

**SPOUSAL PERCEPTIONS OF MARITAL STRESS AND
SUPPORT AMONG GRANDPARENT CAREGIVERS:
VARIATIONS BY LIFE STAGE***

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ABSTRACT

Few studies have examined how raising grandchildren influences the marital relationship of grandparent caregivers although half of such caregivers are married. This study used national survey data from Midlife Development in the United States (MIDUS) to contrast perceptions of spousal support and strain for grandparents who had recently provided care for grandchildren along with their own young children ($n = 16$), and grandparents who had recently cared for grandchildren only ($n = 96$). Results revealed an interaction between caregivers' sex and family situation with grandmother caregivers who were raising both their own minor children and grandchildren reporting less spousal support than grandfathers in the same situation. Differences on the spousal strain dimension were not significant. Grandmother caregivers occupying 2 caregiving roles appear to have a unique experience with caring for grandchildren. These results parallel other studies that show that grandparent caregivers have poorer outcomes when they hold multiple caregiving roles simultaneously.

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The latest U.S. Census revealed that nearly 2.5 million grandparents lived with grandchildren under age 18 for whom they had primary responsibility (Simmons & Dye, 2003). As this family situation becomes more common, researchers are devoting increased attention to the challenges that face grandparent caregivers, including concerns about their childrearing skills, physical and mental health, barriers to social relations, and financial security (Hayslip & Kaminski, 2005). Yet, limited attention has addressed the effects of raising grandchildren on other family roles and relationships, like marriage (Jendrek, 1993), despite the fact that over half of grandparents raising grandchildren are married (Fuller-Thomson & Minkler, 2001).

Generally, research shows that marriage buffers some of the hardships encountered by grandparents raising grandchildren (Bachman & Chase-Lansdale, 2005; Mills, Gomez-Smith, & DeLeon, 2005). Not surprisingly, poverty rates are lower for couples providing care for grandchildren than for unmarried grandmother caregivers (Bryson & Casper, 1999), and the latter group reports greater material hardship than married caregivers (Bachman & Chase-Lansdale, 2005). Marriage also is associated with less psychological distress and better physical health among grandparent caregivers (Bachman & Chase-Lansdale, 2005).

Yet, raising grandchildren may create relationship strain for marital partners at a time when they need one another for emotional, physical, and financial support to manage the challenges of raising grandchildren (Bullock, 2004; Landry-Meyer, Gerard, & Guzell, 2005). Some grandparent caregivers report that the care role limits the attention they are able to give their partners (Jendrek, 1993). Grandparent caregivers also express tension with their spouses because of the couple's expectations to enjoy a retirement period free of the responsibility of raising children that are not their own (Robinson & Wilks, 2006). Interestingly, however, married caregivers in one study were as likely to report *increased* marital satisfaction as *reduced* marital satisfaction after assuming care for grandchildren (Jendrek, 1993). Thus, spouses appear to be a source of support and strain for grandparent caregivers, and more research is needed to identify the predictors of each outcome.

Age is one factor differentiating outcomes for grandparent caregivers. A majority of caregivers are between ages 40 and 59, but 10% are younger than 40, and approximately 30% are 60 or older (Simmons & Dye, 2003). Grandparent caregivers of different ages likely face distinct challenges in raising their dependent grandchildren. Older grandparents may encounter more role stress and less peer support because raising grandchildren is statistically less common with increased age (Simmons & Dye, 2003). Additionally, the assumption of child care duties later in life may conflict with planned empty-nest and retirement activities (Bullock, 2004; Landry-Meyer & Newman, 2004). Yet, younger grandparent caregivers—those in middle-age—may still be raising their own dependent children when grandchildren enter the household. Approximately 1 in 10 African-American grandparent caregivers reported having minor children

in the household while also providing care to grandchildren (Minkler & Fuller-Thomson, 2005). Though the care tasks of raising children may be more in sync with the daily routines of these grandparents than they are for older grandparents, the multiple care duties may increase the risk for an overload of role demands. Indeed, research shows that younger grandparent caregivers report more stress and burden than older ones (Bullock, 2004; Burton, 1996; Cooney & An, 2006). Still, little is known about differences in marital consequences for younger and older grandparent caregivers who are in different life stages and household situations because direct comparisons of their situations have not been studied.

This research examines how grandparents raising grandchildren only compare to those raising both grandchildren and their own minor children. Specifically, we analyze reports of spousal support and strain. These dimensions have been suggested as critical in the limited literature on marital relations among grandparents caring for grandchildren.

THEORETICAL BACKGROUND

The life course perspective suggests that individuals' adjustment to a given role is influenced by its timing in their lives in relation to social timing, and how well the new role is coordinated with other roles they already occupy (Elder, 1978). Transitions are considered more challenging when they occur at an age that is uncommon for people holding that role (e.g., being widowed in young adulthood) and when role requirements compete with the demands of other existing roles.

Thus, older grandparents who are retired or have transitioned to an empty-nest may find raising grandchildren more disruptive and stressful than younger grandparent caregivers who are still raising their own children and have yet to transition to the empty nest (Landry-Meyer & Newman, 2004). Older grandparents may have already adapted to the traditional grandparent role, which generally does not include active parenting tasks. Furthermore, because most grandparent caregivers are under age 60, older caregivers may have limited social support, contributing to stress and isolation in their caregiving role (Burton & Sorensen, 1993).

However, younger grandparents who are still raising dependent children may struggle with role coordination. *Role ambiguity* and *role conflict*, central concepts in role theory, both are relevant here (Landry-Meyer & Newman, 2004). Role ambiguity refers to situations where the norms or behavioral guidelines for performance of a particular role are unclear, which is considered to be the case for caregiving grandparents (Landry-Meyer, 1999; Landry-Meyer & Newman, 2004). When grandparents have two sets of children to care for—one set who are their own offspring and the other for whom they are playing a surrogate parent role—the lack of clarity for expected behavior may be particularly problematic. Role conflict, which pertains to strain encountered in trying to coordinate the demands of multiple roles, is also likely as younger grandparent caregivers try to

juggle the demands of active parenting and grandparenting. Just as role conflict may vary across life stages, the marital relationships of grandparent caregivers may also differ depending on their life stage.

MARITAL RELATIONSHIPS ACROSS THE LIFE COURSE

As argued, grandparent caregivers may report differences in their experiences due to their life course positions and family roles. These differences may be particularly evident in the marital domain, based on evidence that marital relationships vary significantly over the life course (Crnic & Booth, 1991; Kulik, 1999; Lee, 1988). Cross-sectional research generally depicts a U-shaped curve in marital satisfaction, where levels are high early in marriage, decline with the birth and raising of children, and then increase as partners age and their offspring are launched from the home. Life stage differences in relationship dimensions other than marital satisfaction have also been noted. Specifically, positive interactions appear to drop during the childrearing years, but increase as children are launched from the home; negative sentiments tend to decline continually across marriage (Guilford & Bengtson, 1979).

Several explanations are offered for changes in spousal relations among child-rearing couples. First, parenting young children can be an added stress for partners who are attempting to maintain previously established roles as spouse and employee (Crnic & Booth, 1991). Second, the shift toward more traditional gender roles that typically occurs among new parents can negatively affect marital relations (Belsky & Pensky, 1988). Allocating more time to childcare and housework heightens perceived stress and lowers marital satisfaction, especially among women (Goldberg & Perry-Jenkins, 2004). Additionally, the tension associated with parenting young children and teens is known to affect parenting and marital satisfaction (Seiffge-Krenke, 1999). Thus, it is not surprising that launching children from the parental household can positively impact marital satisfaction (White, 1994; White & Edwards, 1990).

Relief from daily parenting duties is not the only role change that might enhance marital satisfaction among late-life couples. With retirement, older couples usually have fewer work-related responsibilities as well (Kulik, 1999; Lee, 1988; Orbuch, House, Mero, & Webster, 1996). Thus, retired individuals in the empty-nest phase of life may have more time to devote to their spouses (Kulik, 1999; Lee, 1988; Orbuch et al., 1996) and diminished potential for conflict now that childrearing issues are less salient (Levenson, Carstensen, & Gottman, 1993).

The U-shaped curve of marital satisfaction, however, is not entirely supported by longitudinal research. One study found that newlyweds experienced reduced levels of marital satisfaction as they adjusted to marriage and having children, yet satisfaction did not increase in late marriage. Children's departure from home

slowed the decreasing rate of marital satisfaction for couples, but did not halt the continual drop in satisfaction (VanLaningham, Johnson, & Amato, 2001). Increased time with a spouse post-retirement may not be optimal for all couples, especially those who were highly devoted to their work or who led individualized lives earlier on (Keith, Schafer, & Wacker, 1992-93; Myers & Booth, 1996). Therefore, it is evident that marital relationships vary across the life course and it is plausible that marital relationships among grandparent caregivers may differ as well, based on the couple's life cycle stage.

In considering this issue, sex differences are important to examine. Women and men tend to differ in their reports of marital relationships (Kurdek, 1995; Stevens, Kiger, & Riley, 2001), with women generally noting less satisfaction than men. A common explanation for this difference is traditional gender roles in marriage (Goldberg & Perry-Jenkins, 2004). Similar to sex differences in parenting young children, grandmothers are more likely to perform caregiving tasks than grandfathers, as they do a majority of family care (Ingersoll-Dayton, Starrels, & Dowler, 1996). Grandmother caregivers also report higher levels of depression than grandfather caregivers, perhaps due to having more day-to-day responsibilities that they assume for their grandchildren compared to grandfathers (Kolomer & McCallion, 2005). Thus, it is expected that caregiving grandmothers also may be less satisfied with their marital relationships than grandfathers. These sex differences are expected to be particularly pronounced among younger grandparents providing care to both their own minor children and grandchildren.

In sum, this study addresses differences in marital relationships for grandparent caregivers at different stages of the life cycle. Past work does not consistently point to either younger or older grandparent caregivers as more vulnerable to marital difficulties. Yet, empirical evidence regarding marital tensions and parenting, and that noting greater stress for younger grandparent caregivers, leads us to hypothesize greater marital strain and less marital support among younger grandparents raising their own children along with grandchildren. Regarding grandparents' sex, we expect that grandmothers will report more negative marital relations than grandfathers, particularly in the younger age group where their own children are still at home.

METHODS

Sample

Data for this study came from the 1995 MIDUS study, a nationally representative survey conducted to examine patterns and predictors of physical, psychological, and social well-being related to age and the aging process. Approximately 7,000 non-institutionalized persons, ages 25 to 74, were included in the study (Inter-university Consortium for Political and Social Research [ICPSR], 1994/95). Use of the sampling weights results in a sample representative of the

U.S. population in terms of sex, race, and educational level for that age group. All respondents were asked to complete a telephone interview lasting 40 minutes, as well as two self-administered questionnaires. The response rate for completing both the telephone interview and the questionnaires was 60.8%.

The sub-sample used in this analysis consisted of 112 respondents, ages 35 to 74, all of whom completed both the telephone interview and the self-administered questionnaires. All respondents were in first marriages. This sub-sample was comprised of respondents who responded positively to the statement: "During the past 12 months, have you had one or more of your grandchildren live with you? (By "live with you" we mean living in your home as their place of residence. Visiting overnight, even for an extended period does not count as living with you according to this definition.)" This sub-sample of grandparent caregivers was further divided into two groups based on life stage:

1. one group had no minor children (under age 18), and thus had recently cared for grandchildren only;
2. the second group reported having children under age 18, and thus were providing care to grandchildren and their own minor children.

We hereafter refer to these groups as the *One-Generation Caregivers* and the *Two-Generation Caregivers*, respectively. Respondents who reported having both minor children and adult children were categorized with the *Two-Generation Caregivers* because they continue to have the day-to-day parenting responsibilities for their own children, as well as grandchildren. Respondents who reported no surviving children were grouped with the *One-Generation Caregivers*. Though ideally it would be useful to know if the parents of the co-resident grandchildren or other adult children were still in the respondent's household, the MIDUS survey did not ask about this particular living situation.

Measures

Marital relations were assessed with a spousal perception scale (ICPSR, 1994/95) that included items in two domains: spousal emotional support and spousal emotional strain. The items tapping support had responses ranging from 1 = a lot to 4 = not at all. The specific support items included: "How much . . .

1. does your spouse or partner really care about you?
2. does he or she understand the way you feel about things?
3. does he or she appreciate you?
4. do you rely on him or her for help if you have a serious problem?
5. can you open up to him or her if you need to talk about your worries? and
6. can you relax and be yourself around him or her?"

These questions were reverse coded so that the highest score (= 4) indicated a greater amount of spousal emotional support.

The six items pertaining to strain had the same response format, and were also reverse coded. Questions included: "How often . . .

1. does your spouse or partner make too many demands on you?
2. does he or she argue with you?
3. does he or she make you feel tense?
4. does he or she criticize you?
5. does he or she let you down when you are counting on him or her? and
6. does he or she get on your nerves?"

Both scales demonstrated high internal reliability. The Cronbach's alpha on the support scale reached .91, and on the strain scale it was .83.

Several control variables were also considered to account for possible background differences between grandparent caregiver groups that might influence marital relations. These included: couple income, calculated by summing reported income for respondents and their spouses (using the mid-range dollar value of income categories); age; sex (1 = male, 2 = female); race (1 = White, 0 = other); employment status (1 = employed, 0 = not employed); education (1 = high school or less, 2 = more than high school); and health (5 = much better than others to 1 = much worse than others).

Missing Data

There was a very limited amount of missing data in the analytic dataset. When a respondent had missing data for any of the 12 items included in the dependent variables, the missing data were replaced with that respondent's average score for the scale items that were not missing. This was done for five cases on one item at the most. There were no missing data on any of the demographic variables that were tested, with the exception of seven cases missing complete income data. The median income value was imputed in those few cases.

RESULTS

Demographic Characteristics of Grandparent Caregivers

The analytic sample consisted of 56 male and 56 female grandparent caregivers (see Table 1). There were a total of 16 grandparents in the Two-Generation Caregiver group and 96 grandparents in the One-Generation Caregiver group. The sample was predominantly White (77%), 52% were employed, and 59% had no more than a high school education. Approximately 53% reported better to somewhat better health as compared to their peers. Group differences were only revealed for race, age, and employment status. Two-Generation Caregivers were more likely to be non-White than were One-Generation Caregivers, and they were younger on average (43.8 versus 56.4 years); thus, not surprisingly, the Two-Generation Caregiver group was more likely to report being

Table 1. Demographic Characteristics of Grandparent Caregivers

	Sample <i>n</i>	Two-Generation Grandparent Caregivers				One-Generation Grandparent Caregivers			
		<i>n</i>	%	<i>M</i>	<i>sd</i>	<i>n</i>	%	<i>M</i>	<i>sd</i>
Sex									
Male	56	7	43.8			49	51.0		
Female	56	9	56.2			47	49.0		
Race									
White	86	9	56.2			77	80.2		
Other	26	7	43.8			19	19.8		
Employment									
Employed	58	13	81.2			45	46.9		
Not employed	54	3	18.8			51	53.1		
Education									
H.S. or less	66	12	75.0			54	56.2		
More than H.S.	46	4	25.0			42	43.8		
Age	112	16		43.8	7.5	96		56.4	7.7
Health	112	16		3.4	0.76	96		3.6	1.08

employed. There were no overall group differences in perceptions of spousal support and strain.

Before proceeding to the multivariate analyses, correlations were also run between the various predictor variables. Education and income were highly correlated, as was age, with both health and employment. Therefore, in the multivariate models presented next, a decision was made to include income in the model as the best indicator of a couple's resources (and to drop education), and to keep health and employment in the model instead of age because age is merely considered a marker variable for these specific statuses.

Bivariate Group Differences on Marital Outcomes

To examine simple, bivariate differences in the marital outcome variables, we start by conducting a 2×2 ANOVA, with an interaction of the sex and caregiver group main effects. The central interest here is the post-hoc test of means for the four sex \times caregiver groups. Figure 1 displays these means for the spousal support

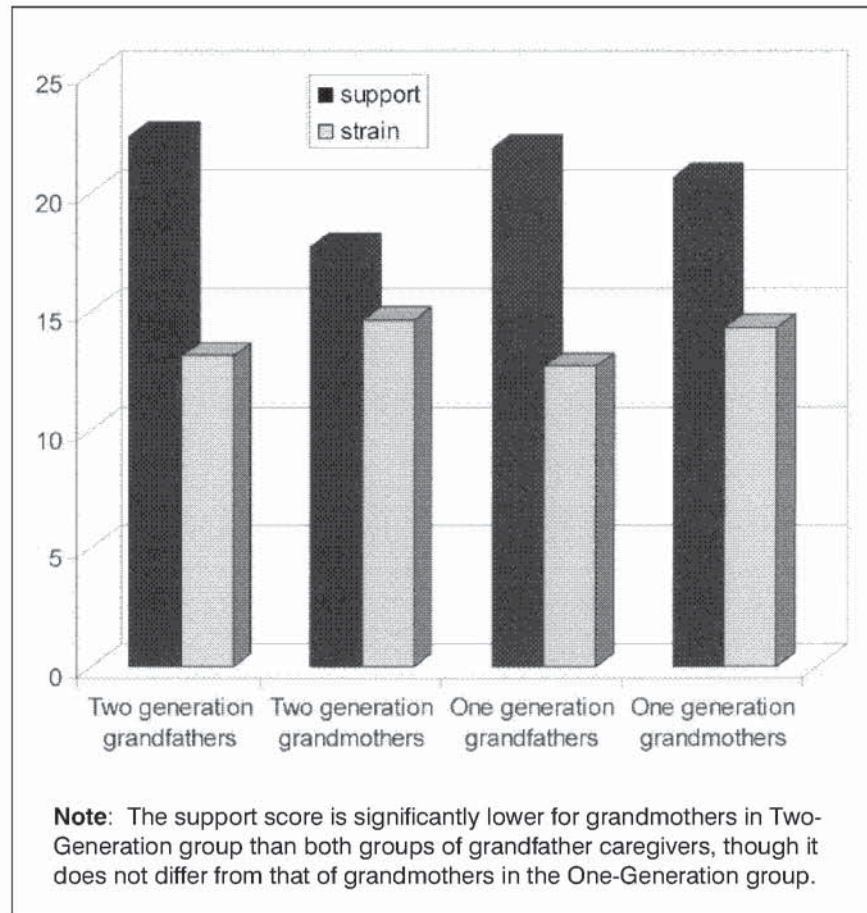


Figure 1. Bivariate analysis of caregiver group \times sex with marital support and strain.

and strain scales. On the spousal support measure, Two-Generation grandmothers scored the lowest. Their support score is significantly lower than both groups of grandfather caregivers, though it does not differ from that of grandmothers in the One-Generation group. In terms of spousal strain, again, both groups of grandmothers report higher scores than grandfathers, but the group differences on this outcome are not significant. These preliminary results suggest that in the multiple regression analyses that follow, where we control for background factors, it is appropriate to compare the sex \times caregiver groups using Two-Generation grandmothers as the omitted comparison category because they are the most distinct of the four groups.

Multiple Regression Results

We conducted two multiple regression analyses in which we regressed reports of spousal support and strain on a set of dummy variables representing caregiver group \times sex status, continuous variables for household income (logged) and self-reported health, and dichotomous dummy variables for employment status and race. Results presented in the left column of Table 2 reveal a few statistically significant predictors of spousal support. Compared to Two-Generation grandmothers, all three other groups of grandparent caregivers report significantly more spousal support from their partners. Grandfathers' scores are approximately 3 points higher than those of Two-Generation grandmothers, and One-Generation grandmothers report almost a 4-point difference on the spousal support scale, controlling for other variables in the model. In addition, this model shows that employed grandparents report significantly higher levels of spousal support than those who are not employed.

The model on the right side of Table 2 shows the results for the analysis of spousal strain. There are no statistically significant predictors in this model. Thus, differences in perceptions of spousal strain do not exist for the various grandparent caregiver groups.

Table 2. Regression Analysis of Marital Support and Strain among Grandparent Caregivers

	Support		Strain	
	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>SE B</i>
Caregiver group				
Two-Generation grandfathers ^a	2.91**	5.73	-0.89	1.84
One-Generation grandmothers ^a	3.76**	1.41	-1.64	1.43
Two-Generation grandfathers ^a	2.89**	1.40	-0.51	1.42
Household income (logged)	1.16	0.54	-1.30	0.54
Health	-1.59	0.36	0.78	0.37
Employment status (1 = employed)	2.11*	0.76	-1.08	0.77
Race (1 = White)	-0.17	0.87	-0.18	0.88
Model <i>R</i> ²		0.19		0.09
<i>df</i>		7		7
<i>F</i>		37.02		15.78
<i>n</i>		112		112

^aThe omitted comparison category is Two-Generation grandmothers. **p* < .05. ***p* < .01.

DISCUSSION

This study extends the limited literature on the marital relationships of grandparent caregivers. Most research on this topic focuses on differences among grandparents based on marital status—married versus unmarried. Yet these studies reveal inconsistent results. Whereas some research finds positive outcomes such as better emotional and physical health and financial well-being for married caregivers (Bachman & Chase-Lansdale, 2005; Mills et al., 2005), other studies reveal marital partners to be a source of strain for some grandparent caregivers (Jendrek, 1993). More importantly, most studies of the connection between marriage and grandparent caregiving neglect to actually assess the dynamics of the grandparent caregivers' marriages. Thus, it is unclear what it is about marriage that may present benefits or problems for grandparent caregivers. The current study focused directly on marital dynamics by considering grandparents' perceptions of spousal support and strain. Results show that variations exist between grandparent caregivers in terms of spousal support, but not spousal strain, based on sex and life cycle stage.

Specifically, the findings reveal that neither sex nor life stage alone account for differences in grandparent caregivers' spousal relations. Rather, it is the interaction of life stage and sex that shapes grandparents' views of their marital partners. In general, the analyses indicate highly positive spousal relations among grandparent caregivers in the MIDUS sample. Mean scores on spousal support for three of the four subgroups of grandparents exceeded 20 (on a scale with a maximum score of 24), indicating that item scores on the 6-item scale averaged greater than 3 on the 4-point response scale. It was only grandmothers in the Two-Generation Caregiver group—those with recent experience raising grandchildren along with their own minor children—who reported scores below this level. Their scores were significantly lower than those of grandfathers in both the Two-Generation and One-Generation groups. Given the small number of grandmothers in the Two-Generation caregiving group, the magnitude of this difference must be substantial to reach significance, even when controlling for other potentially important factors. Thus, raising grandchildren, while still having minor children at home, appears to be a particularly trying situation for women, but not men, and one that has negative consequences for the marital relations of these caregiving grandmothers.

On the other hand, spousal strain scores did not differ significantly for these grandparent caregiver groups. Grandmothers in general reported higher scores than grandfathers on spousal strain, in both generational groups, yet these differences were not significant at either the bivariate or multivariate levels. Certainly, the small numbers in the Two-Generation groups of caregiving men and women could have failed to provide sufficient power to detect true differences in these spousal strain scores. Yet, even in the larger One-Generation caregiver group, where means for grandmothers' and grandfathers' spousal strain scores

were quite similar to those of their same-sex peers in the smaller Two-Generation group, sex differences did not reach significance. This detail adds some support to our null finding regarding spousal strain.

Our results are thus partially consistent with those of other studies that show grandparent caregivers reporting poorer outcomes when they simultaneously occupy multiple caregiving roles (Bullock, 2004; Burton, 1996; Cooney & An, 2006). Past work, however, has generally considered situations where grandparent caregivers also had actual or potential responsibility for *older* family members as they raised grandchildren. The current study suggests that even when combining care for grandchildren with a more normative role like that of parenting, added problems can result.

Interestingly, grandfathers in the Two-Generation Caregiver group did not report equally low levels of support from their partners. It is likely that as a result of traditional gender roles in the family, grandfathers are better able than grandmothers to shelter themselves from the added work that day-to-day care of grandchildren presents. If grandfathers assume the primary breadwinner role, their wives are left with the main responsibility of providing care to both their own children as well as the co-resident grandchildren (Ingersoll-Dayton et al., 1996). This is especially likely for the Two-Generation Caregiver grandfathers who are significantly younger (mean age 48) than the other grandfathers.

Yet, adding the care of grandchildren to one's work of already caring for one's own children may be both behaviorally and emotionally draining. In addition, for most grandparents, caregiving for grandchildren comes about unexpectedly in response to a family crisis (Bachman & Chase-Lansdale, 2005). Indeed, research on life transitions, like becoming a parent, shows that adjustment to new roles is particularly difficult and more negative when the roles are unplanned (Cox, Paley, Burchinal, & Payne, 1999) and unexpected. Surprisingly, Two-Generation grandmothers did not report greater spousal strain than the other caregiver groups. Thus, they do not appear to feel put-upon by their partners. However, they do not seem to be receiving the level of spousal support in their role that they perhaps want or need. It may well be the case that husbands assume that taking care of *more* children (i.e., the grandchildren) is not an added burden for their wives who are still actively mothering their young children. Yet, these grandmothers may feel they deserve more praise and support for their extra efforts, but that they are not getting it. Moreover, if they are stressed about the family crises that led them to be the caregiver for grandchildren, they may have a heightened need for spousal understanding and support, but do not seem to be sensing it.

Additionally, grandfathers—especially the younger ones—may view their wives' assumption of the majority of child and grandchild care as spousal support, especially if their wives' efforts allow them to continue in their typical family roles, relatively unaffected by the added presence of grandchildren. In turn, these men may maintain a more positive view of their marriage than their female counterparts because they are sheltered from daily childcare duties.

These same sex differences were not revealed among the older grandparents in the One-Generation Caregiver group. In these situations, men were more likely to have already left the labor force. Studies show that retired men perform more household tasks (both those viewed as traditionally *female* and *male*) than men still in the labor force, and wives of retired men do fewer female tasks than their same-sex peers whose husbands are employed (Szinovacz & Harpster, 1994). Therefore, we speculate that the older grandfathers are more actively sharing the daily care of co-resident grandchildren with their spouses than grandfathers in the Two-Generation Caregiver group. It then follows that if the caregiving situation is more similar for men and women in the older One-Generation Caregiver group than it is in the younger Two-Generation Caregiver group, the partners' reactions to the situation, in terms of spousal support and strain, may be more similar as well, as we observed. In essence, both grandfathers and grandmothers in this group report relatively high levels of spousal support, perhaps as a result of sharing the caregiving role (Pina & Bengtson, 1995).

It is possible that our results merely reflect general sex differences in reports of marital relationships (Kurdek, 1995; Stevens et al., 2001) and have no unique connection to caregiving for grandchildren. The fact that sex differences were found for grandparents in the Two-Generation Caregiver group and not the One-Generation Caregiver group may reflect the lower levels of marital satisfaction that women report relative to men when raising young children, especially if they maintain traditional gender roles (Goldberg & Perry-Jenkins, 2004; Seiffge-Krenke, 1999). Testing this possibility would require comparison of our grandparent caregiver groups with traditional grandparents who were not caregiving (some of whom had young children still at home and others who did not). Unfortunately, the MIDUS survey did not include a general question about grandparent status; the only question referring to grandparenting is that asking about experiences with caregiving for grandchildren that we used in our classification. If MIDUS respondents replied "no" to this question it is impossible to determine if they did so because they were not grandparents, or because they had not assumed responsibility for their grandchildren in the last 12 months.

This study also contributes further evidence to the literature on age differences in grandparent caregivers' experiences and outcomes. Though several studies conclude that older grandparent caregivers are generally more stressed due to greater conflict between the expected life stages of retirement and empty-nest and their full-time surrogate parenting responsibilities (Jendrek, 1993; Landry-Meyer & Newman, 2004), the current study highlights the possibility that role demands may in fact be less challenging for older than younger grandparents, especially if the latter group is still raising children. Second, although raising grandchildren is statistically less likely to occur as grandparents age (Simmons & Dye, 2003), the older grandparent caregivers in this study did not attribute more spousal strain or less spousal support to this statistically non-normative life experience. Because we only considered married caregivers, it is possible that our

sample lacked those most isolated in the role of grandparent caregiver—the unmarried. Often it is the lack of social support and heightened social isolation that results from experiencing off-time roles that makes adjustment so difficult (Burton & Sorensen, 1993).

Lastly, this study does not support speculation that grandparents in the Two-Generation Caregiver group would be less negatively affected by the surrogate-parenting role because of the daily activities they were already performing in actively parenting their own young children. One possibility that we cannot address with MIDUS data is whether the lower feelings of spousal support for the Two-Generation Caregiver grandmothers is a result of having the parent to the grandchild(ren) also in the home. It is possible that this parent is, in fact, a minor child herself, which could heighten tension in the household (Burton, 1990; Minkler, Roe, & Price, 1992). Grandmothers and co-resident teen mothers are faced with tricky negotiations in caring for the babies of the younger generation (Apfel & Seitz, 1991). Grandmothers in such situations often feel a need for enhanced support (Sadler & Clemmens, 2004), and, those who report support from a partner generally note more satisfaction with their grandparent role (Vorán & Phillips, 1993). Quite possibly the Two-Generation grandmothers in this sample did not feel they were getting adequate support and understanding from their partners regarding situations like this.

It may be a very different story for older grandparents who have a grandchild in the home, as well as an adult parent of that grandchild. In these cases, the adult child may provide financial assistance to the household as well as contribute to the childcare responsibilities (Burnette, 1999). This could relieve any potential strain on the grandparents' marriage. Future research should more carefully assess the household composition of grandparent caregivers and its influence on their marital relationships and other outcomes.

A brief comment is also called for on our finding regarding employment. Interestingly, those grandparent caregivers who were employed actually reported enhanced feeling of spousal support, which was unexpected from a role strain perspective. Employment may offer valuable respite from caregiving duties, supportive relationships, and other material and social resources that facilitate family role functioning and leave grandparents feeling more positive about home and family (Grzywacz & Bass, 2003). Additionally, spouses may provide more behavioral and emotional backup when caregiving is creating demands along with paid work.

Finally, in addition to the data limitations already noted, the MIDUS dataset used here did not provide detailed information about the grandparents' caregiving situations, which may have been widely diverse. Factors such as whether the grandparents were still caregivers at the time of the survey, when they may have stopped providing care, type of care provided (e.g., full-time care, part-time care, or infrequent care), duration of caregiving, number and age of grandchildren in their care, and reasons for providing care (Fuller-Thomson, Minkler, & Driver,

1997) may potentially differentiate grandparent caregivers' experiences and outcomes. Although future research addressing such factors will certainly expand our understanding of these family situations, the fact that the distinction we were able to draw—that regarding grandparents' household composition/life stage—was significant for one of our two outcomes, demonstrates its importance in grandparent caregiver situations. Clearly, married grandmother caregivers who are providing care for two generations of children have a different experience than their same-age male counterparts, and older men and women caring for grandchildren only. It is thus important to make this distinction when assessing individual outcomes, such as psychological stress and health, as well as in considering relationship consequences, such as marriage.

Recognizing that data collection for MIDUS was conducted in 1995, more current data is definitely needed that examines grandparent caregivers' marriage relationships. However, there were several benefits to using this large extant dataset, despite it being from the 1990s. A key strength is that MIDUS is based on a nationally representative sample; thus, our study was not limited to a select convenience sample of grandparent caregivers who, for example, may have been seeking support through formal services. Nor were these grandparents residents of a single city, state, or region, which could have biased the study because policies and programs for grandparent caregivers vary from state to state. Lastly, we cannot identify any widespread changes in the situations of American grandparent caregivers over the past 10 years that would suggest the findings of this study would no longer hold today.

Further work on grandparent caregivers' marriages is certainly needed. Of use would be studies that examine in more depth what grandparent caregivers perceive as spousal support and strain, and how these processes and interpretations vary across specific grandparent caregiving situations (e.g., type, amount, and duration of care). It would also be informative to explore what grandparents believe contributes to increased strain and reduced support, and whether these views differ for men and women, as well as grandparents in different life stages and roles (e.g., worker versus retired). Exploring these issues qualitatively, with small samples, is an appropriate starting point. Yet, further study also will benefit from use of larger samples that provide adequate statistical power to make important distinctions within groups of caregiving grandparents.

Our findings suggest that agencies that provide services to grandparent caregivers may need to respond to their clients using a variety of solutions, depending on their family situation. Grandparent caregivers with their own young children may need additional supports and services to help minimize the stress they may be experiencing in their dual childcare responsibilities. This may include childcare assistance (Landry-Meyer, 1999), as well as help with parenting skills which are often compromised in stressful situations such as these (Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994). Moreover, targeting some prevention and intervention efforts at grandparents' marriages may be important for building

family strengths, which in the long run may also benefit the care provided to grandchildren. Programs that focus on specific relationship techniques, such as supportiveness, communication and problem-solving, may be particularly useful as a means of enhancing grandparents' feelings of spousal support and reducing perceptions of spousal strain. Additionally, expanding support groups to include spouses may promote partners working together on ways to improve their marital relationships (Landry-Meyer, 1999). Overall, professionals need to explore ways to minimize the spousal strain and increase perceptions of spousal support for married grandparent caregivers so they can work together to provide a secure supportive environment for the grandchildren in their care.

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