their connection to other children was attempting to make up for the self-fulfillment in their own childhood. They are looking for validation to receive love and respect. They feel the validation from helping others and will sacrifice anything to feel that love and acceptance. The breakdown may occur when the functions disappoint in some way or another.

This seemed to be a counter-dependency need on the part of the grandmother. This behavior may be an attempt to heal from unconscious behaviors to create deeper intimacy in her life. The attempt to feel loved, needed, and wanted is universal. These needs are filled more or less by others in our lives. At some point the need for others to fulfill these needs balances out and people become less reliant on another person or situation.

This may be why many of the grandmothers were former foster care providers. They take in vulnerable children to fulfill their own feelings of loss or worth. They want

to feel helpful to others to sustain their sense of self. Many of the grandmothers talked about how they had “mentored” children in the neighborhood who came back to thank them for their love and support. They explained how good it made them feel to be helpful in someone’s life. This phenomenon may have also been a restorative object in that they feel needed and validated.

This multi layered experience reaches several generations within the family structure. Their attempts with their own children fail so they attempt to restore their own sense of self by taking in and raising the grandchildren. The grandchild says, “I need you” to the grandmother, hence restoring her sense of self. The grandmother wants to be helpful to others and seems to crave it throughout her adult life.

Transmuting internalization is the structure formation that occurs in response to the failure of childhood self objects. These are most often described as non-traumatic failures of the self objects. Kohut (1977) went on to describe that development is never separate from disappointment or actual trauma because of failures in the primary self object (Siegel, 1996). Bacal (1984) suggests that transitional objects are transitional self objects because they provide self object functions. The process of transmuting internalization may be critical to the restoration of self cohesion. This is especially relevant when facing a life changing event as the grandmothers are experiencing.

Kohut (1971) believed that “psychological life begins with the emergence from primary narcissism and is stimulated by the inevitable failure of the parent to satisfy perfectly the child’s needs.” This may be a continuation of the grandmother’s attempts to provide idealization for their child. When it “fails” it leads to the replacement of the self objects and their functions by a self and its functions (Kohut and Wolf, 1978). They go

on to explain that faulty self object experiences lead to a weak and vulnerable self that is prone to dysfunction. The disruption in the ability to experience oneself as a part of an admired and esteemed self object will result in, “The child’s failure to form reliable ideals which would have regulated self-esteem” (Summers, 1984). Over time the disappointments and frustration bring about the internalization of the parental image. The failures, “lead to the gradual replacement of the self objects and their functions by a self and its functions” (Kohut & Wolf, 1978, p. 416).

This transmuting internalization is when the parental imago is transformed into the ego ideal, which is from internal ideals and idealized goals. These grandiose needs are incorporated into the individual to make up the psychic structure to help develop ambitions and goals. If this process is successful, “The infantile grandiose self and idealized parental imago are transformed into realistic ambitions and loved ideals so that a cohesive, vital, harmonious self is capable of achieving a fulfilling life by realizing its ideals and ambitions with its available talents” (Summers, 1984, p. 252).

When these self objects fail, it is more likely to lead to disruptive behaviors. Interruptions in the ability to experience the self as an admired self object will result in, “The child’s failure to form reliable ideals which would have regulated self-esteem (Kohut, 1977, p. 57).

The grandmothers had to become the self object for the children. Kohut discusses this concept as someone who performs a necessary function in the development and maintenance of a coherent and healthy sense of self (Kohut, 1971). For these grandchildren, the parents start out as the major self objects. When the parents’ fail and grandmothers step in, the grandmothers seem to take over this function. As one

grandmother stated, “You just got to pick up the pieces Maria. Just do the best you can. Love em and try to step in to keep em movin in the right direction.”

From a self psychology perspective, some theorists state that there is a need for adequate support from compensatory self objects following the loss of a self object (Hagman, 1995, Shane & Shane, 1990 and Galatzer-Levy & Cohler, 1990). They further explain that the loss of a self object immediately eliminates the function of mirroring. When this is lost, it leads to an unbalanced sense of power. In addition, it may compromise idealization, which ultimately leads to a sense of comfort and safety. Without compensatory self-object functioning, it is impossible for mirroring to occur (Shane & Shane, 1990). The result is that the self is left damaged and broken. In some cases they may remain fixed in attachment to the lost self object (Galatzer-Levy, 1990). The self then remains vulnerable and fragile. It is protected by some defensive structures, in the case of the grandmothers it may be denial or rationalization. However, the self may lack the capacity to develop further relationships.

Many of the grandmothers talked about wanting to continue their daily functions like clubs, work etc. but were unable to do so because of having the children in their home. The cost of daycare or the expense of having to move their residence often took the small amount of money they may have saved for themselves. If finances were difficult, this put more pressure on the grandmother to keep her family together. Although some programs and agencies are available for grandmothers, many of them did not receive any financial help from any agency or form of government. The grandmothers that did hold down solid jobs were very proud of their accomplishments. They talked about those days with reverence and pride. There were lengthy discussions about their

attempts to juggle work, raising a family (often alone) and maintaining their sense of themselves.

The grandmothers who worked talked about how they never missed a day or how their commutes often began 2 hours before they punched in for the day. They held down jobs at banks, insurance companies, hospitals and other businesses. As they talked about their 30-year work history, layered throughout seemed to be a continuation of the family and taking care of each other. Several of the grandmothers talked about how their companies got sold to larger subsidiaries and how the work changed. They talked about how it used to be a big family, everyone looking out for each other, an intimate work environment. When companies changed, they felt everything changed. There seemed to be a deep sense of loss for those days and how the grandmothers experienced it.

The overwhelming majority of the grandmothers talked about life back then in very melancholy terms. They talked about how neighborhoods have changed, respect is different and how today's parents are more different than ever. The sense of sadness was very clear. They discussed in detail how drugs and violence have ravished their neighborhoods and families and them as a people.

The drug culture has a death grip on many people and consequently, families and communities. The cycle of addiction knows no cultural, racial or economic barriers. It is insidious and constant. The impact of drugs on the majority of the families in this study was tremendous and overwhelming. There always seemed to be one: one of the family members who consistently fell victim to drugs and/or alcohol. The psychic injury that occurs to the grandmother because her child did not turn out to be a good parent, or more

importantly, what she wanted them to be, was minimized in order to maintain the grandmother's sense of self.

Kohut (1984) states that self objects are experienced subjectively and help organize and consolidate the self. Kohut believed that the self object needs were fundamental to the human experience and are essential for self cohesion. So to preserve the grandmother's sense of self or cohesion, some seemed to blame other people (like friends) or external forces (the street) to explain the deficits in her daughter. Grandmothers often blamed "the street" in order to maintain her cohesive self.

This function seemed to play out in the family dynamics with the grandmothers. Wolf (1988) discusses that when these failed self objects occur, it leads to an ideal "hungry" personality where the person only feel good by finding self objects they can look up to and feel accepted. Drugs become their accepted friend.

When discussing what life would be like without the grandchildren, many of the grandmothers stated that they would love to travel. Some went into elaborate detail about their travel plans. While listening, one could not sit and wish that those plans would be realized however; the likelihood of it coming to pass is quite slim. Some of the plans included traveling overseas while others simply wanted to get out of Chicago. The sadness of the fact that many of the grandmothers would likely not be able to travel in their life was a very humbling reality to the researcher.

The Event that Precipitated Placement

The second finding was the Event that Precipitated Placement. The grandmothers talked about "how" and "why" the grandchildren began living with them. The

grandchildren most often arrived without notice. This was because the children were in dire straights from drugs/alcohol or abuse/neglect. Often protective services were involved and contacted the grandmother to come take the children or risk them being screened into the child welfare system. The child welfare workers have options to help families in these situations. However, because of lack of resources and staff power, they put the grandmothers in a position to commit immediately to taking at least physical custody of her grandchildren. Therefore, the children arrive traumatized and fearful.

Child abuse and neglect is an unfortunate and all too common byproduct of drug and alcohol use as supported by the literature. Many of the children were beaten or, at minimum, neglected from their drug addicted or alcohol using parents. Drug addictions usually involve loss of income, which can weigh heavily upon families. Desperate people do desperate things. Addicts will sell physical belongings, barter for drugs or begin to steal for money to continue the habit. Children are caught in this malicious web. Considering that 85% of children involved with DCFS also involve drug use (DCFS Annual Report), substitute care is extremely important and timely.

It is not a surprise to hear that unhealthy people seek out unhealthy partners. Children unfortunately become the casualties in these situations. Whether there is drug involvement or some form of mental illness, children are affected in very serious ways. The buzz in child welfare for the past few years has been “trauma informed therapy.” It does not mean to suggest that we are just now realizing the trauma that children experience, but now there is a little more of a focus on the impact of these early childhood experiences. The stories from the grandmothers are no exception. The loss, betrayal, trust and most importantly the parental connection are just the tip of the iceberg

of the deep pain families' experience. Grandmothers are in a very unique position to take over and attempt to provide the children with a positive life experience and focus.

While discussing these numerous scenarios, the grandmothers often commented on their own children in the process. Their disappointment was evident but more obvious was a seemingly active disavowal of the experience. The grandmothers often sliced her hand through the air and pushed it aside while talking about the poor decisions her child made.

To tolerate these stories and real life situations that their own children brought about themselves, grandmothers have to create a vertical split so this part of the self can be preserved. She has to disavow the situation to persevere and move forward in the spirit of helping her grandchildren and herself.

The vertical split can be considered as a representation of denial. According to Kohut (1971) the vertical split is characterized by the existence, side by side of attitudes operating on different levels, different structures of goals, aims and moral and values. Goldberg (1995) further explains that one way to consider these parallel attitudes of the personality is to say that the realist attitude is better structured and/or more neutralized, while the infantile attitude is relatively unstructured and not neutralized. This less structured piece is involved in a fantasy, but with even less structure it can present as addiction, delinquency and other perversions. With horizontal splitting, the infantile and unstructured material is kept at bay. With vertical splitting, it succeeds in expressing itself. Pathological behavior is the manifestation of this split.

The birth parent's failure may become a narcissistic injury to the grandparent, which creates an empathic break. The grandmother's grandiose self is actualized by the

grandchild's need for them, which restores the narcissistic balance. The grandmother's need to be idealized and therefore receive it from the grandchildren. This process may repeat itself through some families for generations.

The grandmothers experience fragmentation of their children. Kohut hypothesized that the threat of fragmentation is experienced by human beings (collectively and individually) as continual danger. He said that this is an unconscious process. The state of fragmentation is kept at bay by the self object functions of the caregivers. The availability of the empathetic caregiver allows the child to form a self object system that regulates their psychological state. The birth parents then form self object systems with a variety of influences; societal, cultural and behavioral (Kohut, 1977).

Lacan (1949) also emphasized the state of human fragmentation. The threat of fragmentation means that the child will form a psychic system in whatever way possible and whomever they can. This is to assume that the relationship with the grandmother became fragmented and the child of the grandmother then reaches out to unhealthy people or situations, which ends up in poor parenting, thus someone else having to take care of their children.

Kohut (1977) states that psychodynamic conflict is used as a defense against the break up of the self. He refers to the cohesion of the acting self as 'precarious'. So, the danger is of fragmentation. Kohut seemed to be concerned with the threat of fragmentation and defenses against this process.

Kohut theorized that self object functions provide the safeguard against fragmentation. The infant organizes its self around these self objects. The parent provides order and affect regulation (Schoore, 1994) and emotional meaning. While original self

objects are the organizing force provided by the grandmothers, later in life there is a wide variety of other behavioral self objects. In the cases of the subjects in the study, these seemed to be a formulation with other organizing forces, which include addictions and other kinds of compulsive behaviors.

Lacan (1949) also stated that we need continual intervention from the mother. Therefore he said we begin in a state of fragmentation and require an external source of organization. Even with an initial secure attachment, fragmentation will occur and an attachment to less pleasant objects come into play. This process seemed relevant with the birth parents in the study. Repeatedly the stories consisted of a series of poor decisions of the birth parents, many of which were teenagers, therefore still children.

Erickson (1959) commented on the positive aspects of children entering families and changing the interaction of generations. Erikson states that the children influence their caretaker's development as well. The arrival of children into a family's life changes that life considerably and moves the new parents along their developmental paths (p.125). In turn, the grandmothers now take on a much more active role and active life.

DiSciullo and Dunifon (2012) discuss that families in which grandparents are raising children are very complex because of the role of the parent in such families. Just because the parents are not living in the family with their children does not mean there is not the potential for conflict. There becomes a triangular dynamic in which the grandmothers, birth parents and children are obviously connected which can create tremendous stress within the system. They continue to report that grandparent caregivers in particular often feel the conflict between their feelings, alliances and thoughts about their own children who could not continue to raise their children.

DiSciullo and Dunifon (2012) discuss the struggle with the children as they continue to get older and become more aware of their parent's shortcomings as well as the role of their birth parents in their lives. This can be a source of extreme tension both emotionally and literally.

The drug cases seemed to be the most prevalent for the families. Having a parent addicted to drugs will most often end in trauma. For these children, their parents were not available consistently to raise them. As Kohut & Wolf (1975) discuss, "The essence of the healthy matrix for the growing self of the child is a mature, cohesive parental self that is in tune with the changing needs of the child" (p. 417). The inconsistent parenting from a drug-addicted parent likely affected the children to feel loved, affirmed and attuned to their individual needs. The self-objects were disrupted. Grandmothers quickly had to perform the self object needs to very needy and broken children.

Kohut (1984) discusses that the self becomes formed, functions, breaks up and reintegrates. When the self objects from the birth parents fail, the grandmothers must continue to provide these functions. The grandchildren's personality will continue to grow out of experiences with others that had been internalized (MacFarlane, 2004).

The birth parents that turn to drugs and alcohol have substituted their self object needs with those less healthy choices. Faulty self object needs lead to serious vulnerability. The failure of the person to form reliable ideals turns to the quick fix of acceptance within the drug culture. This leads to a very vulnerable personality when the person only feels worthwhile by, "finding self objects to whom they can look up to and whom they can feel accepted" (Wolf, 1988). The grandmother seems to be replaced by the drugs and a constant internal battle ensues.

Drugs, abuse and mental illness were most often the cause of the grandmothers taking custody of her grandchildren. In some cases it was not clear if the years of drug use cause impaired mental functioning or if the child did have a diagnosable mental illness that was being self medicated to cope. Either way, the children likely were living in a situation where drugs and drug culture was present. With drug use comes emotional neglect, and often physical neglect, of children. These situations were far too common. It seemed as if the grandmother's internal process was to split off meaning and replace it with the children.

The use of drugs and/or alcohol within families can be devastating for all persons in the home. All family members are affected in one way or another. It is likely that the drug using person is not holding down a job, therefore may have to borrow or steal from family members to maintain their habit. When they exhaust the family members, they may steal from others, which may bring about other systems in their lives mainly the legal system. When children are involved, child welfare will also come into play. The parents may risk losing custody of their children, which is a very sad trade off. More sadly, if given the choice to use drugs or lose their children, the children may see that their mother will unfortunately pick the drugs. The children's sense of self worth is tattered and elusive.

The grandmothers receive the children with open arms and discussed in detail how the children were traumatized and what she had to do to help them sleep, eat or love again. She told the stories with pain in her voice but a solid determination to make it better for them so they do not follow in their parent's footsteps. This is when the

comments about the grandmothers are “going to do it right” this time came into the conversations.

Support from the extended family was very important to the grandmothers. Their other children, siblings and close friends often stepped in to help whenever possible. The bottom line was that the grandmother did not feel like she was doing this alone. Stories of how family members would come in to take the children out of the house for a while or if the grandchildren were simply being raised with grandmothers own children or other grandchildren as siblings was not uncommon.

The church community was a very important connection for the grandmothers as previously discussed. The reaction from the community was not that of looking down upon or pity, it was celebrated and supported. There were stories about how the church family came in and took over activities or how involvement in church was not a choice but expected. The grandmothers believed that with strong ties to the church, nothing could go wrong.

Grandmother vs. Mother Role

The third finding was the grandmother’s role shifting from grandmother to mother and how that was discussed or experienced by the grandmother. There seemed to be three groups that the grandmothers fell into.

The first was the group that attempted to maintain their grandmother role with a little extra responsibility. They believed that it was important to hold out hope that the parents would get themselves back together to regain custody of their children. Therefore

the grandmothers wanted the children to continue to call her grandmother and talked about the parents as if this was a temporary measure.

The second group seemed to not want to push the issue but in essence let the children decide. They felt very much as the mother in these situations but allowed the children to call them whatever they felt comfortable. It seemed as if the overwhelming majority of the children chose to call the grandmothers' mom, or some variation thereof. It also seemed to depend on the age of the child. In a sibship of three, the older may still call grandmother, Grandmother but the younger children called her Mother. Even though it is all in a name, the behaviors and culture of the family seemed to go hand in hand with the title based on their own descriptions.

The third group seemed to be those grandmothers who called themselves Mother from the beginning. They enjoyed the title and seemed to encourage the children to relate to them in that way. These seemed to be the families where the parents were likely not around for a long time and it was possible will not be involved in the children's lives. When asked about what they are called, this group responded with big smiles saying things like, "I love it when she calls me Mom, it feels good." Another grandmother commented that because she adopted her grandchildren, she was the mother (legally at least). After the adoption they had a party to celebrate. This grandmother commented that she was glad the adoption was final because her granddaughter wanted her to be her mother.

DiSciullo and Dunifon discuss that children living in substitute care must be reassured that they are not living with their parents is not their fault. That their parents do love them and it is reasonable to miss their parents and talk about them (p. 11). They go

on to say that it is important for children to speak positively about their birthparents even if the people taking care of them are angry or disappointed. In addition, it is encouraged for children to have a realistic view of their parent's behaviors that lead them to substitute care. They warn that grandparents must talk to children in developmentally appropriate ways and cautions grandparents not to let their feelings influence the children if at all possible (DiSciullo and Dunifon, 2012).

Regardless of how the grandchildren arrived at their grandmother's home, from that point forward it is the grandmothers who then serve as mirrors of acceptance and confirmation of the child's wishes for acknowledgement thus shaping the development of the child's basic striving for success and mastery. The experience of mirroring seems to occur between the grandmother and her grandchild. Mirroring reinforces a child's sense of self (Kohut, 1971) when children are accepted and affirmed.

A child's sense of perfection and greatness is confirmed (Goldstein, 1995). Mirroring as part of a self object, is part of the development of the grandiose self where caregiver's response to the child develops self-esteem and reinforces the child's sense of self (Kohut, 1971). This solidifies one's sense of accomplishment, greatness and sense of perfection (Elson, 1986).

Grandmothers in the study illustrated Kohut's notion that the premise of the self, from birth onward, needs objects that provide certain kinds of experiences that will facilitate its emergence and maintenance (Wolf, 1988). These self objects are people who provide consistent empathic attunement. They also create opportunities to be experienced as stable, strong and calm. Proper selfobject experiences produce a strong and able self (Kohut, 1971).

They become the objects of the child's idealizing needs hence reinforcing the development of values and goals. These sentiments were consistent with the grandmothers interviewed. These self object needs also function as objects of the child's idealizing needs, thus reinforcing the development of values and goals for the grandchildren.

The grandmothers also function as essential models for imitation and hence creating a sense of belonging or as Kohut coined, "twinship" with the grandchild. This crystallized the notion as a grandmother relayed the following story,

They [the grandchildren] used to be here all the time. They knew this part of the family. Then, the parents took them away. They was gone about a year and, oh, it was painful. I didn't know where they was, or what they was doin. Then, my cousin on the south side said he seen my son back in the neighborhood. They showed up on my doorstep a day later. Ain't seen them since. These kids know that they is home with me. They belong here. They feel it.

The self objects serve to build and consolidate the basic structures of the self, their ambitions and goals for themselves. The grandmother's sacrifice helps to create what Kohut calls healthy narcissism, which is an inner sense of "freedom and vitality (Kohut, 1971)." This evolves from an environment where the self objects fulfill these functions for the grandchildren.

Kohut (1977) makes frequent reference to the mother's empathic care for the child, not so much praise and satisfaction, but an atmosphere of acceptance. As a young child, the parents supportively mirror the attempts of the child's grandiose self and do not threaten their idealization. Kohut calls this the "nuclear self" having been established. Mahler (1963) goes on to describe a developmental model of separation and individuation during this time. Kohut (1977) describes this incorporation of the self object experience into the internal structure as transmuting internalization. This means

the parent must realistically evaluate the child's needs and meet them, which will be absorbed by the child into its own sense of self. The grandmother responds to the progression of anxiety and attempts to lower it.

Birth parent interaction in the family was most interesting to understand. It always seemed to be a fine line about deciding to allow contact with the birth parents and to what degree. The majority of the grandmothers encouraged a relationship with the birth parents, unless it was somehow contraindicated. This may be what Fraiburg (1975) described as a deterrent to repeating unhealthy pattern from past to present is to, "access to childhood pain becomes a powerful deterrent against repetition in parenting" (p. 420).

Many of the grandchildren know who their parents are, and do want to visit them, but do not want to live anywhere else but with the grandmother. One of the grandmothers talked about how her grandchildren knew whom their mother was but only wanted to see her in the living room of the grandmother. The grandmothers seem to accommodate these requests. Some were much more liberal, allowing the grandchildren to stay weekends with the parents. It would be interesting to understand what impact that may have had on the children growing up. Clinicians should be aware of the fact that birth parents do exist and reinforce with grandmothers that involvement with the birth parents should not always be encouraged. If there is involvement, it is suggested to consider all the repercussions. If possible it is suggested to have some clinical intervention to assist in these interactions (DiSciullo and Dunifon, 2012).

With some of the more severely damaged birth parents, the stories were very difficult. For example, while driving in the car with her grandchild, a grandmother saw her daughter coming out of a known drug house. The grandmother called her daughter to

the car and gave her money for food since she looked ill and thin. The grandmother desperately tried to talk to her daughter to no avail. The daughter did not acknowledge her own child sitting in the back seat. Later the grandmother tried to talk about the experience and the child stated, "That was not my mama. You are."

Grandmothers seem to be the port in the storm; forever hopeful and steadfast. When they explain the behaviors of the birth parents there always seemed to be a feeling of deep sadness sprinkled with a shred of hope. One grandmother said, "I was hoping my son can get hisself together. He was young. You know, not thinking. He see her now, and she know he her daddy, and that is just good enough I guess." Another grandmother stated, "My son was running when he was young. I knew he would change. He did. I still keep her, but she loves her daddy and they seem to have a good relationship."

A similar situation was when another grandmother said she wasn't sure where the birth parent was living, but heard he was on the street in the neighborhood somewhere. She lived in fear everyday that she or her grandchildren would run into him on the street. Living with these fears and anxieties were commonplace. Regardless, the grandmothers seemed to persevere with their mission to raise their grandchildren.

Legal Issues

The fourth finding was Legal Issues. When the grandmother took in her grandchildren, legal custody did not automatically go along with it. She had to seek out services to assist with either legal guardianship or adoption in order to enroll the children in school or attend to their health needs. Often the birth parent would sign a letter allowing his/her mother to care for her children, however this document is usually

temporary. Most of the grandmothers became the legal guardian or adoptive parent of her grandchildren.

To become a legal parent through adoption is not an easy process. They have to retain an attorney or attempt to represent themselves in adoption court. There are fees to be paid, and service on birth parents that must be arranged. With adoption, the rights of both parents must be terminated. They therefore must be located and notified of the court proceeding. Guardianship is slightly different as the grandmother must file a petition and go through similar steps however; the birth parents maintain a few rights as the birth parent. Adoption is 100% irrevocable; it is as if the grandmother gave birth to her grandchild herself. They receive a new birth certificate and may decide to change the child's name.

It is of critical importance for the grandmothers to have a backup person in the event they were to die before the child reaches 18 years old. Many of the grandmothers were aware that this was important yet have not made any attempts to obtain a backup person in court. This must be done legally. The grandmothers talked about worrying about who was going to take custody of their grandchild if they were to pass away. However, all of the grandmothers had identified their best guess as to who may be willing to take the children. It is difficult for most people to discuss their own demise. However, many of the grandmothers were over 60 years old with serious health risks. These discussions usually vacillated between them knowing they should have a legal backup in place and not wanting to think about it.

Life Today and the Future

The fifth finding was Life Today and the Future. During these discussions, grandmothers talked about how they were experiencing their life today and what did they think the future held. The hope for the grandchildren and the future was overwhelming. They talked indefinitely about how school was important and that the children had to constantly try to beat the street. Some of the grandchildren seemed to be doing very well in school. However, many of the children were receiving special education services and medication interventions at a very young age. This is not to say that the children will not be successful in school. It simply means that they will have a much more challenging time getting ahead. In addition, there is little confidence that the Chicago public schools are producing students that are reading to age equivalence or are prepared for a typical high school experience, much less college. Their hope in the face of such dire circumstances seemed to be a very common perception.

The grandmothers were excited for the future. They stated frequently things like, “Hope I am around long enough to see how this one turns out.” They fully expect their grandchildren to be happy and successful. It seemed that during this discussion they thought about what life may be like without their grandchildren. Most made comments that they would feel very lonely while other stated that the grandchildren themselves said they would take them with them forever.

Advice for other families was also very much a part of their future plans. They talked about their groups of which they are a part. The groups seem to help the grandmothers not only face the subtle nuisances of life with children, but seemed to form a “sisterhood” whereby they are never alone.

Much of the advice for other grandmothers included prayer and church attendance. They truly believed that without this structure in their life, they would never be able to face their lives. Prayer and church also seemed to connect other people who were raising grandchildren; that they too understand the power of prayer. They pray for their children to get themselves together to be good parents but in the mean time, they are going to raise their grandchildren as best as they can.

These stories were a pleasure to hear and watch them be told. However, there was a very deep sadness and dread while listening. It is with hope that all of their dreams and future plans would be realized, but the reality is they likely will not. We all have dreams that may not actually happen in our lifetime, but their wishes were so humble and simple. It was difficult to walk away knowing there will be continued struggles. However, their grace, optimism and love will persevere many obstacles that would cripple most people.

Limitations of the Study

One of the limitations of the study was that these interviews were a brief look at a long life of a grandmother. Not having an ongoing relationship with the grandmothers was a limitation in that perhaps some of the material was not fully revealed or was embellished somehow to look better than it may have been. In addition, this group of grandmothers came from the city of Chicago where poverty, violence in the streets, and drug use is commonplace. This sample does not represent all grandmothers raising grandchildren, nor does it represent all African-American grandmothers.

Another limitation was that most of the grandmothers were recruited from support group meetings. These grandmothers therefore, were accustomed to telling their story and

not having any shame about their circumstances. If grandmothers raising grandchildren were recruited across the country, I imagine the information may look a little different.

Personal Response to the Study

This experience was an odd combination of profoundly distressing, awe inspiring and more deeply respectful. Being a social worker in Chicago for over 20 years in child welfare has afforded me the opportunities to work with many people in many venues; court, hospitals, private and public agencies. I have seen my share of family breakdown; child sexual abuse, violence, drug use, and the toll it takes on children and families. I have come in and out of people's lives on very intimate levels with a specific goal in mind. Sometimes the goal was completing a diagnostic interview, or engaging clients in brief therapy to satisfy a court order or request. However, to sit with a grandmother and attempt to understand how it feels for her and what her thoughts are on these issues has been nothing short of inspiring. To say as a clinician I never wanted to understand how it felt for my clients is not true. That was always the goal on some level; to understand what people were thinking or feeling in an attempt to help clinically. But this was somehow different. I was not going to be back next week for another session, nor was I there to actually help her with issues raised. One of the biggest struggles was to be quiet and let them talk. Not to make a suggestion or infuse my agenda on the conversation. This is why I selected a narrative study, specifically looking at Reissman's approach. I liked her use of not only the content of the story but also how it was told with all its slang and euphemisms.

During most of the interviews my mind would wander to wonder what it would be like to be in this position. Or to wonder with awe how these ladies were actually managing. More often than not there were limited funds, dilapidated neighborhoods and unsavory characters every day. Yet grandmothers had such profound hope for themselves, their grandchildren, and basically the world. This is where the “profoundly distressing” piece comes into focus. I alluded to this notion in the body of this study but as I was sitting with the grandmother and she was talking about how smart her grandchild was, or how much hope she had for the child’s future, I was often struck with the very sad reality that the likelihood of these children completing high school or college thereby becoming CEO’s was slim based on statistics of the neighborhood. This is not to say that the children are smart or not driven, they are absolutely capable. However, there are so many additional factors working against these children. First of all they are in a very troubled minority group, secondly they are poor, and lastly they do not have the abundance of role models within their immediate family or community to actually believe they can survive. The intuitional racism that exists is everywhere. Writing about these atrocities that happen every day in the lives of these families is another dissertation onto itself.

My respect for the grandmothers increased infinitely. I always have a warm place in my world for older people, likely because of older relatives in my own family or simply because I am getting older and notice more about how our older generations survived. I have always appreciated a good conversation with someone older than me who has lived a little bit more or in a different way. I think it makes me a more rounded

person and perhaps a little more empathetic to the plight of our aging population. These interviews simply solidified my beliefs in matriarchs, love and the human spirit.

Study Implications for Further Research

There are numerous opportunities for further research on this population. Some of the more striking are areas of how these relationships impact the children of the family. Children being removed from their parents care can be the most traumatic event of their young lives. The fact that they may not see their parent(s) for a long time can create panic and heartbreak. Although they are placed in a loving home, the fact that the children do not know what happened to their parents can create a tremendous crisis for the children. Often children will create a “reason” in their head to justify the actions of their parents as well as how they may be impacted. Self-blame is often a very common justification for children. They may truly believe that if they had done something different, their parents would still be home.

Another area for further research would be the connection between grandmothers raising grandchildren and her overall health. The majority of the grandmothers in the study had very serious health issues that often were not being followed by a physician. The grandmothers explained that they didn't have time to be sick or it simply was not convenient for them to go to the doctor. These decisions may have horrible implications for the grandmother in her older age. When we hear statistics about African-American women having higher incidence of cancer, diabetes etc are these studies taking into consideration all the responsibilities the grandmothers may have? Access to healthcare

has always been a struggle however; additional stressful family life may influence many health decisions by the grandmother.

It was also notable what was not focused on during these interviews, which would be very interesting to follow up on for future research. Many of the grandmothers acknowledged that their grandchildren had some learning problems in school or were having behavioral trouble, yet none of them talked about the obvious trauma the children experienced from leaving their parent(s) to live with their grandmother. One may expect the children to be extremely traumatized from this experience and as a result have behavioral or emotional implications. However, the grandmothers did not focus on this feature. This may be because the focus on the outset was what was their experience of raising their grandchildren, as well as them likely having worries about what may be thought of them, by the researcher, if their grandchildren were traumatized or acting out. It also could remain that the grandmothers were so focused on survival of the family system, they did not tune into the nuisances of children and trauma. Often unfortunately, these children have already adapted to traumatic experiences and behaviors as a result may go unnoticed.

APPENDIX

Individual Consent for Participation in Research
INSTITUTE FOR CLINICAL SOCIAL WORK

I, _____, acting for myself, agree to take part in the study entitled: “How do Grandmothers’ Experience Legal Planning for their Adopted (or guardianship) Grandchildren”

This work will be carried out by Maria Nanos under the supervision of Joan DiLeonardi, Ph.D. as part of the requirement for a Doctorate in Philosophy for the Institute for Clinical Social Work; 200 N. Michigan Ave., Suite 407; Chicago, IL 60601; (312) 726-8480).

Purpose

The purpose of this study/interview is to understand how grandparents feel as they create a backup plan for their grandchildren. As we understand how that process felt for you as a grandparent, we may also learn how it felt for you to have your grandchildren come live with you. It is important that others can learn from your experience so social workers and legal professionals can best help others in the future. I will be interviewing many families and writing up the generalities of their stories to help families so we have a better understanding of how we can help even more in the future.

Benefits

Your participation in this study will give agencies, social workers and lawyers a better understanding of how families may cope with the addition to grandchildren in their homes. It will help other families who may have gone through what your family went through when you adopted or got guardianship of your grandchildren. Hearing your story may help change some of the policies that were in place with your adopted your grandchild that may not be helpful today. Only with your information can we help the future generations of grandparents raising grandchildren.

Costs

There are no costs involved with your participation in the study. There will be no fees involved with any travel, parking or fees whatsoever. However, you will receive a gift card to thank you for your participation at its conclusion.

Possible Risks and/or Side Effects

During this interview, we will be discussing issues that are potentially very emotional. There may be times that the conversation becomes difficult. You have the right to end the conversation at any time. You may choose to continue at a later time, or not continue at all. There is no pressure to continue if it becomes too difficult. In the event, these discussions are very emotional and begin to affect your quality of life; referrals can be made for some clinical interventions. In addition, if you believe your family would benefit from some clinical intervention in general, referrals will be made available for you to follow up on at your convenience.

Privacy and Confidentiality

Your privacy is very important. The interviewer will be tape recording the interviews with your permission to be sure all your information is gathered correctly. After notes are taken on your information, the tape will be destroyed. At no time will your name or any names of any family members be used during the write up of this paper. Your name and your family member names will be protected at all times. This includes any nicknames or play names.

Subject Assurances

By signing this consent form, I agree to take part in this study. I have not given up any of my rights or released this institution from responsibility for carelessness.

I may cancel my consent and refuse to continue in this study at any time without penalty or loss of benefits. My relationship with the staff of the ICSW will not be affected in any way, now or in the future, if I refuse to take part, or if I begin the study and then withdraw.

If I have any questions about the research methods, I can contact Maria Nanos 773-551-3652 or her supervisor Joan DiLeonardi at 312-726-8480.

If I have any questions about my rights as a person being interviewed, I may contact Daniel Rosenfeld, Chair of Institutional Review Board; ICSW; 200 N. Michigan Ave., Suite 407; Chicago, IL 60601; (312) 726-8480.

Signatures

I have read this consent form and I agree to take part in this study as it is explained in this consent form.

Signature of Participant

Date

Signature of Researcher

Date

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